



**FROM: Maureen M. Corcoran, Director**  
**To: Ohio Department of Medicaid Clearance Reviewers**  
**SUBJECT: New Rule: OAC 5160-8-43, “Doula Services”**

**Summary**

New rule 5160-8-43, "Doula Services," will set forth coverage and payment policies for services provided by a doula. This rule will be proposed for adoption in accordance with House Bill 101.

Doula services have been shown to improve birth outcomes, maternal experiences, reduce disparities, and improve maternal and infant outcomes. Doulas provide advocacy, physical, educational, and emotional support during pregnancy and childbirth.

The following statement can be attributed to the Medical Director of the Ohio Department of Medicaid: *The State of Ohio is taking many steps to prevent infant and maternal mortality. The Medical Director of the Ohio Department of Medicaid, in the Medical Director’s professional capacity and consistent with 42 CFR 440.130(c), has determined that doula services are medically necessary for all pregnant or postpartum Medicaid recipients to improve outcomes and reduce disparities. Doula services should be explained and offered to this group of Medicaid Enrollees. The Medical Director of the Ohio Department of Medicaid hereby recommends that doula services be offered immediately and on an ongoing basis to Medicaid recipients until such time as determined no longer necessary.”*

Payment amounts will be reflected in rule 5160-1-60, “Medicaid Payment.” ODM will be adopting HCPCS codes T1032 and T1033 for doula-rendered services.

Questions pertaining to this clearance should be sent to [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov).

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The main Ohio Department of Medicaid (ODM) web page includes links to valuable information about its services, programs and rules; the address is <http://www.medicaid.ohio.gov>.

5160-8-43

Doula services.

(A) Unless otherwise noted, any limitations or requirements specified in the Revised Code or in agency 5160 of the Administrative Code apply to services addressed in this rule.

(B) Definitions.

(1) "Doula" has the same meaning as in Section 4723.89 of the Revised Code.

(2) "Doula service" is one of the support activities specified in Section 4723.89 of the Revised Code.

(C) Providers and billing.

(1) The following eligible providers may receive medicaid payment for submitting a professional claim for an employed doula for their services:

(a) An ambulatory health care clinic;

(b) A federally qualified health center (FOHC);

(c) A free standing birth center;

(d) A hospital;

(e) A professional medical group; or

(f) A rural health clinic (RHC).

(2) An independent doula may submit a professional claim for their covered services.

(D) Allowances and limitations.

(1) Separate payment may be made for both an evaluation and management service and a doula service rendered by a different provider to the same individual on the same date of service.

(2) The doula reimbursement timeframe may run from the time of an individual identified potential pregnancy through three hundred sixty-five days after delivery, contingent on the individual maintaining medicaid eligibility.

(3) Payment may be made for doula services during labor and delivery.

(4) Payment for doula services rendered without prior authorization is subject to the following limits:

(a) All visits outside of birth, including consultation, telehealth, prenatal and postpartum visits are reimbursed at fifteen-minute increments.

(b) Payment may be made for up to forty-eight fifteen-minute increments from the date of confirmed conception or first prenatal visit to twelve months postpartum.

(5) When frequency limits stated in paragraph (D) of this rule are exceeded, payment may be made for additional doula services through the prior authorization process as described in rule 5160-1-31 of the Administrative Code.

(6) Payment may be made for a doula service in any place of service.

(E) Claim payment.

(1) For a covered doula service rendered at an FQHC or RHC, payment is made in accordance with Chapter 5160-28 of the Administrative Code.

(2) For a covered doula service, payment is the lesser of the provider's submitted charge or the maximum amount specified in appendix DD to rule 5160-1-60 of the Administrative Code.