

Medicaid Services Manual
Transmittal Letter

April 30, 2024

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief 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 is being proposed to add Prior Authorizations to Doula Services after the initial limits have been exhausted.

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: The following Provider Type (PT) will potentially be affected by this change. The provider type includes but is not necessarily limited to Doula Services (PT 90).

Financial Impact on Local Government: None.

These changes are effective May 1, 2024.

Material Transmitted
MTL OL MSM Chapter 600 - Physician Services

Material Superseded
MTL 01/23, 21/23 MSM Chapter 600 - Physician Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
603.4E(2)(c)	Doula Services	Removed the word “Maximum” referring to Doula Services visits.
603.4E(2)(d)		Added language to include the option to submit a prior authorization for continued Doula services after the initial service limits have been exhausted.

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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.
 - b. Child birthing options.

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- 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.
 - 3. If two prenatal/antepartum visits have occurred with a licensed physician, nurse midwife, APRN, or physician assistant, doulas may receive reimbursement for one additional visit. Doulas are encouraged to navigate recipients to prenatal/antepartum and postpartum care.
 - a. Certification for Additional Doula Services form must be completed by the healthcare professional's office who rendered the prenatal/antepartum services or the recipients' primary obstetrics provider and must be attached to the claim for reimbursement of the additional doula service. Refer to the FA-111 Nevada Medicaid Certification for Additional Doula Services form on the QIO-like vendor website.
 - 4. If a recipient receives any dental service during the prenatal/antepartum period, the doula may receive one additional visit. Doulas are encouraged

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to navigate recipients to access oral health services which are expanded for adults during pregnancy.

- a. Certification for Additional Doula Services form must be completed by the oral health provider's office who rendered the dental services and must be attached to the claim for reimbursement of the Additional Doula Service. Refer to the FA-111 Nevada Medicaid Certification for Additional Doula Services form on the QIO-like vendor website.
- d. Prior authorization is ~~not~~ required for Doula Services after the initial limitations have been exhausted.
- e. For a list of covered procedure codes please refer to the Doula Services [Billing Guide](#) (PT 90).

603.4F ABORTION/TERMINATION OF PREGNANCY

1. Reimbursement is available for an induced abortion to save the life of the recipient, 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 recipient would be endangered if the fetus were carried to term. Refer to the appropriate 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.
2. Reimbursement is available for induced abortion services resulting from a sexual assault (rape) or incest. A copy of the appropriate declaration statement must be attached to the claim. Refer to the appropriate QIO-like vendor website to access the abortion declaration forms. Providers may use the FA-54 Abortion Declaration (Rape) form or the FA-55 Abortion Declaration (Incest) form or substitute any form that includes the required information. The Nevada mandatory reporting laws related to child abuse and neglect must be followed for all recipients under the age of 18 years old and providers are still required to report the incident to Child Protective Services (CPS) through the Division of Child and Family Services (DCFS) or, in some localities, through County Child Welfare Services.
3. Reimbursement is available for the treatment of incomplete, missed, or septic abortions under the criteria of medical necessity. The claim should support the procedure with sufficient medical information and by diagnosis. No certification or prior authorization is required.

NOTE: Any abortion that involves inpatient hospitalization requires a prior authorization from the appropriate QIO-like vendor. See MSM Chapter 200, Hospital Services, Authorization Requirements for further information.