



AETNA BETTER HEALTH®

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Policy

Policy Name: [In Lieu Doula Services](#)

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Department: [Medical Management](#)

Policy Number: XXXX.XX*

Subsection: [Utilization Management](#)

Effective Date: 05/XX/2022

Applies to: ■ [Medicaid](#)

PURPOSE:

The purpose of this policy is to describe and provide guidance regarding Aetna Better Health's process for in Lieu Doula Services. A birth doula is an adjunctive service that is a person who is trained to offer evidence-based information about a healthy pregnancy, help prepare for birth and parenting, and provide physical and emotional support to members and family before, during and just after birth for those members not enrolled in the nurse family partners program. In lieu services are services that Louisiana Department of Health (LDH) determines the alternative service or setting is a medically appropriate and cost-effective alternative for the covered benefit and services.

Reduction in adverse birth outcomes is the primary goal of this program by supporting birthing persons through the use of doula services. Doulas augment routine prenatal care by assuring members receive safe healthy and equitable prenatal and postnatal health care. Aetna Better Health covers these "in lieu" Doula services. The member is not required by Aetna Better Health to use these alternative services.¹

Benefits of doula care is widely recognized and have been found to improve health outcomes for the member and their infants by having shorter labors, lower cesarean rates, and higher five-minute Apgar scores. Babies born to women with doulas are less likely to have low birth weights and higher rates of breast feeding.

STATEMENT OF OBJECTIVE:

The objective of this program policy is to describe:

- [Benefit Coverage](#)
- [Documentation Requirements](#)
- [Claims Requirements](#)
- [Monitoring the use of the services to identify utilization in lieu doula services](#)

¹ [2020 Louisiana Medicaid Managed Care Statement of Work Section 6.27.1.2](#)



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DEFINITIONS:

Administrative Denial	Denial of requests for coverage of services or supplies that are not covered based on federal or state law. A contractual or benefit exclusion, limitation or exhaustion and does not require a clinician to interpret the contractual limitation or apply clinical judgement to the limitations.
Aetna Medicaid Management (MM) Chief Medical Officer	A full-time physician who is board certified with an active, unencumbered license and who serves as the lead for Aetna Medicaid MM Unit
Certified Lactation Specialist	A person with certification either through International Board of Lactation Consultant Examiners (IBCLC), a certified lactation consultant (CLC), or a certified breastfeeding counselor (CBS), that is certified as a counselor and/or educator in lactation management.
Clinical Personnel	Defined as nurses, social workers, counselors, therapists, psychologist, chiropractors, pharmacists, dentists and physicians, including temporary employees, who make clinical determinations as part of the benefit determination process or who participate in the medical management process.
Covered Services Benefits	Those health care services/benefits to which an individual eligible for Medicaid or CHIP is entitled under the Louisiana Medicaid State plan.
Denial, reduction or termination of financial responsibility	The non-authorization of care or service at the level requested based on either medical appropriateness or benefit coverage. Partial approvals (modifications) and decisions to discontinue authorizations when the member or practitioner does not agree, are also denials.



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Doula	A non-medical person certified to assist with supportive care to reduce adverse birth outcomes by supporting birthing persons and their families; they are dedicated to providing physical and emotional support and provide informational teaching during the childbirth period.
Fee for Service Model	A payment model where services are not bundled and are paid for separately in health care.
In Lieu of Services (ILOS)	A medically appropriate service outside of MCO covered services or setting (or beyond service limits established by LDH for MCO covered services) that are provided to enrollees, at their option, by Aetna Better Health as an MCO covered service) It is provided to enrollees, at their option, by Aetna Better Health as a cost-effective alternative to an MCO covered service setting.² In accordance with 42 CFR§ 438.3(e)(2). ILOS are medically appropriate and cost-effective substitute services that are offered voluntarily by the MCO. The MCO may not require enrollees to use any ILOS and the MCO reserves the right to cap or limit the number of enrollees receiving the ILOS at any time for any reason.³
Louisiana Department of Health (LDH)	The Louisiana State division which monitors and manages health practices and opportunities in the state.
MCG®	MCG, including Chronic Care Guidelines are evidence-based clinical guidelines that are updated annually. They support prospective

² [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.3;](#)

³ [2022 Louisiana Medicaid MCO Manual p. 147](#)



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	concurrent and retrospective reviews; proactive care management, discharge planning, patient education and quality initiatives.
Managed Care Organizations (MCO)	A healthcare organization that provides coordination and management of healthcare to reduce cost while improving the delivery of quality of care.
Medically Necessary / Medical Necessity	This term refers to services or supplies for diagnosing, evaluating, treating, or preventing an injury, illness, condition or disease, based on evidence-based clinical standards of care. Medically necessary services are accepted health care services and supplies provided by health care evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care. Determination of medic, appropriate to evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care. Determination of medical necessity is based on specific criteria. Note: This definition is based on the centers for Medicare and Medicaid Services (CMS) and American College of Medical Quality (ACMQ) definitions.
Non-covered Services	Services not covered under the Title XIX Louisiana State Medicaid plan.
Notice of Action (NOA)	Written notification of decisions to deny a service request or a service in an amount, duration, scope that is less than requested, specific to the member's clinical condition, utilizing language that is easily understood by



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	the member and practitioner/provider. The notification includes a reference to the criterion, rationale, for the decision and member appeal rights.
Obstetrical/Gynecological Physician (OB/GYN)	A physician who specialized in care of female specific issues such as pregnancy and reproductive or other medical issues.
Primary Care Practitioner (PCP)	An individual such as a physician or other qualified practitioner, who provides primary care services and manages routine health care needs.
Provider	An institution or organization that provides services such as a hospital, residential treatment center, home health agency or rehabilitation facility.
Referral	An act of referring someone or something for consultation, review or further action.

LEGAL/CONTRACT REFERENCE:

- [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.1](#)
- [2022 Louisiana Department of Health Managed Care Organization manual](#)
- [CMS Federal Registry 42 C.F.R. 438.3 ~~€~~\(2\)\(i\)-\(iii\):](#) ⁴

⁴ [2020 Louisiana Medicaid Managed Care Organization Statement of Work section 6.27.1; C.F.R 42 C.F.R 438.3€ \(2\)\(i\)-\(iii\)](#)



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FOCUS/DISPOSITION:

Doula's Responsibilities

Aetna Better Health Offers the Doulas Service in Conjunction with obstetrics physician visit for a pregnancy through a referral from the obstetrical physician. Members will continue to participate with all routine obstetrical care and may need Maternal Fetal Medicine physicians and other subspecialist.

- Doula services require an OB-GYN referral.
- Doula Services Augment routine prenatal care by assuring the member receive safe, health and equitable prenatal and postnatal healthcare.
- Doula providers ~~should~~shall be enrolled on Aetna's provider registry.
- Doulas will be certified from a doula training program.
- Nurse practitioner will have a valid and active Louisiana Nursing License.
- Lactation educators will be either IBCLC, CLC, or CBS certified.

Doulas may provide:

- Before Birth (Prenatal):
 - A doula helps prepare for childbirth by explaining a healthy pregnancy, practice coping techniques to manage discomfort experienced during labor and practice relaxation and therapeutic touch.
 - Doulas may offer suggestions and referrals to address social determinants of health such as food and baby care items.
 - Doulas may help a member design a birth plan to reflect their preferences, recognizing variances occur and the birth plan may require adjustment.
 - ~~This may include three (3) visits prenatal to be included in: classes each of:~~
 - ~~■ Birthing (CPT S9442),~~
 - ~~■ Lactation (CPT S9443)~~
 - ~~■ Parenting classes (CPT S9444).~~
- During birth:



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- [A doula joins a member during the active labor phase and stays throughout the duration of labor and birth phase.](#)
- [Doulas provide physical and emotional support and encouragement to members and their partner/family.](#)
- [Doulas help members practice coping techniques and comfort measures and provide suggestions as labor progresses.](#)
- [Doula attendance at a birth \(99199\) one time](#)
- [Up to seven \(7\) visits for pre and post-natal doula visits are included.](#)
- [After birth \(post-natal\):](#)
 - [Doulas may stay for a short time after the birth.](#)
 - [Doulas may visit the home for a postpartum visit and answer questions about newborn feeding, newborn care and discuss concerns about the birthing experience.](#)
- [Pre, or post-natal doula advocacy visits \(99404\[KC1\]\[LK2\]\) are available to include 3 pre-natal visits, attendance at birth, and 3-4 visits post-natal.](#)
- [Targeted length of service is six \(6\) months.](#)
- [Doulas have a responsibility to refer to a post-partum doula or lactation specialist for post-natal concerns outside their scope of practice.](#)
- [Doulas have a responsibility to report any physical or behavioral health concerns to the referring physician that could put the baby or mother at risk.](#)

Additional Services

- [Pregnant persons not enrolled in Nurse Family Partners, may receive additional education about parenting \(S9944\) 3max, birthing \(S9442\) 3 max, and lactation \(S9443\) 3 max.](#)
- [Lactation classes will be conducted by either an IBCLC, CLC, or CBS certified lactation consultant.](#)



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MCO Responsibilities

- [Aetna Better Health offers in lieu services but submits all in lieu service programs for LDH approval in accordance with the MCO manual.⁵](#)
- [The utilization and actual cost of in Lieu doula services is considered in developing the component of the capitation rates that represents the MCO covered services unless a statute or regulation explicitly requires otherwise.⁶](#)
- [Outcome metrics will be monitored for effectiveness of the program.](#)
- [In lieu doula services will be provided in a setting that is medically appropriate and as a cost-effective substitute for the service or setting under the state plan.⁷](#)
- [Members utilizing doula services will be referred to quality management if potential quality of care concerns are identified.](#) [KC3][LK4]
- [Aetna Better Health will bill encounters with the NPI of the referring OB/GYN.](#)
- [Initial doula services will be approved without prior authorization with the limits of initial services as noted in the proposed service plan.](#)
- [In accordance with referring provider requirement, claims and encounters billed for doula services will be edited for referring provider.](#)
- [Rendering provider is required on all doula service claims and encounters when the billing provider is enrolled as a group.](#)
- [Rendering provider is also required on claims and encounters when the billing provider is a doula \(billing provider type DL\) and the service is nurse advocacy \(procedure code 99404\). Valid rendering providers for 99404 are a nurse practitioner \(provider type 78\), a physician assistant \(provider type 94\) or physician \(billing provider type 20\).](#)
- [Provider registry requirements:](#)
 - [Provider type = DL, Doula Services](#)
 - [Provider specialist 1V = Doula individual, entity type 1](#)
 - [PS 1w = Doula organization entity type 2](#)
 - [Taxonomy 374J00000X for organization and individual doula provider types](#)
- [Members receiving doula care will be referred to care management for additional assistance/monitoring as appropriate. Care Management will review subsequent](#)

⁵ 2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.1.1

⁶ 2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.2

⁷ 2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.1.1



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services to ensure members are receiving appropriate medical care and care coordination with the coordination of the medical director.

Staff Qualifications, credentialing, process and levels of supervision (administrative and clinical) required:

- Doulas will be employed by a doula organization dedicated to supporting, informing and advocating for pregnant and parenting members and their families.
- Doulas will have supervision from their organization.
- [\[KC5\]](#)[\[LK6\]](#) Nurse practitioners will have an active Louisiana Nursing License.
- Lactation consultants will have either a IBCLC, CLC, or CBS certification.
- Doula certifications may include: Birth Doula Certification and Post-Partum Doula Certification.

Authorizations:

- [\[KC7\]](#)[\[LK8\]](#) Aetna Better Health provides for in lieu covered services that are no more restrictive in amount, scope and duration than is covered in the Medicaid Fee for Service (FFS).⁸
- Compared with Medicaid FFS, the MCO has the flexibility to cover services in a greater amount, scope, or duration, or to an expanded patient group, if deemed medically necessary.⁹
- The MCO has the flexibility to reimburse for the procedure codes not on the Medicaid FFS when medically necessary.¹⁰
- For those services not covered under the state plan, the contract identifies requirements for in lieu of services and value-added benefits that the MCO may offer.¹¹

Fee Schedule:

⁸ [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.1](#)

⁹ [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.1.1](#)

¹⁰ [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.3](#)

¹¹ [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.2](#)



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CP DESCRIPTION	CPT Code	Rate	Visits
BIRTHING CLASSES	S9442	\$40.00	3 max
LACTATTION CLASSES	S9443	\$40.00	3 max
PARENTING CLASS	S9944	\$40.00	3 max
PRE/POST NATAL DOULA VISITS	S9945	\$65.00	7 visits-max
VAGINAL DELIVERY ATTENDANCE BY DOULA	99199	\$450.00	1 visit
PRE/POSTNATAL VISIT BY DOULA	99404	\$49.61-FFS	prn

OPERATING PROTOCOL:

System

The business application system has the capacity to electronically store and report all service request information, communications made by Aetna Better Health regarding the service, any clinical data and communication to practitioner/providers and members. All electronically stored data is housed within Aetna's business applications and are not outsourced to external vendors.

Measurement

- [Trend analysis of in lieu doula claims](#)
- [Timeliness of claim payments](#)
- [Member cesarean sections with doula services](#)
- [Birth weights of members with doula services](#)

Reporting

- [Trend analysis of requests for in lieu doulas services](#)
- [Utilization tracking and trending is reviewed by the CMO and is and is reported at a minimum of quarterly to the QMUM Committee.¹²](#)
- [Regulatory State reports](#)

¹² [2021 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.27.3](#)



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- [Practitioners and Providers](#)
- [Regulatory Bodies](#)

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[Chief Executive Officer](#)

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[Chief Medical Officer](#)