

Clinical Policy: Doula Services Expanded Benefit

Reference Number: FL.CP.MP.18

Date of Last Revision: 11/25

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Description

This policy describes medical necessity requirements for doula services as an expanded benefit for Sunshine Health's Managed Medical Assistance (MMA), Serious Mental Illness (SMI), HIV/AIDS, and Florida Children's Medical Service (FLCMS) and Child Welfare (CW) Specialty Plan products.

Policy/Criteria

- I. It is the policy of Sunshine Health that doula services as an expanded benefit is **medically necessary** when the following criteria are met:
 - A. Member must be \geq 13 years of age;
 - B. Member must be living in a group home or in a home placement where there is minimal parental support with a goal of improved birth outcomes, reduced pre-term births, and improved prenatal care.
 - C. The requesting provider must submit documentation to support the need for doula services provided to the pregnant member including, but not limited to, one or more the following:
 1. Member has a history of trauma or abuse;
 2. Member lacks emotional or physical support before and during the delivery process and during the post-partum period, i.e., significant other, family or friend;
 3. Member requires educational support during the prenatal period, birthing process, or post-partum to promote informed decision-making and assist with breastfeeding and newborn care.

Note: Unlimited Doula prenatal and postpartum visits and attending delivery with no prior authorization required.

Background

Despite significant advancements over the past decades, the United States continues to have less than desirable outcomes in maternal health when compared to other industrialized countries.⁴ Racial inequities continue to be a contributing factor, often demonstrated through access limitations to care.⁵ Research has verified that infant and maternal mortality rates are disproportionately higher among people of color when compared to their white counterparts.⁶ Doulas offer a unique approach to alleviating these barriers; therefore, many states are including doula services in their Medicaid benefits.⁴

Expanded benefits are benefits offered to members that exceed standard Medicaid benefits at no additional cost to the state. These benefits are funded by the health plan with no reimbursement from the state and include Doula services.⁸

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Doula services are classified as services that provide continuous emotional, physical, and educational support throughout labor and birth and intermittently during the prenatal and postpartum periods. Doulas are non-clinically trained professionals who advocate for marginalized expectant parents to ensure any concerns or needs are addressed. Doulas also provide childbirth education, meet with birthing individuals in their homes, and offer postpartum home visitation and breastfeeding support. Services performed by a doula must be supervised by a physician, nurse practitioner, or certified nurse midwife. Utilization of doula services across the United States remain limited oftentimes because birthing individuals are unaware of the benefit and the limited number of available doulas.³

The following services are outside the scope of practice for the doula:⁷

- Performance of clinical tasks e.g., vaginal exams or fetal heart monitoring.
- Provide medical advice
- Decision making for the member – medical or otherwise
- They do not deliver the baby.

There is limited research available relative to doula outcomes. Although there have been associated improvement in clinical outcomes after doula services, the data was primarily “qualitative data describing low levels of diversity and equity within the doula workforce and ineffective payment models”⁴. Further consideration should be given to including doulas in compensation conversations as well as implementing racial equity assessments for proposed doula-related regulation.^{4,5} Kang et. al. indicate “while doulas have the potential to make important contributions to the birthing support team, they are underutilized, and intervention studies are needed to enable estimates of their true effectiveness”⁶.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT® Codes | Description |
|------------|---|
| 99500 | Home visit prenatal |
| 99501 | Home visit postnatal |
| 99502 | Home visit newborn care |
| 99600 | Unlisted home visit service/proc Home visit NOS |

| HCPCS Codes | Description |
|-------------|-------------|
| | |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|---|---------------|---------------|
| Original approval date | | 07/18 |
| Annual review; no changes | | 11/19 |
| Annual review; update to policy name and number | | 06/20 |
| Annual review; added SMI and CMS | | 07/21 |
| Policy updated; removed “comprehensive” from LOB on product line | | 09/21 |
| Policy updated; added unlimited doula visits and attending deliver with prior authorization | | 11/21 |
| Policy updated; Changed age requirement to 13 and up | | 02/22 |
| Annual review; no changes | | 02/23 |
| Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.61.00 to FL.CP.MP.18. | 06/23 | |
| Ad Hoc Review: Minor grammatical changes; Removed “Services performed by a doula must be supervised by a physician, nurse practitioner, or a certified nurse midwife who is enrolled with Sunshine Health”. | 11/23 | 02/24 |
| Annual review. Background updated. CPT codes added. References reviewed and updated. | 11/24 | |
| Annual review. Background updated. References reviewed and updated. | 11/25 | |

References

1. Agency for Health Care Administration. Statewide Medicaid Managed Care Expanded Benefits. https://ahca.myflorida.com/content/download/25560/file/SMMC%203.0%20Expanded%20Benefits%20Grid_Health%20Plan_02012025v2.pdf. Effective February 1, 2025. Accessed November 18, 2025.
2. Medicaid and CHIP Payment and Access Commission (MACPAC) Issue Brief. Doulas in Medicaid: case study findings. <https://www.macpac.gov/wp-content/uploads/2023/11/Doulas-in-Medicaid-Case-Study-Findings.pdf>. Published November 2023. Accessed November 18, 2025.
3. Alvarado G, Schultz D, Malika N, Reed N. United States Doula Programs and Their Outcomes: A Scoping Review to Inform State-Level Policies. *Womens Health Issues*. 2024;34(4):350-360. doi:10.1016/j.whi.2024.03.001
4. Ogunwole SM, Karbeah J, Bozzi DG, et al. Health Equity Considerations in State Bills Related to Doula Care (2015-2020). *Womens Health Issues*. 2022;32(5):440-449. doi:10.1016/j.whi.2022.04.004
5. Kang E, Stowe N, Burton K, Ritchwood TD. Characterizing the utilization of doula support services among birthing people of color in the United States: a scoping review. *BMC Public Health*. 2024;24(1):1588. Published 2024 Jun 13. doi:10.1186/s12889-024-19093-6
6. Stuebe A, Barbieri RL. Continuous labor support by a doula. UpToDate. www.uptodate.com. Updated July 29, 2025. Accessed November 18, 2025.
7. Agency for Health Care Administration. Statewide Medicaid Managed Care (SMMC) Expanded and Other Benefits Tip Sheet.

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<https://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/PUBLIC%20MISC%20FILES/Expanded%20and%20Other%20Benefits%20Tip%20Sheet.pdf>. Effective March 25, 2025. Accessed November 18, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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