



Guidelines for Medical Necessity Determination for Doula Perinatal Visits

The following Guidelines for Medical Necessity Determination (Guidelines) identify the information that MassHealth needs to determine medical necessity for more than eight hours of doula perinatal visits per member per perinatal period (hereinafter, “additional perinatal visits”). These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs. For pregnant and postpartum MassHealth members, the perinatal period is defined as the period encompassing pregnancy and labor and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes. For eligible adoptive parents of infants, the perinatal period is the period in which the adopted infant is younger than one. See MassHealth regulations at [130 CMR 463.402](#).

Providers should consult MassHealth regulations at [130 CMR 463.000: Doula Services](#) and [130 CMR 450.000: Administrative and Billing Regulations](#), and [Subchapter 6](#) of the *Doula Manual* for information about coverage, limitations, service conditions, and other prior authorization (PA) requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care Organization, Senior Care Options (SCO) plan, or a Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP’s, MCO’s, One Care organization’s, SCO’s, or PACE’s medical policies, respectively, for covered services.

For doula services, MassHealth requires PA for payment for additional perinatal visits. MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

1

SECTION I. GENERAL INFORMATION

Doulas provide non-medical emotional, informational, and physical support to individuals and families during pregnancy, delivery, and the post-pregnancy period. Evidence shows that doulas can improve several maternal, perinatal, and infant health outcomes. Specifically, compared to those without doula care, birthing people with doula care are less likely to have a cesarean delivery, preterm birth, or low birth weight infant, and are more likely to report a positive birth experience, experience shorter labor, and initiate breastfeeding. Doulas can play an important role in reducing disparities and inequities. Some research has shown that doulas are particularly impactful for both low-income families and families of color. In light of the aforementioned evidence and research, and in order to improve maternal, perinatal, and infant health outcomes, the undersigned licensed medical professional issues a standing recommendation which recommends doula services, subject to the limitations and conditions described in [130 CMR 463.000](#) and these guidelines, for MassHealth members in the period encompassing pregnancy through 12 months following the end of pregnancy; and for any eligible MassHealth member who is the adoptive parent of an infant younger than one.

2

SECTION II. MEDICAL NECESSITY GUIDELINES FOR DOULA SERVICES

A. COVERAGE

MassHealth bases its determination of medical necessity for PA of additional perinatal visits on data including, but not limited to, indicators that would affect the relative risks and benefits of doula services. These criteria include, but are not limited to, the following.

1. maternal physical health conditions that existed before pregnancy, and/or developed or were exacerbated during the perinatal period, including, but not limited to
 - a. diabetes mellitus (type 1, type 2, gestational)
 - b. hypertensive conditions, such as preeclampsia and eclampsia
 - c. cardiovascular conditions, such as cardiomyopathy or myocardial infarction
 - d. hypercoagulable conditions, such as deep vein thrombosis or stroke
 - e. intensive care unit (ICU) admission
2. maternal behavioral health conditions that existed before pregnancy and/or developed or were exacerbated during the perinatal period, or upon adoption of an infant younger than one year of age, including, but not limited to
 - a. depression
 - b. anxiety
 - c. bipolar disorder
 - d. post-traumatic stress disorder
 - e. substance use disorder
3. social risk factors that existed before pregnancy and/or developed or were exacerbated during the perinatal period, or upon adoption of an infant younger than one year of age, including, but not limited to
 - a. housing insecurity
 - b. food insecurity
 - c. experience of bias and discrimination in healthcare settings
4. health conditions of the newborn/infant, including, but not limited to
 - a. neonatal intensive care unit (NICU) admission
 - b. congenital anomalies or disorders
 - c. feeding difficulties
 - d. neonatal abstinence syndrome

B. NONCOVERAGE

MassHealth does not consider additional perinatal visits to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. People who are not currently pregnant or who have not been pregnant at any time in the preceding 12 months, with the exception of adoptive parents of infants younger than one year of age
2. Uncomplicated pregnancy, childbirth, and postpartum course
3. Services and supports that may be provided by other MassHealth programs and providers, such as care management, care coordination, and social services

SECTION III. SUBMITTING CLINICAL DOCUMENTATION OF MEDICAL NECESSITY

A. REQUESTS FOR PA FOR AN ADDITIONAL PERINATAL VISIT MUST BE ACCOMPANIED BY THE [MASSHEALTH MEDICAL NECESSITY REVIEW FORM FOR ADDITIONAL DOULA PERINATAL VISITS](#).

B. THE FORM WILL BE USED AS DOCUMENTATION TO SUPPORT MEDICAL NECESSITY AND MUST INCLUDE ALL OF THE FOLLOWING.

1. Prenatal, labor and delivery, and postpartum complications related to physical health, behavioral health, social factors, and newborn/infant health condition, as indicated in Section II.A
2. Additional supports that the member is currently using, including, but not limited to, care management, care coordination, or Community Partners program
3. Plan-of-care estimated additional hours of doula services required to address any needs related to physical health, behavioral health, social factors, and newborn/infant health condition factors, as indicated in Section II.A
4. Additional information as requested by MassHealth

C. INFORMATION MUST BE SUBMITTED BY THE MASSHEALTH-ENROLLED DOULA PROVIDING THE SERVICE.

Providers must electronically submit PA requests and all supporting documentation using the Provider Online Service Center (POSC), unless the provider has a currently approved electronic claims waiver (hereinafter, “waiver”). Please see [All Provider Bulletin 369](#) for further waiver information. If you have questions about POSC access, please contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

For PA requests that are not submitted using the POSC, providers with currently approved waivers must include the MassHealth Prior Authorization Request (PA-1 Form) and all supporting documentation. The PA-1 Form can be found at mass.gov/prior-authorization-for-masshealth-providers.

SELECT REFERENCES

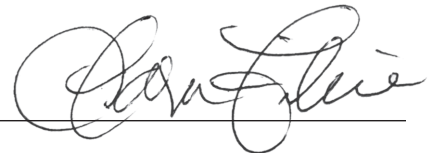
1. Gruber KJ, Cupito SH, Dobson CF. Impact of doulas on healthy birth outcomes. J Perinat Educ. 2013 Winter;22(1):49-58. <https://pubmed.ncbi.nlm.nih.gov/24381478/>; <https://pubmed.ncbi.nlm.nih.gov/24381478/>; National Partnership for Women & Families. Continuous Support for Women During Childbirth: 2017 Cochrane Review Update Key Takeaways. J Perinat Educ. 2018 Oct;27(4):193-197. <https://pubmed.ncbi.nlm.nih.gov/31073265/>
2. Thomas, M.-P., et al. (2017). Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. Maternal and Child Health Journal, 21(1), 59-64. <https://doi.org/10.1007/s10995-017-2402-0>; Kozhimannil KB, Hardeman RR, Attanasio LB, Blauer-Peterson C, O'Brien M. Doula care, birth outcomes, and costs among Medicaid beneficiaries. Am J Public Health. 2013 Apr;103(4):e113-21 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617571/>

These Guidelines are based on review of the medical literature and current practice of doula care. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for providers to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, those readers should contact their healthcare provider for guidance or explanation.

Policy Revision Effective Date: April 4, 2025

Approved by: _____



Clara Filice, MD, MPH, MHS
Chief Medical Officer, MassHealth

Policy Effective Date: May 6, 2024