



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2025-03**

Provider Bulletin 2025-14  
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Andrea Barton Reeves, J.D., Commissioner

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**TO: Certified Doulas, Physicians, Physician Assistants, Certified Nurse  
Midwives, Advanced Practice Registered Nurses, Federally Qualified  
Health Centers, and Outpatient Hospitals**

**RE: New Coverage of Certified Doulas**

Effective for dates of service retroactive to January 1, 2025, and forward, the Connecticut Medicaid program, also commonly referred to as the Connecticut Medical Assistance Program (CMAP) or HUSKY Health is adding fee for service (FFS) coverage for services performed by doulas that are not considered part of the DSS' Maternity Bundle. For more information on the Maternity Bundle refer to the DSS website [here](#).

A doula is a trained, non-medical professional who provides physical, emotional, and informational support before, during and after birth. DSS is adding fee for service (FFS) coverage of services performed by certified doulas in order to address disparity in maternity care, address maternity care gaps, improve maternal and birth outcomes, improve member experiences, and promote health equity for HUSKY Health birthing people.

**Certified Doula Enrollment**

Doulas must be certified by the Department of Public Health (DPH) **prior** to enrolling with CMAP. After being certified by DPH and successfully enrolled in CMAP/HUSKY Health program, the doula will receive an approved enrollment package with an effective date that services will become eligible for reimbursement.

Please Note: Services are not eligible for reimbursement until the doula is DPH certified and fully enrolled and approved by

CMAP. Please see Provider Bulletin [PB 2025-05](#) - *DPH Doula Certification and Enrollment Criteria* for guidance regarding enrollment in CMAP/HUSKY Health program.

**Licensed Practitioner Referral for Services:**

Consistent with federal Medicaid requirements, the services of a doula must be recommended/referred/ordered by a licensed and enrolled Medicaid (CMAP/HUSKY Health) practitioner operating within their scope of practice. These practitioners include physicians, advanced practice registered nurses, physician assistants, and certified nurse-midwives. A handwritten or electronic recommendation/referral/order by the licensed and enrolled practitioner is acceptable.

**Doula Services**

Non-medical physical, emotional, culturally informed and educational support services that are rendered during the perinatal period for a HUSKY Health member, are eligible for reimbursement. The perinatal period is the period starting at pregnancy, labor, and delivery through 12 months following delivery.

HUSKY Health members are eligible to receive up to:

- **four (4) total** antepartum or postpartum visits, and
- **one (1) visit** specific to the doula's attendance at the labor and delivery.

Medically necessary doula visits could occur up to nine (9) months prior to the birth (antepartum) and through 12 months after the birth (postpartum period).

Examples of the non-medical physical, emotional, culturally informed and educational support services provided during the perinatal period include, but are not limited to:

- Provide basic education on pregnancy anatomy and physiology of the perinatal period.
- Provide childbirth education & assist with childbirth preparation.
- Develop birth and postpartum plans.
- Educate on relief measures related to common aches and pains of pregnancy.
- Educate on the signs and symptoms of preterm labor, and when to contact healthcare providers.
- Provide continuous support during labor and delivery.
- Provide non-medical comfort measures during labor (i.e., massage, position changes, and guided imagery).
- Remain with the member during epidurals and cesarean sections, as indicated.
- Provide support and education on newborn care and infant feeding.
- Provide screening and education on perinatal mood and anxiety disorders.
- Discuss concerning findings with the provider supervising the pregnancy through postpartum care to ensure the client is connected to appropriate support and diagnosis/management of postpartum conditions.
- Provide education, support, and resources for optimum postpartum recovery.

### **Perinatal Visits:**

The eligible reimbursement for a perinatal visit is \$100.00. The scope of the perinatal visit must encompass doula services that meet the HUSKY Health member's individual needs as documented by the doula. Doulas must document all medically necessary services rendered during each of the perinatal visits.

Consistent with Medicaid requirements, if a doula arrives for an antepartum/postpartum visit but is unable to render services on that date of service for any reason, the doula cannot submit a claim to CMAP/HUSKY Health.

The following procedure code must be billed for each perinatal visit.

Procedure Code	Description	Rate
T1033	Services performed by a doula birth worker, per diem	\$100.00

Doulas must submit a prior authorization (PA) request for additional medically necessary perinatal visits in excess to the four (4) antepartum or postpartum visits. Doulas must work with the licensed practitioner that recommended/referred/ordered the doula services to determine how many additional visits are medically necessary and secure the medical justification for the additional visits. PA is required prior to rendering services greater than the four (4) visits.

Community Health Network of CT (CHNCT), the Department's medical administrative service organization (ASO) will review the PA request and provide the response. Further prior authorization guidance will be issued.

### **Attendance during Labor and Delivery:**

The following procedure code and modifier combination is required on the claim for the in-person attendance during labor and delivery, inclusive of all pregnancy outcomes.

Procedure Code/Modifier	Description	Rate
T1033-HD*	Services performed by a doula birth worker, per diem (specific to attendance at birth)	\$800.00

*\*Modifier HD: parenting/pregnant women's program*

A flat fee of \$800.00 will be reimbursed for the doula services performed as part of labor and delivery. Doulas must be present in-person for the duration of the labor and delivery and all services performed must be documented appropriately.

Claims submitted for the attendance during labor and delivery without the HD modifier will either deny or will be reimbursed at the perinatal visit's rate of \$100.00. Providers will be responsible for recouping and resubmitting the claim correctly.

**Services Not Covered:**

The following outlines examples of services that are not eligible for reimbursement under CMAP/HUSKY Health. This is not intended to be an exhaustive list.

- Services for purposes other than what are outlined in this or subsequent CMAP/HUSKY Health provider bulletins
- Doula services that are not medically necessary
- Doula services for which there is no documentation of a recommendation/referral/order from a licensed and enrolled CMAP/HUSKY Health practitioner
- Doula services conducted as group visits are not covered as they do not align with the overarching goal for doula care
- Travel and mileage

**TELEMEDICINE:**

Doula services may be rendered in person or via synchronized telemedicine which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner. All services rendered via telemedicine must comply with current CMAP Telehealth policies. For further guidance on CMAP telehealth policies, please refer to

Provider Bulletin [PB 2023-38](#) *REVISED Guidance for Services Rendered via Telehealth* as well as the [Telehealth Frequently Asked Questions \(FAQs\)](#).

**Requirements for Telemedicine Visits:**

Visits rendered via telemedicine must be requested by the HUSKY Health member and agreed on by both the member and the doula. Doula services rendered via telemedicine must achieve the same quality of care as if the services were delivered in person.

No more than half of the visits (including any additional authorized perinatal visits) may be performed via telemedicine. The use of telemedicine is **not** permitted for the attendance during labor and delivery. There is no reimbursement for the attendance during labor and delivery if rendered via telemedicine.

**Billing Requirements for Telemedicine:**

At this time, CMAP does not recognize Place of Service (POS) 10 or 2 therefore providers must bill the POS code that best reflects the location where the service would have been provided if rendered in-person (i.e. provider's office - POS 11).

When services are rendered via telemedicine one of the following telehealth modifiers must be used when submitting claims:

- Modifier 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.
- Modifier GT: Telehealth service rendered via interactive audio and video telecommunication systems.

CMAP does not differentiate the use of modifier 95 and GT on telemedicine claims and providers can append either modifier to the claim.

**Documentation Requirements:**

All services rendered to a HUSKY Health member must be clearly documented and signed by the certified doula rendering the

service. At a minimum the following criteria shall apply:

Certified doulas enrolled with CMAP/HUSKY Health shall maintain a specific record for all services provided to each member including, but not limited to:

- name, address, birth date, Medicaid identification number, pertinent diagnostic information, visit notes signed by the doula, documentation of all services provided and the dates the services were provided.
- documentation of the licensed practitioner's referral for services.
- documentation of the specific services rendered for each date of service and the location where the service was rendered.

Certified doulas shall maintain all required documentation in its original form for at least five years or longer in accordance with statute or regulation, subject to review by authorized DSS personnel. In the event of a dispute concerning a service provided, the provider shall maintain the documentation until the end of the dispute, five years or the length of time required by statute or regulation, whichever is longest.

Doulas must establish reasonable safeguards - designed to protect the privacy and security of all member information in their possession, including doula provider records.

DSS may disallow and recover any amounts reimbursed for doula services for which the required documentation is not maintained and not provided to the Department upon request.

DSS may audit all relevant records and documentation and may take any appropriate quality assurance measure it deems necessary to assure compliance with all regulatory and statutory requirements.

### **Outpatient Hospitals:**

Doula services are considered a professional service. Hospitals cannot bill directly for doula services rendered in the outpatient hospital. The doula must be enrolled with CMAP/HUSKY Health and bill for their services directly.

### **Federally Qualified Health Centers:**

Doula services does not qualify as a service that can be billed by federally qualified health centers (FQHCs) as an encounter. As a result, FQHCs will not be reimbursed an encounter rate for doula services and none of the procedure codes for billing doula services can be reported with HCPCS code T1015-Clinic visit/encounter, all-inclusive.

However, FQHCs can establish a separate office to perform doula services and enroll in CMAP separately as a doula/doula group. This separate office can provide doula services to all eligible HUSKY Health members, including those referred by the FQHC.

Further, FQHCs must bill as a separate doula/doula group and follow the billing guidance as outlined above. Claims submitted by a FQHC for services rendered by a certified doula must include the certified doula as the rendering provider.

For guidance on enrollment as a separate doula or doula group, FQHCs should contact Provider Assistance Center (PAC) at 1-800-842-8440 for assistance.

### **Accessing the Fee Schedules:**

The updated fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the "Doula" fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedule on the CMAP Web site, please contact the Provider Assistance Center (PAC), Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy transmittals can be downloaded from the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies, Inc.

**Responsible Unit:**

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