



Guidelines for Medical Necessity Determination For Doula Perinatal Visits

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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. Evidence¹ 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 to 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.² 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 all pregnant and postpartum MassHealth members.

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SECTION II. MEDICAL NECESSITY GUIDELINES FOR DOULA SERVICES

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. The perinatal period is defined as the period encompassing pregnancy and labor and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes as stated in 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](#), 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), OneCare Organization, Senior Care Organization (SCO), 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 for covered services.

For doula services, MassHealth requires prior authorization for payment for additional perinatal visits. MassHealth reviews requests for prior authorization 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.

A. COVERAGE

MassHealth bases its determination of medical necessity for prior authorization 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 prior to 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 prior to pregnancy and/or developed or were exacerbated during the perinatal period including but not limited to:
 - a. Depression;
 - b. Anxiety;
 - c. Bipolar disorder;
 - d. Posttraumatic stress disorder;
 - e. Substance use disorder
3. Social risk factors that existed prior to pregnancy and/or developed or were exacerbated during the perinatal period 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
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 PRIOR AUTHORIZATION FOR AN ADDITIONAL PERINATAL VISIT MUST BE ACCOMPANIED BY DOCUMENTATION THAT SUPPORTS MEDICAL NECESSITY.

B. DOCUMENTATION OF MEDICAL NECESSITY MUST INCLUDE ALL OF THE FOLLOWING:

1. Brief summary of prenatal, labor and delivery, and postpartum course with specific details on complications related to physical health, behavioral health, social factors, and newborn/infant health condition as indicated in Section II.A.
2. Brief outline of additional supports the member is currently utilizing including, but not limited to, care management, care coordination, or Community Partners program.
3. Plan of care including 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 prior authorization (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. Questions about POSC access should be directed to 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 health care provider for guidance or explanation.

Policy Effective Date: December 8, 2023

Approved by: _____



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