



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Doula Services-OH MCD-PY-1591	05/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Doula Services

B. Background

Doula services have been shown to improve maternal and birth outcomes and maternal experiences and reduce health care disparities. Doulas provide advocacy, physical, educational, and emotional support during pregnancy, and reimbursement of doula services will be conducted according to the Ohio Administrative Code (OAC) 5160-8-43 and Ohio Medicaid fee schedule.

C. Definitions

- **Doula** – A trained, nonmedical professional who advocates for, and provides continuous physical, emotional, and informational support to, a pregnant woman through the delivery of a child and immediately after the delivery, including during any of the following periods:
 - the antepartum period
 - the intrapartum period
 - the postpartum period

D. Policy

- I. CareSource follows the OAC for doula services reimbursement.
- II. CareSource may reimburse for the allowed hours set forth by the OAC.
- III. If additional hours are needed that exceed the allowed hours set forth by the OAC, CareSource will perform a review of medical necessity. Documentation must be submitted upon CareSource's request.
- IV. Doula services are not intended for routine childcare, meal prep, cleaning and other domestic services not typically covered by the Ohio Department of Medicaid (ODM). CareSource may request post payment documentation to confirm services were medically necessary. Post payment recoupment may occur if services are found to not be in alignment with our membership and the OAC rule.

E. Conditions of Coverage

- I. Claims submission must include appropriate HCPCS codes and any applicable modifiers.
- II. Documentation must be submitted upon CareSource's request.
- III. Reimbursement is dependent upon, but not limited to, submitting approved HCPCS and CPT® codes along with appropriate modifiers, if applicable. In the absence of state specific instructions, CMS guidelines will apply. Please refer to the individual fee schedule for appropriate codes.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

IV. Providers must follow proper billing, industry standards, and state compliant codes on all claims submissions. The use of modifiers must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, this policy applies to both participating and nonparticipating providers and facilities.

V. In the event of any conflict between this policy and a provider’s contract with CareSource, the provider’s contract will be the governing document.

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	03/12/2025	New policy. Approved at Committee.
Date Revised	02/11/2026	Annual Review. Updated reference. Approved at Committee.
Date Effective	05/01/2026	
Date Archived		

H. References

1. Doula Services, OHIO ADMIN. CODE 5160-8-43 (2025).

ODM approved 02/20/2026

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.