

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

March 29, 2022

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: CASEY ANGRES
MANAGER OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 600 – PHYSICIAN SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 600 – Physician Services are being proposed to add a new provider type (PT), doulas. This is a result of the passage of Assembly Bill (AB) 256 and Senate Bill (SB) 420 during the 81st Legislative Session.

Doula services include education, emotional and physical support during pregnancy, labor, delivery, and postpartum period.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Doula (PT 90), Outpatient hospitals (PT 12), Special Clinics (PT 17) and Specialty 180 Rural Health Clinics, Specialty 181 Federally Qualified Health Centers; Physician, M.D., Osteopath, D.O. (PT 20); Advanced Practice Registered Nurses (PT 24); Indian Health Programs (PT 47); Nurse Midwives (PT 74); and Physician Assistants (PT 77).

Financial Impact on Local Government for Doulas. An estimated decrease in annual aggregate expenditures for:

SFY 2022:	(\$420,772)
SFY 2023:	(\$848,600)

These changes for Doulas are effective April 1, 2022, pending CMS approval and Nevada Certification Board Doula certification implementation.

MATERIAL TRANSMITTED
MTL OL MSM 600 Physician Services

MATERIAL SUPERSEDED
MTL 09/21 MSM 600 Physician Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
603.4E	Doula Services	Added new policy language related to Doula qualifications, coverage and limitations.
603.4F	Abortion/Termination of Pregnancy	Moved section 603.4E to section 603.4F.

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 603
MEDICAID SERVICES MANUAL	Subject: POLICY

- a. Karyotype chromosomal testing, fluorescence in situ hybridization (FISH) testing, and chromosomal microarray analysis.
3. Comprehensive patient pretest and post-test genetic counseling from a provider regarding the benefits, limitations, and results of chromosome screening and testing is essential. Nevada Medicaid does not reimburse for genetic counselors but does reimburse for providers that are physicians (M.D./D.O.), physician assistants, APRNs, or nurse midwives.
4. All prenatal chromosomal screening and diagnostic testing should not be ordered without informed consent, which should include discussion of the potential to identify findings of uncertain significance, nonpaternity, consanguinity, and adult-onset disease.

603.4E DOULA SERVICES

A Doula is a non-medical trained professional who provides education, emotional and physical support during pregnancy, labor/delivery, and postpartum period. Doulas may provide services within the home, office, hospital, or freestanding birthing center settings.

1. DOULA PROVIDER QUALIFICATIONS

Certification as a Doula must be obtained through the Nevada Certification Board.

2. COVERAGE AND LIMITATIONS

Doula services may be provided upon the confirmation of pregnancy. Doulas should encourage recipients to receive prenatal/antepartum and postpartum care.

a. Covered Services:

1. Emotional support, including bereavement support.
2. Physical comfort measures during peripartum (i.e., labor and delivery).
3. Facilitates access to resources to improve health and birth-related outcomes.
4. Advocacy in informed decision-making (i.e., patient rights for consent and refusal).
5. Evidence-based education and guidance, including but not limited to, the following:
 - a. General health practices, including but not limited to, reproductive health.

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 603
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- b. Child birthing options.
- c. Newborn health and behavior, including but not limited to, feeding (i.e., bottle feeding), sleep habits, establishing routines, and pediatric care.
- d. Infant care, including but not limited to, soothing, coping skills, and bathing.
- e. Family dynamics, including but not limited to, sibling education and transition.
- f. Breastfeeding, chestfeeding, lactation support, and providing related resources.

b. Non-Covered Services:

- 1. Travel time and mileage.
- 2. Services rendered requiring medical or clinical licensure.

c. Service Limitations:

Doula services for the same recipient and pregnancy are limited to a maximum of the following:

- 1. Four visits during the prenatal/antepartum and/or postpartum period (up to 90 days postpartum).
- 2. One visit at the time of labor and delivery.

d. Prior authorization is not required.

e. For a list of covered procedure codes please refer to the Doula Services [Billing Guide](#) (PT 90).

603.4E4F ABORTION/TERMINATION OF PREGNANCY

- 1. Reimbursement is available for an induced abortion to save the life of the mother, only when a provider has attached a signed certification to the claim that on the basis of his/her professional judgment, and supported by adequate documentation, the life of the mother would be endangered if the fetus were carried to term. Refer to the QIO-like vendor website to access the abortion certification form. Providers may use the FA-57 Certification Statement for Abortion to Save the Life of the Mother form or substitute any form that includes the required information.