

Washington Apple Health (Medicaid)

Birth Doula Services

October 1, 2025

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, check the most recent version of the guide. If the broken link is in the most recent guide, notify us at askmedicaid@hca.wa.gov.

About this guide*

This new publication takes **effect October 1, 2025**.

The Health Care Authority is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with the Health Care Authority.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

Health care privacy toolkit

The [Washington Health Care Privacy Toolkit](#) is a resource for providers required to comply with health care privacy laws.

Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

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What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Entire guide	Plain talk and other clarifying changes	To improve clarity and usability
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Added a new section with information regarding the services available through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.	To provide information about EPSDT services and accessibility.
Prenatal intake visit	Added to the Comments field of the coverage table, "Bill as a single date of service."	To clarify HCA's billing requirements
Labor and delivery support	Added to the Comments field of the coverage table, "Flat rate applies regardless of length of labor."	To clarify HCA's reimbursement policy

Subject	Change	Reason for Change
Additional prenatal and postpartum visits	<p>Added to the Comments field of the coverage table:</p> <ul style="list-style-type: none"> For Prenatal visits: <ul style="list-style-type: none"> "Only for prenatal visits" "Must not be billed as part of labor support under CPT® code T1033." Bill as a single date of service For Postpartum visits: <ul style="list-style-type: none"> "Only for postpartum care" "Must not be billed as part of labor support under CPT® code T1033." Bill as a single date of service. 	To clarify how to bill for additional prenatal and postpartum visits
Services not included in the birth doula benefit	Added overnight postpartum support to the list of services not included in the birth doula benefit	To clarify HCA's policy due to provider inquiries
Authorization	<ul style="list-style-type: none"> Removed references to prior authorization (PA) and added a note box stating that birth doula services do not require PA. Revised limitation extension information and instructions 	<ul style="list-style-type: none"> Birth doula services do not require PA. Having this information in the guide was causing confusion. To improve clarity and usability
Birth doula backup services	Added a new section on birth doula backup services	To clarify HCA's policy due to provider inquiries
Overnight postpartum support	Added a new section on overnight postpartum birth doula care	To clarify HCA's policy due to provider inquiries

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Resources Available

Topic	Contact
Policy or program questions	<ul style="list-style-type: none"> Visit HCA's Doula webpage Contact HCA via the Billers, providers, and partners "Contact us" webpage. Contact the Birth Doula Program at: hcadoulas@hca.wa.gov.
Information regarding support services covered during and post pregnancy	See HCA's Maternity Support Services/Infant Case Management Billing Guide .
Information regarding childbirth education	See HCA's Childbirth Education Billing Guide .
Information on deliveries in a birthing center or in a home birth setting	See HCA's Planned Home Births and Births in Birthing Centers Billing Guide .
Information on withdrawal management services during pregnancy	See HCA's Substance-Using Pregnant Person (SUPP) Program Billing Guide .
Information on contraception and family planning services	See HCA's Family Planning Billing Guide .
Information on pregnancy-related services	See HCA's Pregnancy-Related Services Billing Guide .
Additional HCA resources	<ul style="list-style-type: none"> Visit HCA's Billers, providers, and partners webpage or contact the Medical Assistance Customer Service Center (MACSC). Visit HCA's Pregnancy services webpage. Visit HCA's Pregnancy care resources webpage. Visit HCA's Postpartum and newborn resources webpage.

Definitions

This section defines terms and abbreviations, including acronyms, used in this billing guide. Refer to chapter [182-500 WAC](#) for a complete list of definitions for Washington Apple Health.

Antepartum – Relating to the period before birth. Also known as prenatal care.

Birth doula – A nonmedical support person certified under Chapter [246-835 WAC](#) and trained to provide physical, emotional, and informational support to birthing persons, their infants, and their families.

Birth doula services – Preventive services, as defined by [42 C.F.R. 440.130\(c\)](#), provided by a birth doula to pregnant and post-pregnant people, their infants, and their families. Services include advocating for and supporting the birthing person and their family to self-advocate by helping them to know their rights and make informed decisions.

Bundled services – Services integral to the major procedures that are included in the fee for the major procedure. Bundled services are not reimbursed separately.

Care coordination – Collaboration and communication between the client's birth doula provider and other medical or health and social services providers, including Indian health care providers, or both, to partner with and address the individual client's and family's needs.

CPT – See Current Procedural Terminology (CPT®).

Culturally congruent care – See [WAC 246-835-010](#).

Current Procedural Terminology (CPT®) – CPT® codes provide a uniform nomenclature for coding medical procedures and services. Medical CPT® codes are critical to streamlining reporting and increasing accuracy and efficiency, as well as for administrative purposes such as claims processing and developing guidelines for medical care review. The American Medical Association develops and manages CPT® codes on a rigorous and transparent process led by the CPT® Editorial Panel, which ensures codes are issued and updated regularly to reflect current clinical practice and innovation in medicine.

Department of Health (DOH) – The state agency that works with others to protect and improve the health of all people in Washington State and which certifies the birth doula profession under Chapter [246-835 WAC](#).

HCPCS – See Healthcare Common Procedure Coding System.

Healthcare Common Procedure Coding System (HCPCS) – Standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT® codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

Health care record – See [WAC 182-502-0020](#) for health care record requirements.

In person – The client and the provider are face-to-face in the same location.

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Lived experience – Having first-hand knowledge and insight gained from navigating challenges similar to those faced by the people in the community. This can include shared experiences like cultural backgrounds, socioeconomic status, health conditions, or barriers accessing the health and social service systems.

Medically necessary – See WAC [182-500-0070](#).

Postpartum period - The period lasting until the end of the 12th month after the pregnancy ends.

Provider – See WAC [182-500-0085](#).

Washington apple health - See WAC [182-500-0120](#).

Client Eligibility

How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

Verifying eligibility is a two-step process:

- Step 1. **Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the Client Eligibility, Benefit Packages, and Coverage Limits section in HCA's [ProviderOne Billing and Resource Guide](#).
- If the patient is eligible for Apple Health, proceed to Step 2. If the patient is not eligible, see the note box below.
- Step 2. **Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program benefit packages and scope of services webpage](#).

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Let's get started" button. For patients age 65 and older or on Medicare, go to [Washington Connections](#) select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 1-855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form. To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older or on Medicare, complete the *Washington Apple Health Application for Aged, Blind, Disabled/Long-Term Services and Support (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

Yes. Clients enrolled in HCA-contracted managed care plans are eligible for birth doula services outside of their plan. HCA pays for birth doula services through its fee-for-service system. Providers must bill HCA directly. To verify eligibility when the client is enrolled in a Medicaid HCA-contracted managed care plan, view the managed care enrollment on the client benefit inquiry screen of ProviderOne.

Reentry Initiative

The Reentry Demonstration Initiative (Reentry Initiative) is a new Apple Health (Medicaid) initiative under the Medicaid Transformation Project (MTP). Under this initiative, incarcerated people who are Apple Health-eligible may receive a limited set of health care services through fee-for-service (FFS) or their HCA-contracted managed care organization (MCO) for up to 90 days before their release from carceral facilities within Washington State. For more information, visit **Reentry from a carceral setting**.

Early periodic screening, diagnosis, and treatment (EPSDT)

Early periodic screening, diagnosis, and treatment (EPSDT) includes all services that are medically necessary to address health conditions for clients age 20 and younger. Providers may reference program-specific billing guides for services and equipment not covered by this billing guide and must follow the rules for the EPSDT program described in chapter 182-534 WAC. Published limits for services covered under EPSDT, if any, may be exceeded based on agency review of medical necessity described in WAC 182-501-0165.

Note: For more information, see the [EPSDT webpage](#).

Birth Doula Services

About the services

Birth doula services improve and promote healthy pregnancy, birth, postpartum, and infant outcomes. A birth doula delivers services to eligible pregnant and post-pregnant people, their infants, and their families.

Who is eligible for birth doula services?

Clients are eligible to receive birth doula services during any point in pregnancy, childbirth (inclusive of any end-of-pregnancy outcome), or during the postpartum period up to 12-months.

For example: A client remains eligible to receive birth doula services in labor or the postpartum period, or both, even if birth doula services were not initiated during the prenatal period. As long as clients fall within one of the eligibility periods, they remain eligible for birth doula services, regardless of when they first initiate care with their birth doula, whether it's during pregnancy, during labor, or the postpartum period.

Provider requirements

To be eligible to provide birth doula services to clients, a birth doula must meet all the following:

- Be 18 years of age or older
- Be a resident of the state of Washington or a bordering city as specified in WAC [182-501-0175](#)
- Possess current certification as a birth doula with the Washington state Department of Health under Chapter [246-835](#) WAC
- Be enrolled as an eligible birth doula provider with HCA (see WAC [182-502-0010](#))
- Meet the general requirements found in Chapter [182-502](#) WAC and the billing and documentation requirements found in this guide
- Meet the standards required by state and federal laws governing the privacy and security of personally identifying information
- Participate in care coordination activities throughout pregnancy and the postpartum period with the client's prenatal clinical care provider and, if applicable, their First Steps Maternity Support Services (MSS) provider. See HCA's [First Steps enhanced services webpage](#).

Note: Examples of care coordination activities include but are not limited to referrals to specific healthcare providers such as a pregnancy provider or mental health provider; connecting clients to a variety of support groups during their pregnancy and postpartum period; and helping access resources and services such as transportation and childcare services.

- Provide culturally congruent care to the client and the client's family
- Have lived experience that aligns with and provides a connection between the birth doula and the community being served

Documentation requirements

All providers must satisfy the documentation requirements in WAC [182-502-0020](#) and this guide, regardless of whether the provider maintains hand-written or electronic client health care records. All documentation must be maintained for at least six years and must be submitted to HCA upon request.

The following must be documented in the client's health care record:

- Consent for services to be signed at the initiation of care
- The date and time/duration of services and information substantiating the services provided.
- The nature of the care and service(s) provided during each visit
- Any coordination with medical or other care providers
- Any referrals and coordination efforts with community resources or community supports
- If screening is provided using a validated screening tool, the name of the tool, the score, and any communication following a positive screening including referrals to community resources, coordination with clinical care team, etc.

Charting overview

Each provider must maintain a client health care record for each client that states the services provided and justifies how those services support provider reimbursement.

Prenatal intake visit

The following are required components of the prenatal intake visit and must be documented in the client's health care record:

- The date and time/duration of services, minimum two-hour visit
- A completed and signed consent for services form
- Provide an overview of the Apple Health birth doula benefit
- Co-design a plan of care across antepartum, delivery, and postpartum periods, as appropriate
- Initiate discussion and implementation of birth plan or client/family preferences for care
- Support the client in establishing care as needed, including clinical pregnancy care, behavioral health services, dental services, etc. Coordinate with the MCO, if needed, to assist the client in accessing desired services, timely appointments, or any other care coordination or case management need
- Review the client's health history including any previous pregnancies, births, and loss of life
- Coordinate with medical providers regarding mental and emotional health screenings, and if appropriate, support symptom reduction through care navigation or peer support. See Screening of mental health conditions during pregnancy and postpartum in HCA's [Pregnancy-Related Services Billing Guide](#)

Note: Coordination of care around perinatal mental health is broad and includes but is not limited to the following:

- Discussing with the client the screening they should receive from their clinical pregnancy provider
 - Discussing and referring the client to available community supports or resources
 - Making a plan for the client to bring up concerns with the clinical pregnancy provider
 - The birth doula attempting to directly contact the provider
- Review social determinants of health (SDOH) and other social-related health needs. Provide resources and support guided by client or family priorities
 - Assess family and other relational support networks

What is covered?

HCA covers birth doula services with limitations. Birth doula services must meet all the following:

- Be preventive in nature according to [42 C.F.R. 440.130\(c\)](#)
- Provide physical, emotional, and informational support to pregnant, birthing, and postpartum people

HCA pays for the following birth doula services:

- One [prenatal intake visit](#) billed only once per pregnancy
- Continuous [labor and delivery support](#) billed only once per pregnancy
- One [comprehensive postpartum visit](#) per pregnancy
- [Additional prenatal and postpartum visits](#) limited to 20 hours per pregnancy

Birth doula coverage tables

Prenatal intake visit

The following table includes information for billing HCA for the prenatal intake visit:

Service	CPT® code/ Modifier	Diagnosis code	Comments
Prenatal intake visit	59899 with U1 modifier	Z322	<ul style="list-style-type: none"> • Limited to one per client, per pregnancy. • Must be in person. • Direct service time must be a minimum of 2 hours. • Bill as a single date of service. • Paid at a flat rate. See fee schedule.

Note: For a list of components of the prenatal intake visit, see [Documentation requirements](#).

Labor and delivery support

The following table includes information for billing HCA for the labor and delivery support:

Service	HCPCS code/ Modifier	Diagnosis code	Comments
Labor and delivery support	T1033	Z379	<ul style="list-style-type: none"> Limited to one per client, per pregnancy. Must be in person and provided to one client at a time. Support must be continuous. Paid at a flat rate. See fee schedule. Flat rate applies regardless of length of labor.

Additional prenatal and postpartum visits

The following table includes information for billing HCA for additional prenatal and postpartum visits. A maximum of 20 hours (80 units) are available across the prenatal and postpartum periods.

Note: HCA has designated 6 units (90 minutes, 1 unit = 15 minutes) for a **comprehensive postpartum visit**, to support Apple Health (Medicaid) clients having tailored postpartum birth doula services. The remaining 74 units (18.5 hours) may be used for either additional prenatal or postpartum visits.

Service	HCPCS code/ Modifier	Diagnosis code	Comments
Prenatal visits	T1032	Z322	<ul style="list-style-type: none"> Limited to 18.5 hours (74 units) across the prenatal and postpartum visits). Only for prenatal visits. Must not bill as part of labor support under HCPCS code T1033. 1 unit = 15 min. Bill as a single date of service. See fee schedule.

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Service	HCPCS code/ Modifier	Diagnosis code	Comments
Postpartum visits	T1032	Z392	<ul style="list-style-type: none"> 1.5 hours (6 units) are designated to postpartum care only. Remaining available units from the prenatal period can be billed for postpartum visits. Only for postpartum visits. Must not be billed as part of labor support under HCPCS code T1033. Bill as a single date of service.

What if my client needs additional units/services beyond coverage limitations?

HCA evaluates requests for authorization of covered services that exceed limitations on a case-by-case basis in accordance with WAC [182-501-0169](#). See [Limitation extension \(LE\)](#).

See [Telemedicine](#) for birth doula services not allowed via telemedicine.

Services not included in the birth doula benefit

HCA does not pay for the following services when provided by a birth doula:

- Childcare
- Chore services including, but not limited to, shopping and cooking
- Group services
- Phone calls, text messages, and emails
- Documentation time
- Travel time and mileage
- Overnight postpartum support, including any of the following:
 - Birthing parent rest
 - Childcare for newborns or other children
 - Household tasks (e.g., cleaning dishes, doing laundry, or preparing meals)

What if my client requests noncovered services?

Before services are furnished, the client and provider must sign and date the Agreement to Pay for Healthcare Services form (HCA 13-879) if an Apple Health (Medicaid) client chooses to pay for a birth doula service for which HCA does not pay. See WAC [182-502-0160](#), Billing the Client for details.

Requesting an exception to rule (ETR) is optional for the client.

Payment

HCA pays for the following:

- Birth doula services when they are:
 - Provided to a client who meets the eligibility requirements in [Who is eligible for birth doula services?](#)
 - Provided to a client during a face-to-face encounter, including audio-visual telemedicine (see [Telemedicine](#))
 - Provided and billed according to this guide
 - Documented in the client's health care record according to this guide
- Labor and delivery support provided by a birth doula to only one client at a time, as labor and delivery support is intended to be continuous

How are billable units of service defined?

As described in this guide some birth doula services are paid at a flat rate (i.e., the prenatal intake visit and labor and delivery support) and other birth doula services are paid in 15-minute increments (1 unit = 15 min).

To be paid, providers must bill for the direct service delivery at the minimum time equivalent (e.g., a minimum of 15 minutes for 1 unit billed; a minimum of 30 minutes for 2 units billed, etc.)

Example: A provider sees a client and provides eligible face-to-face services for 70 minutes. HCA would pay for 4 units (60 minutes) for this visit. The time spent does not hit the threshold to bill 5 units (75 minutes).

What do I need to know when I am billing the remaining units out of the 20 total hours?

When billing the remaining units out of the 20 total hours:

- The birth doula service benefit is limited to 20 hours (80 units) across the prenatal and postpartum visits, 6 of those units designated for postpartum care only.
- HCA recommends that birth doulas track the units billed on an eligible client to more easily determine the number of remaining units.
- The claim submitted that includes the final or 20th hour of service will only be payable up to the remaining allowable units.

Fee Schedule

For clients enrolled in a managed care organization (MCO) or fee-for-service (FFS) who are eligible for birth doula services, HCA pays for covered birth doula services through FFS using HCA's published [Birth doula services fee schedule](#).

Maximum allowable fees for all codes, including CPT® codes and selected HCPCS codes, are listed in the fee schedule.

Telemedicine

Telemedicine requirements

HCA pays for birth doula services provided via telemedicine only when **one of** the following is met:

- The prenatal intake visit is provided in-person.
- The first visit with a new birth doula is provided in person if the client changes their birth doula.
- When initiating care postpartum, the first visit is in person.

HCA pays for birth doula services provided via telemedicine when the servicing provider for the telemedicine visit uses the same billing provider's national provider identifier (NPI) used to bill for the in-person prenatal intake visit, first in-person visit with a new birth doula provider, or the first in-person postpartum visit.

Examples:

- An independent birth doula will have the same individual NPI for both billing and servicing provider.
- A group birth doula practice will have the same group billing provider NPI, but the individual servicing provider NPI can be different (e.g., three different birth doulas with three different servicing NPIs, but the group billing provider NPI will always be the same for telemedicine.

Services HCA does not pay for when provided via telemedicine

HCA does not pay for the following birth doula services provided via telemedicine:

- The prenatal intake visit
- The first visit with a new birth doula if the client changes their birth doula
- Labor and delivery support
- The first visit with a birth doula when initiating care postpartum

Note: Refer to HCA's [Provider Billing Guides and Fee Schedules webpage](#), under *Telehealth and Telemedicine policy and billing* for more information on telemedicine policy, billing, and documentation requirements.

Note: HCA does not pay for audio-only telemedicine under the birth doula benefit.

Payment when a client changes their birth doula

It is the client's discretion to discontinue working with a birth doula and receive services from a new birth doula. If a client changes their birth doula, the first visit with the new birth doula must be performed in person. HCA will not pay for the first visit via telemedicine. The change of birth doula must be documented in the client's health care record of both birth doulas.

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If a client changes their birth doula what services are billable by the new birth doula?

It depends on which services have already been paid for by Apple Health. The limits on services described in this guide are per client, per pregnancy and are retained even if the client has chosen to transfer care to a new birth doula.

The new birth doula may attempt to contact the former birth doula and confirm what services have been delivered. The new birth doula may contact HCA to confirm which birth doula services/claims HCA has already paid for and to help determine which services may be remaining in the allowable Apple Health benefit.

Instructions on the process for birth doulas to contact HCA to confirm if HCA has already paid for services/claims may be found under Client service limits in the [ProviderOne Billing and Resource Guide](#).

Note: Providers must bill HCA within 365 days from the date of service per WAC [182-502-0150](#) to be considered timely.

Authorization

Authorization is HCA's approval for covered services, equipment, or supplies before the services are provided to clients, as a precondition for provider reimbursement.

Note: Birth doula services do not require prior authorization.

Limitation extension (LE)

What is a limitation extension (LE)?

A limitation extension (LE) is an authorization of services beyond the designated benefit limit allowed in Washington Administration Code (WAC) and HCA billing guides.

Note: A request for an LE must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups cover all services.

How do I request an LE?

Providers may request an LE to exceed the maximum number of units allowed for prenatal or postpartum visits under WAC 182-501-0169. Providers may submit an LE by direct data entry into ProviderOne or by submitting the request via fax. An LE must be approved before additional units are used.

Documentation requirements for an LE

For all LE requests, the following documentation is required:

- A completed, TYPED *General Information for Authorization* form, 13-835. This request form MUST be the initial page of the request.
- A completed, TYPED *Doula Limitation Extension Request* Form, 13-0164. This is the second page of the request.
- Charts and justification to support the request for authorization.

Fax the request to: (866) 668-1214. Be sure to complete all information requested. HCA returns incomplete requests to the provider.

See HCA's [Billers, providers, and partners](#) webpage.

See [Where can I download HCA forms?](#)

The request must state the following:

- Additional service(s) requested – only requests for additional units (1 unit = 15 min) will be considered as other birth doula services paid at a flat rate are covered only once per pregnancy.
- The primary diagnosis code and HCPCS code (either T1032 with dx code Z322 for prenatal visits or T1032 with dx code Z392 for postpartum visits)
- Client-specific clinical justification for additional services

What is clinical justification for additional birth doula services?

HCA reviews LE requests for additional birth doula services on a case-by-case basis. These requests are for a specific amount of billable units (1 unit = 15 min).

HCA must stay within the funding allocated for birth doula services; therefore, HCA may approve only a limited number of additional units of service.

HCA will not approve additional units in situations where a client has changed birth doulas, and there is not further justification from the client perspective.

HCA may approve additional units in the following circumstances:

- Maternal physical health conditions that existed before pregnancy and/or developed or were exacerbated during the perinatal period
- Maternal behavioral health conditions that existed before pregnancy and/or developed or were exacerbated during the perinatal period
- Social risk factors that existed before pregnancy and/or developed or were exacerbated during the perinatal period, such as homelessness, housing instability, or food insecurity
- Health conditions of the newborn/infant, such as prematurity, NICU admission, or other special health care needs

General Billing

Note: All claims must be submitted electronically to HCA, except under limited circumstances. For more information, see HCA's [ProviderOne Billing and Resource Guide](#) webpage and scroll down to *Paperless billing at HCA*. For providers approved to bill paper claims, visit the same webpage and scroll down to *Paper Claim Billing Resource*.

What are the general billing requirements?

Providers must follow HCA [ProviderOne Billing and Resource Guide](#).

These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments.
- What fee to bill HCA for eligible clients.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- Billing for clients eligible for both Medicare and Medicaid.
- Third-party liability.
- Record keeping requirements.

How do I bill for claims when the client has other insurance coverage and Apple Health?

Apple Health must be the payor of last resort. In general, this means providers must bill Medicare, military insurance, and/or private commercial insurance first and wait for a response before submitting a claim to ProviderOne.

HCA recognizes that birth doula services are not consistently covered by Medicare, military insurance, and/or private commercial insurance. For this reason, HCA allows birth doulas to submit claims to ProviderOne without requiring other insurance to be billed first.

Note: ProviderOne will automatically process claims for birth doula services without requiring information from other insurance **effective February 28, 2025**. For reprocessing of claim denials from January 1, 2025, through February 27, 2025, contact hcadoulas@hca.wa.gov.

Billing claims electronically

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's [Billers, providers, and partners webpage](#), under [Learn how to use ProviderOne](#), select [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA electronic data interchange \(EDI\) webpage](#).

May a provider who is a licensed midwife and a certified birth doula bill for clinical services and birth doula services?

A provider who is both a licensed midwife and an HCA-approved certified birth doula (doula/midwife) may bill for birth doula services under certain circumstances. To do so, the doula/midwife must first update their HCA enrollment to include their active Department of Health (DOH) birth doula certification and add the appropriate birth doula taxonomy (see [Provider Requirements](#) for more details).

When a doula/midwife is eligible to be reimbursed for birth doula services

The following are the only circumstances in which a doula/midwife is eligible to be reimbursed for birth doula services:

- **Transfer of care:** This is when a client initiates clinical care with the doula/midwife and then transfers care to a different clinical provider during the prenatal period or during labor and delivery. This transfer of care means the doula/midwife stops providing and billing for any clinical services. This then allows them to provide and bill for appropriate birth doula services going forward.

Note: The clinical care provided before the transfer of care must be billed in accordance with the [Planned Home Births and Births in Birth Centers Billing Guide](#). Midwifery services must not be billed or reimbursed as birth doula services.

- **Doula-only role:** This is when a pregnant client plans a hospital birth, birth center birth, or home birth with a different clinical provider and the doula/midwife provides only birth doula services.

When a doula/midwife is not eligible to be reimbursed for birth doula services

The doula/midwife is not eligible to be reimbursed for certain birth doula services in the following circumstances:

- When a client plans to receive clinical care from the doula/midwife, the prenatal intake visit may not be billed as a birth doula service.
- When a client initially receives doula services from the doula/midwife and later transitions to clinical care with the same doula/midwife, the prenatal intake visit is considered a part of global OB care and is no longer reimbursable.

Note: Any claims for the birth doula prenatal intake visit that were submitted before the client's transition must be voided by the provider.

- If a client returns to the doula/midwife for clinical care after a transfer of care, the doula/midwife is not eligible for further reimbursement of birth doula services, including additional prenatal or postpartum, or both, visits.

Which billing guide to follow

- When billing for **birth doula services**, the doula/midwife must refer and adhere to this guide.
- When billing for **clinical services**, the doula/midwife must refer and adhere to the [Planned Homebirth and Births in Birth Centers Billing Guide](#).

Backup birth doulas

Can a backup birth doula provide services to HCA clients?

Yes. If a backup birth doula provides services to an HCA client, they must be enrolled as an Apple Health provider to be paid for the services. If the backup birth doula is not enrolled with Apple Health, HCA will not pay for the services.

How to bill for backup birth doula services

Services provided by the backup birth doula must be billed on a claim with the backup birth doula's unique servicing provider NPI. Claims must reflect the unique servicing provider NPI of the birth doula who actually provided services to the client. The primary birth doula's unique servicing provider NPI must not be used to bill for services they did not provide.

Does HCA pay for overnight postpartum support?

No. HCA does not pay for overnight postpartum support, including any of the following:

- Birthing parent rest
- Childcare for newborns or other children
- Household tasks (e.g., cleaning dishes, doing laundry, or preparing meals)

For more information on services not included in the birth doula benefit, see [Services not included in the birth doula benefit](#).