



Third Party
Reimbursement
Packet



100 East Washington Street ♦ Springfield, IL 62701
888-788-DONA (3662)
www.DONA.org ♦ 3PRChair@DONA.org

Dear DONA International Member,

DONA International has been investigating the issue of third party reimbursement on behalf of our member doulas for years. Although individual doulas have had occasional success helping their clients seek reimbursement or being reimbursed directly, a guaranteed approach could never be recommended.

We were pleased to announce that a new taxonomy code for doulas had been approved and defined by the National Uniform Claim Committee on October 1, 2009. Pat Burrell, a birth doula and registered nurse from South Carolina, was successful in lobbying for the assignment of the code, which allows doulas to secure provider numbers to submit claims to both Medicaid and third-party payers for their services. Individual doulas must apply for their own provider number through the NUCC and may have to comply with other requirements that are as yet undetermined.

As a service to our members, the DONA Third Party Reimbursement Committee compiled in this packet the most comprehensive information available to date to assist your efforts in securing third party reimbursement and made recommendations that we believe will contribute to your success. In this packet you will also find instructions to share with your clients, plus invoices and sample letters that you can use to assist their efforts in seeking reimbursement for your birth and/or postpartum doula services. We have also included a Survey that we would appreciate your completing and returning to us each time you seek reimbursement. The information we gather from your Survey will be used to make further recommendations toward universal reimbursement.

We wish you great success, knowing that the availability of third party reimbursement for birth and postpartum doulas will be instrumental in reaching DONA International's vision of *a doula for every woman who wants one*.

In the doula spirit,

A handwritten signature in cursive script that reads "Debbie Young".

Debbie Young, CD(DONA), PCD(DONA)
DONA Third Party Reimbursement Chair
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DONA International and Third Party Reimbursement

DONA International strives to make birth and postpartum doula care accessible to all women, regardless of ability to pay. If doula care were a standard medical benefit covered by third party payers, many more women would be able to take advantage of doula services. While doula care is non-medical in nature, it has both medical and cost benefits that have been proven in numerous randomized controlled trials. DONA International believes it is in the best financial interests of those who pay for health care to reimburse the cost of doula care. In 1997, DONA International formed a Third Party Reimbursement Committee to assist members to successfully approach third party payers.

DONA International wants to be proactive and negotiate with third party payers from a position of strength. To that end, the Third Party Reimbursement Committee has been charged with the task of carefully considering the implications of pursuing reimbursement for doula services before proceeding to lobby insurance companies, government agencies or legislatures. It seems imperative that we first consider all the consequences of third party reimbursement and anticipate before we begin the journey just what, if any, concessions we may have to make and whether we are willing to accept them.

This statement defines the current status of third party reimbursement for doulas, summarizes the work of the Third Party Reimbursement Committee and clarifies the concerns that are being addressed by the DONA International Board of Directors and the Third Party Reimbursement Committee. DONA International's current recommendations for billing third party payers are included.

Current status of third party reimbursement

There are several types of third party payers who have reimbursed doulas for services on an occasional basis. The traditional indemnity plan (in which the consumer chooses any practitioner and is reimbursed for a percentage of covered expenses) seems more likely to cover independent doula services than health maintenance organizations or preferred provider organizations under managed care. A few doulas have government contracts or grants from private foundations which cover the cost of providing services.

To date, Medicaid does not directly reimburse for doula services, although Medicaid funds are allocated for doula services by some county agencies.

Many consumers have flexible spending accounts, in which a percentage of their wages are placed in a pretax

account and can be used for non-covered medical expenses. Doula care may be considered an appropriate expense for reimbursement from a pretax account. Providers such as hospitals, doctors or midwives who directly employ birth doulas may include the cost of providing doula care when billing for their labor and birth services.

Taxonomy code

In 2009, a taxonomy code was assigned to the role of a Doula and identified under the **Nursing Service Related Providers Type**. The following **Doula Classification** was added:

Doulas work in a variety of settings and have been trained to provide physical, emotional, and informational support to a mother before, during, and just after birth and/or provide emotional and practical support to a mother during the postpartum period.

The taxonomy code is an important professional classification code for doulas to utilize in accessing a National Provider Identifier (NPI) number.

National Provider Identifier numbers

As of October 1, 2009, doulas can apply for a National Provider Identifier (NPI) number through the National Plan and Provider Enumeration System (NPPES) by utilizing a taxonomy code specifically for doulas. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign NPI numbers. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. For all intents and purposes this will assist doulas in processing claims by designating doulas as providers and assigning each individual or group a unique identifier.

Insurance codes

Most insurance companies in the United States base reimbursement on a code called the "Current Procedural Terminology" or CPT code. These codes are created by the American Medical Association (AMA) and are primarily designed for physician use, although other clinical health care providers such as midwives, nurses and lactation consultants also use them.

The DONA International Third Party Reimbursement Committee members have been working diligently to verify CPT and diagnosis codes where they apply to doula care and third party payment. There are no CPT codes specifically for doula services.

The CPT code typically used to bill for doula care, 99499, is an unspecific code described as “Evaluation and Management Services” and can be applied to the prenatal, birth and postpartum periods when coupled with the appropriate diagnosis codes. This code can be utilized in a global invoice and claims process. The CPT code 59430 is also an unspecific code described as “General Postpartum Care” and can be applied to the postpartum period when coupled with the appropriate diagnosis code.

The diagnosis code typically used for prenatal and labor support is V22.2 “Pregnant State Incidental.” The diagnosis code typically used for postpartum is V24.2 “Routine Postpartum Follow Up.” There are other codes related to the state of the pregnant woman, her baby and mode of birth.

It is strongly advised that doulas who wish to submit claim forms seek further information from a qualified insurance claim processing service and use caution when attempting to file insurance claim forms until a legitimate code has been approved for doula care. Misrepresentation of qualifications and services provided in the submission of insurance claim forms is illegal.

When a claim is submitted to an insurance company, the CPT code is entered into a database. The initial determination as to whether that code is a covered expense under that client’s health care plan is a computerized response. When CPT code 99499 is entered, it rarely is automatically reimbursed, and the claim is usually rejected. After the initial rejection, the client may request a medical review at which time the claim will be reevaluated by an employee of the insurance company to determine whether it was medically necessary and is therefore reimbursable.

Some doulas have experimented by using other codes that describe the actual medical care and birth of the baby. DONA International requested a ruling from the AMA who stated that since birth doulas do not provide intrapartum medical care or deliver the baby, a more appropriate code should be used. DONA International does not recommend using a delivery code, as it could be mistaken for an attempt to defraud the insurance company by billing for services that were not provided. However, some insurance companies may request individuals to use particular codes. Before using codes that usually describe intrapartum diagnosis and treatment, doulas should ensure that third party payers have a clear understanding of the services provided.

What is DONA International doing?

A Third Party Reimbursement Packet is available to guide doulas in seeking reimbursement from insurers containing information on the medical benefits of doula care. The Packet is available in the DONA Boutique on the web site

at www.DONA.org or by contacting the DONA International Home Office. It includes a sample letter to accompany a claim, instructions on submitting a claim, a sample invoice with insurance processing codes, DONA International’s Standards of Practice and Code of Ethics and a Third Party Reimbursement Survey. It is requested that doulas complete and submit the Survey for each attempt at reimbursement to assist DONA International’s continuing effort to determine the best and most effective course of action. It is also recommended that doulas purchase copies of the “What is a Doula” brochure and DONA International Birth and/or Postpartum Position Papers available in the DONA Boutique to include with their requests for reimbursement as supporting documents.

Concerns about third party reimbursement

The Third Party Reimbursement Committee will continue to gather information about the potential consequences and challenges to third party reimbursement. At first glance, it may seem to have no drawbacks. However, realistic assessments reveal that third party reimbursement may have costs that are not immediately apparent.

The following concerns have been raised.

1. Will the reimbursement for doula services paid by third party payers be too low? Will it force doulas to reduce the fees they normally charge for private, self-paying clients? While doulas would not necessarily be required to accept low reimbursements or require clients to make up the difference between reimbursement and the actual fee, it is possible that financial pressure would cause doulas to consider lowering their fees.
2. What restrictions or responsibilities might be added to the doula’s role by third party payers (e.g., licensing by the state, longer training, proficiency exams, different certification requirements or additional health care training or licensing)? Would doulas be required to carry malpractice insurance and would that make them more likely subjects of lawsuits?
3. What conditions or requirements might be placed on the consumer in order that her doula’s services will be reimbursed? At least one third party payer has already limited the consumer’s options by covering the cost of birth doula services only if the woman agrees to not request an epidural. Birth doulas cannot be put into a position of preventing women from having an epidural or of supporting only particular choices.

It is possible that, if reimbursement were available only for doulas with state licenses, doulas could choose not to seek reimbursement and could remain unlicensed. It is also a remote possibility that it might become illegal for unlicensed doulas to practice in some states. Some hospitals might require certification to support women in their facilities. The benefits of regulation must be balanced against the loss of freedom it entails.

Future goals

While we must consider the long-term effects, standardized third party reimbursement would clearly enable many more women to benefit from doula care. Because of DONA International's desire to serve all women regardless of ability to pay, we are dedicated to researching the ramifications of third party reimbursement and finding a way to make it work without compromising our profession.

The Third Party Reimbursement Committee will continue to explore many ideas for reimbursement, which could be expanded to the federal arena. Doulas could lobby large corporations to include a rider covering doula services for their employees. Doula services could be treated similarly to home health care or a prescription. It is also possible that birth doula services could be included in the fee charged by a physician or midwife for the birth, or in the hospital's costs for the birth. The benefits and drawbacks of each of these possibilities are being carefully evaluated.

Current recommendations

DONA International encourages every doula to pursue reimbursement or payment from insurance providers for doula services. However, of several avenues which may be effective, we do not yet know which will be the most effective overall. Doulas can bill insurance providers directly, they can help their clients submit for reimbursement from their insurance providers, or those doulas working with clients who are Medicaid recipients can potentially become Medicaid providers. As reimbursement is by no means guaranteed, DONA International's best recommendation is for the doula to bill the client directly for services rendered and then assist the client in requesting reimbursement from her insurance provider.

A doula who chooses to bill insurance providers directly can either seek reimbursement for the full fee and ask the client to make up the balance due, if any, or she can first receive payment for services from the client and refund the client once she has been reimbursed by the client's insurance provider.

In the case of Medicaid recipients, the doula must become a Medicaid provider. The process is administered by each individual state. A doula who strives to serve Medicaid recipients should investigate the process for approval as a Medicaid provider through her/his local Centers for Medicaid & Medicare Services (CMS).

The invoice provided to clients seeking reimbursement from their insurance providers must contain the doula's name, address, NPI number, taxpayer identification or social security number, insurance processing codes and the date(s) and location(s) services were provided. The doula should also assist the parents in completing a standard claim form (HCFA-1500) or the claim forms provided by the client's insurance provider. In at least one state the forms are submitted electronically; this may become a future requirement in other states. In addition,

to avoid confusion it is strongly recommended that doulas include a description of their role by including (1) a copy of DONA International's Standards of Practice and Code of Ethics, (2) the DONA International Birth and/or Position Paper(s) and (3) a "What is a Doula" brochure. These documents will likely be more effective if mailed with all supporting information.

Ongoing evaluation

In order for DONA International to properly evaluate the current status of third party reimbursement we need your help. Please send an e-mail report of all successful requests to the Third Party Reimbursement Committee and complete the Third Party Reimbursement Survey available on the DONA International web site at www.DONA.org and also in the Third Party Reimbursement Packet for each attempt at reimbursement. Feedback and input from doulas will help us to negotiate the best possible agreement between third party payers and doulas. With your help, DONA International will continue to work toward its mission of, "A doula for every woman who wants one." ▼

This statement was written by Kelli Way and reviewed by the DONA International Third Party Reimbursement Committee under the leadership of Debbie Young in 2000 and was revised in 2009 by Jessica Atkins, Third Party Reimbursement Chair.

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Third Party Reimbursement Committee
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- Pay your doula in full.
- Get an invoice from your doula which includes the following information:
 - a) the doula's name and address
 - b) the doula's NPI number (National Provider Identification)
 - c) the doula's social security number or taxpayer ID number
 - d) the date and location services were provided
 - e) the CPT (Current Procedural Terminology) code for the services provided
 - f) a diagnosis code (which may need to be supplied by your doctor or midwife)
 - g) the doula's signature
- Submit the invoice with a claim form (provided by your insurance company, or the 1500 universal claim form if required) to your insurance company.
- Within four (4) weeks, expect to receive a letter telling you either that:
 - a) they have accepted the claim
 - b) they need more information before they can process your claim
 - c) this is not a covered expense

If the insurance company needs more information or denies your claim:

- Ask your doula to send you the following:
 - a) a copy of her certification (if she is certified)
 - b) other credentials or relevant training
 - c) a letter detailing her training and experience and how she served you
- If possible, ask your doctor or midwife for a letter explaining how a doula helped you, was necessary or saved the insurance company money. (Did you have a high-risk pregnancy or postpartum? Did the birth doula's presence and/or suggestions appear to prevent complications, help your labor to progress more quickly or decrease your need for expensive pain medications? Did the postpartum doula's presence and/or suggestions help you or your baby in the postpartum period, increase breastfeeding success or appear to prevent postpartum complications?)
- Write a letter explaining why you felt the need for a doula and how you believe the doula was beneficial to your and your baby's health.
- Submit to your insurance company:
 - a) the doula's letter and credentials
 - b) the letter from your doctor or midwife
 - c) your cover letter
- If they refuse your claim, write a letter to your insurance company to the attention of Health Services requesting that they review the claim, as you feel it was a cost-cutting measure and they should cover the expense.
- Follow up by telephone if necessary.
- If the insurance company continues to deny your claim, write a letter to the company CEO explaining why you feel that doula care should be a covered expense. They may not pay your claim, but they may consider doing so for future claims.



Third Party Reimbursement Sample Letter to Insurance Provider Birth Doula Services

A birth doula can use this sample letter as a template to write a request for reimbursement to her client's insurance provider. This letter can be sent as a first request for reimbursement or with a subsequent request for reimbursement after the claim has been denied.

**The letter should be typed on the birth doula's letterhead or handwritten neatly.
Provide this letter to the client for submission with her claim.**

[Birth Doula's Letterhead or Name and Return Address]

[Date]

[Insurance Company Name and Address]

Dear [Contact Person]:

If a new technological breakthrough could provide birthing women with a reduction in intervention rates and improved obstetrical outcomes, most hospitals would purchase as many as they could afford. Of course, insurance companies would pay for the use of this technology because in the end it would be cost effective. It would benefit women, babies, hospitals and the insurance industry.

You may be surprised to learn that trained birth doulas can do just that. Medical research shows the positive effects in the birth setting when labor support is provided by a trained doula. In addition, maternal-infant bonding is enhanced and mothers are more satisfied with their birth experiences. The enclosed *Position Paper: The Birth Doula's Contribution to Modern Maternity Care* written by DONA International illustrates these findings and explains the role of the doula. [Note: You should include a copy of the DONA International *Position Paper: The Birth Doula's Contribution to Modern Maternity Care* in addition to copies of the *Birth Doula Code of Ethics and Standards of Practice*.]

The word *doula* comes from the ancient Greek and now refers to a trained, experienced woman who provides continuous physical, emotional and informational support to mothers before, during and after birth. DONA International is the oldest and most respected organization training and certifying birth and postpartum doulas. For more information about DONA International, visit the web site at www.DONA.org or call 888-788-DONA (3662).

[Client's name] hired me to assist in her birth because [state what benefit she was looking for; e.g. she wanted fewer interventions, she felt the need for extra support to attempt a VBAC, she hoped to avoid some circumstance that happened in a previous birth, etc.]. By serving her [and her husband, partner, family] as a doula, I have contributed to the successful birth of [baby's name]. [Also add relevant details about the number of client meetings, the number of hours spent at the labor and birth, the exact services provided, etc.]

If you need additional information to process this claim for payment, please contact me at [birth doula's phone and/or e-mail address].

Respectfully,

[Signature]

[Birth Doula's Name and Credentials]

Enclosures



Third Party Reimbursement Sample Letter to Insurance Provider Postpartum Doula Services

A postpartum doula can use this sample letter as a template to write a request for reimbursement to her client's insurance provider. This letter can be sent as a first request for reimbursement or with a subsequent request for reimbursement after the claim has been denied.

**The letter should be typed on the postpartum doula's letterhead or handwritten neatly.
Provide this letter to the client for submission with her claim.**

[Postpartum Doula's Letterhead or Name and Return Address]

[Date]

[Insurance Company Name and Address]

Dear [Contact Person]:

If a technological breakthrough could provide new families support and care during the postpartum transition, while reducing problems associated with breastfeeding, depression and abuse, medical professionals responsible for each member of the family would highly recommend its use. Parents who receive this support would benefit from education on what to expect from a newborn, increased understanding of feeding and bonding skills, as well as how to recognize the need for pediatric care. Mothers would have the support they need to recover from their births more quickly and breastfeed their babies successfully. The benefits from this kind of support would be even more significant in the case of a cesarean section, multiple births, birth trauma and when a baby is ill or premature. Of course, insurance companies would pay for the use of this supportive technology because in the end it would be cost effective. It would benefit women, babies, communities and the insurance industry.

You may be surprised to learn that trained postpartum doulas can do just that. The type of care postpartum doulas provide is consistent with that which research has shown to greatly influence positive postpartum recovery and adjustment. Maternal-infant bonding is enhanced and mothers are more satisfied with their postpartum and parenting experiences. The enclosed *Position Paper: The Postpartum Doula's Role in Modern Care* written by DONA International illustrates these findings and explains the role of the doula. [Note: You should include a copy of the *DONA International Position Paper: The Postpartum Doula's Role in Maternity Care* in addition to copies of the *Postpartum Doula Code of Ethics and Standards of Practice*.]

The word *doula* comes from the ancient Greek and now refers to a trained, experienced woman who provides continuous physical, emotional and informational support to mothers before, during and after birth. DONA International is the oldest and most respected organization training and certifying birth and postpartum doulas. For more information about DONA International, visit the web site at www.DONA.org or call 888-788-DONA (3662).

[Client's name] hired me to assist in her postpartum period because [state what benefit she was looking for; e.g. she felt she needed extra support after her cesarean section, birth of multiples, for recovery after her recent birth, because of birth related illness, prematurity, etc.]. By serving her [and her husband, partner, family] as a postpartum doula, I have contributed to the [successful breastfeeding, well being, care, etc] of [baby's name] as well as a healthy transition to parenthood, [learning new parenting skills, rapid recovery, etc.- list specifically how you helped, how your help made a difference]. [Also add relevant details about the number of times you came to the family's home, the number of hours spent with the family there, the exact services provided, etc.]

If you need additional information to process this claim for payment, please contact me at [postpartum doula's phone and/or e-mail address].

Respectfully,

[Signature]

[Postpartum Doula's Name and Credentials]



Third Party Reimbursement Survey

**Please complete this Third Party Reimbursement Survey and mail or fax it to:
 DONA International, 100 East Washington Street, Springfield, IL 62701; fax 217-528-6545
 You may also contact the Third Party Chair at 3PRChair@DONA.org.**

Doula's Name:		
Address:		
City:	State/Province:	Zip/Postal Code:
Daytime Phone:	Evening Phone:	E-mail Address:
Would you like to work with the DONA Third Party Reimbursement Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of doula services provided: <input type="checkbox"/> Birth <input type="checkbox"/> Postpartum <input type="checkbox"/> Birth & Postpartum		CPT Code(s) used:
Who received reimbursement for doula services? <input type="checkbox"/> Doula <input type="checkbox"/> Client <input type="checkbox"/> Neither		
Amount Billed:	Amount Reimbursed:	
Did you bill as a registered nurse or other licensed healthcare professional? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you use an NPI number on the invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not have one		
Who directly billed the insurance company or other reimburer? <input type="checkbox"/> Doula <input type="checkbox"/> Client <input type="checkbox"/> Other _____		
What documentation did you submit (i.e., invoice, NPI #, doula description, studies, prescription, note from caregiver, etc.)?		
How many times was the insurance company or other reimburer rebilled before payment was received?		
Where you contacted by the insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____		
Insurance Company Information		
Name:		
Address:		
City:	State/Province:	Zip/Postal Code:
Contact Person:	Contact Phone:	
E-mail Address:	Web site:	