



Doula Quick Reference Guide



Humana Healthy Horizons® in Virginia provides community-based doula services as a covered service to address the drivers of poor maternal and child health outcomes. Community-based doulas or “doulas” are individuals based in the community who offer a broad set of nonclinical, pregnancy-related services centered on continuous support throughout pregnancy and in the postpartum period.

For more information on how to become a state-certified community doula, please visit <https://dmas.virginia.gov/for-members/benefits-and-services/maternal-and-child-health/community-doula-program>.

Contracting with Humana Healthy Horizons

The following is required for doulas to contract with Humana Healthy Horizons:

- National Provider Identifier (NPI)
- Certification by the Virginia Department of Medical Assistance Services (DMAS) as a registered Medicaid provider and completion of the federal and state screening process
 - For more information visit <https://dmas.virginia.gov/for-providers/maternal-and-child-health/community-doula-program>.
- Enrollment in the DMAS Provider Services Solution (PRSS) portal, available at <https://dmas.virginia.gov/for-providers/medicaid-enterprise-system>
 - You will be asked which managed care network you would like to join, so be sure to select Humana Healthy Horizons in Virginia.

To join our network, please use our online form Provider.Humana.com/join-humana-network.

Referrals, DMAS Doula Care Form and authorization

- Referrals: Doulas services must be referred by physicians, certified professional midwives, certified nurse midwives, licensed midwives, nurse practitioners, physician assistants and other licensed mental health professionals (e.g., licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, and certified psychiatric clinical nurse specialist).

Humana Healthy Horizons® in Virginia

Humana Healthy Horizons in Virginia is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

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- The DMAS Doula Care Form is required to provide doula services to Humana Healthy Horizons members. Providers can download the form on the Virginia Medicaid Community Doula Program website. The form is located toward the bottom of the web page and is available in both English and Spanish. Find the form at <https://dmas.virginia.gov/for-members/benefits-and-services/maternal-and-child-health/community-doula-program>. Submit the completed form to Humana Healthy Horizons by email at VAMCDMaternity@humana.com or fax to **877-245-1704**.
- Authorization: Authorization is not required for the allowed ten prenatal/postpartum visits and one attendance at delivery. Doula visits beyond the visit limit of ten prenatal/postpartum visits and one attendance at delivery may be authorized if medically necessary.
 - The visit limit applies to a doula-member pair. If a member receives care from more than one doula, each doula’s visit to the member counts only towards that individual doula’s visit limit. Doula services can only be provided in the community, in clinicians’ offices (if a doula is accompanying the member to a clinician visit) or in the hospital.
 - You can sign up on <https://apps.availity.com/web/onboarding/availity-fr-ui/?p:lm=1731218633#/login> to submit authorization requests online. You can also submit your request via the Clinical Intake team at **844-881-4482**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

Covered services

Covered services include:

- Up to ten prenatal/postpartum visits, including an initial prenatal visit
- One visit for attendance during labor and delivery
- Up to two linkage-to-care incentive payments for postpartum and newborn care

Member eligibility

Verify member eligibility one of the following ways:

- Visit Availity Essentials™ at www.availity.com and select the Eligibility and Benefits Inquiry tile.
- Call **844-881-4482**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

Claims

When submitting claims, use the following codes and include:

- HD modifier on every claim line
- Diagnosis code Z32.2
- Required taxonomy is Doula (374J00000X)
- NPI should be billed on the claim

The provider must accept Humana Healthy Horizons reimbursement as payment in full and not bill the patient for any amount.

Service code and modifier	Service description	Allowable/unit
99600 HD	Initial prenatal visit	Maximum six units of 15 minutes (total of 90 minutes), one date of service only

Service code and modifier	Service description	Allowable/unit
59425 HD	Standard care, prenatal visit	Maximum three visits (initial prenatal—see above—and three prenatal visits), billed in 15-minute increments for a total of 60 minutes per visit
59409 HD	Labor support, vaginal birth	One unit
59414 HD	Labor support, cesarean section	One unit
59430 HD	Postpartum care, postpartum visit	Maximum six visits, bill in 15-minute increments for a total of 60 minutes per visit
99199 HD	Incentive mother postpartum	One unit
99199 HD	Incentive newborn postpartum	One unit
		Billed under newborn Medicaid ID

During the postpartum period, the incentive payment will be made if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim.

A second incentive payment will be made if the doula performs at least one postpartum service visit (this may be the same postpartum visit used for the first incentive payment) and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim.

Electronic claims:

- Electronic claims submission is the preferred method for adjudicating claims payment for all providers.
- To enroll in electronic claims payment, visit Provider.Humana.com/coverage-claims.
- Our preferred electronic claims submission portal is Availity Essentials. Learn more about Availity Essentials at www.availity.com.

Paper claims:

- Use billed professional healthcare claim form CMS-1500.
- Submit paper claims to:
Humana Claims Office
P.O. Box 14559
Lexington, KY 40512-4359

Claims submission timelines:

- Original claim: 365 days from date of service to submit the claim
- Corrected claim: 180 days from initial claim explanation of payment date
 - Use “7” code for corrected claim.

Provider support

If you have specific questions related to these services or want to escalate issues about claims payment:

- Contact your assigned provider relations representative, found at Provider.Humana.com/medicaid/virginia-medicare/contact-us
- Email VAMedicareProviderRelations@humana.com.
- Call Humana Healthy Horizons Provider Relations]at **844-881-4482**, Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

For additional training materials, please visit Provider.Humana.com/medicaid/virginia-medicare.