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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 33-2021

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
07/23/2021 2:35 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Removes Rule Language Requiring Referral From Specific Licensed Providers, Validation Of Credential And Grammar Corrections

EFFECTIVE DATE: 07/23/2021 THROUGH 01/18/2022

AGENCY APPROVED DATE: 07/23/2021

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NEED FOR THE RULE(S):

This amendment reduces barriers to doula services by removing the requirement for a direct referral from another licensed obstetric practitioner in order to receive services from an Oregon registered doula. The amendment also make grammatical corrections. Women experiencing health disparities are expected to benefit most from doula services, including the following groups: Black/African American, Indigenous, Asian, Pacific Islander, LatinX or multiracial.

JUSTIFICATION OF TEMPORARY FILING:

Justification of Temporary Rule(s): The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. This rule need to be adopted promptly so that the Authority may operationalize and align with the Oregon Medicaid State Plan Amendment as authorized by the Center for Medicare and Medicaid Services (CMS).

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Oregon State Plan Amendment authorized by CMS <https://www.oregon.gov/oha/HSD/Medicaid-Policy/StatePlans/Medicaid-State-Plan.pdf>

Current HERC prioritized list and guidelines at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

AMEND: 410-130-0015

RULE SUMMARY: Removes language requiring a referral from a licensed obstetric practitioner in order to receive doula services from a doula who is certified and registered with the Oregon Health Authority's (OHA) Office of Equity and Inclusion.

CHANGES TO RULE:

Doula Services ¶¶

(1) The primary purpose of providing doula services with the services of a licensed obstetrical practitioner is to optimize birth outcomes, including prevention of preterm births, fewer neonatal intensive care admissions, reduced Caesarean sections, reduced epidural use, and improved member experience of birthing care. These face-to-face services are provided during the prenatal, labor and delivery, and postpartum phases of the member's pregnancy. Women experiencing health disparities are expected to benefit most from doula services, including the following:¶¶

(a) A woman with a racially or ethnically diverse background including, Black/African American, Asian, Pacific Islander, Native American, Latino, or multiracial;¶¶

(b) A homeless woman;¶¶

(c) A woman who speaks limited to no English;¶¶

(d) A woman who has limited to no family or partner support; ~~or~~¶¶

(e) A woman who is under the age of 21.¶¶

~~(2) Doula services may be provided only at the request of the licensed obstetrical practitioner. The doula and licensed obstetrical practitioner shall coordinate care and shall work concurrently during the delivery phase of the pregnancy. The licensed obstetrical practitioner shall be a physician or advanced practice nurse.¶¶~~

(3) Doulas shall be certified and registered with the Authority pursuant to OAR 410-180-0325 through 410-180-0327. Certification shall be effective at the time doula services are provided. ~~Doulas shall provide proof of certification to the practitioner.¶¶~~

(4) Doula services are covered for any woman whose benefit package covers labor and delivery.¶¶

(5) The provision of doula services shall be documented in the client's medical record by the licensed obstetrical practitioner. The doula shall provide the licensed practitioner with records of the face-to-face visits for inclusion in the medical record. The doula's record shall include the dates of service, a brief description of education or services provided, assessment of any member needs beyond routine care, and any referrals made. Birthing plans developed with the member shall be included with member approval. The goal of documentation is to verify services were provided and facilitate communication between the member and the obstetrical practitioner.¶¶

(6) Payment for doula services:¶¶

(a) For a member enrolled in FFS medical programs:¶¶

(A) To be considered for payment, doula services shall be billed on a professional claim and shall include the unique Medicaid modifier of U9 appended to the appropriate obstetrical codes;¶¶

(B) Doula care shall be billed as a global doula package. A global package shall include at a minimum two prenatal face-to-face visits, care during the labor and delivery phase, and two postpartum face-to-face visits. All of the services in the global package must be provided by the same doula;¶¶

(C) Itemized billing, i.e., billing the day-of-delivery as a standalone and billing separate prenatal and postpartum visits, is allowed in extenuating circumstances. Extenuating circumstances include but are not limited to when the primary doula is not able to attend the delivery and a backup doula provides services or when a mother is late to care making scheduling two prenatal face-to-face visits impossible:¶¶

(i) When appropriate due to extenuating circumstances, services rendered by multiple doulas for the same pregnancy may be itemized for billing;¶¶

(ii) Reimbursement of itemized services, regardless of the number of doulas serving the member, may not exceed the global package total.¶¶

(D) Billing for doula services shall include:¶¶

(i) Using CPT 59400+U9, 59510+U9, 59610+U9, or 59618+U9 one time for a global doula package;¶¶

(ii) Using CPT 59899+U9 for each face-to-face visit up to four visits and one delivery-only code + U9 for the day-of-delivery in the case of itemized billing. Acceptable day-of-delivery-only codes are: 59409+U9, 59514+U9, 59612+U9, or 59620+U9;¶¶

(iii) Claim only one global doula package per pregnancy. A global doula package may not be billed together with

any of the itemized doula services codes for the same pregnancy.¶

(E) Doula services may only be billed once per pregnancy. Multiples (i.e., twins, triplets) are not eligible for additional payment.¶

(F) Only an enrolled doula, provider type designation 13/600, may be the rendering provider for doula services.¶

(G) Effective May 1, 2017, the FFS rate for the global doula package will be \$350; the itemized day-of-delivery will be \$150; and the itemized face-to-face visits will be \$50 each.¶

(b) For a member enrolled in CCO medical programs, payment shall be according to OARs governing CCO provider payment.

Statutory/Other Authority: ORS 413.042, ORS 414.065

Statutes/Other Implemented: ORS 414.065