



Doula Services

Overview

A doula is a non-medical trained professional who provides education, emotional and physical support during pregnancy, labor/delivery, and post-partum periods.

Policy

Nevada Medicaid’s doula policy can be found on the Division of Health Care Financing and Policy DHCFP website, <http://dhcfp.nv.gov>, under Medicaid Services Manual (MSM) Chapter 600 – Physician Services.

Covered Services

The following Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes may be billed by provider type (PT) 90 – Doulas:

| Procedure Code | Modifier | Procedure Code Description |
|----------------|----------|---|
| 59409 | U1 | Vaginal delivery only |
| 59514 | U1 | Cesarean delivery only |
| 59612 | U1 | Vaginal delivery only after previous cesarean delivery |
| 59620 | U1 | Cesarean delivery only after attempted vaginal delivery after previous cesarean delivery |
| S9445 | U1 | Patient education not otherwise classified non physician provider, individual per session |

Doula services for the same recipient and pregnancy are limited to a maximum of the following:

- Four (4) visits during the prenatal, antepartum, and/or postpartum period up to 90 days postpartum (procedure code S9445). Code S9445 also has a limitation of one (1) visit per day.
- One (1) visit at the time of labor and delivery (procedure codes 59409, 59514, 59612 or 59620).

Up to two (2) additional doula services may be reimbursed when the pregnant person has obtained the following services from a health care professional:

- An additional doula visit (code S9445) may be reimbursed when two (2) prenatal/antepartum visits have occurred with a licensed physician, nurse midwife, Advanced Practice Registered Nurse (APRN) or physician assistant.
- An additional doula visit (code S9445) may be reimbursed when a recipient receives any dental service during the prenatal/antepartum period.

To receive reimbursement for the additional two (2) visits, the Certification for Doula Services (form FA-111) on the [Provider Forms webpage](#) must be completed by the health care provider who rendered the prenatal/antepartum care or the dental service. Form FA-111 must be attached to the claims submitted for the additional doula services.

For services rendered via telehealth, refer to MSM Chapter 3400 – Telehealth Services. Please refer to the [Telehealth Billing Instructions](#) for additional information.

Non-covered Services

For a list of non-covered services, refer to MSM Chapter 600 – Physician Services.

Claims that reimburse in error are subject to recoupment.



Doula Services

Prior Authorization (PA)

PAs are not required for doula services.

Billing Requirements or Instructions

Submit all professional claims electronically using Direct Data Entry (DDE) through the [Electronic Verification System](#) (EVS) secure Provider Web Portal or use an approved trading partner. Refer to the [EVS User Manual](#) for billing instructions.