



ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

Doula Services, Policy and Billing Overview

DFSM Provider Training
December 02, 2025

Introduction

These training materials are designed for the Fee-for-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA), DDD Tribal Health Plan (DDD-THP), Tribal Arizona Long Term Care Services (ALTCS), and all FFS populations.

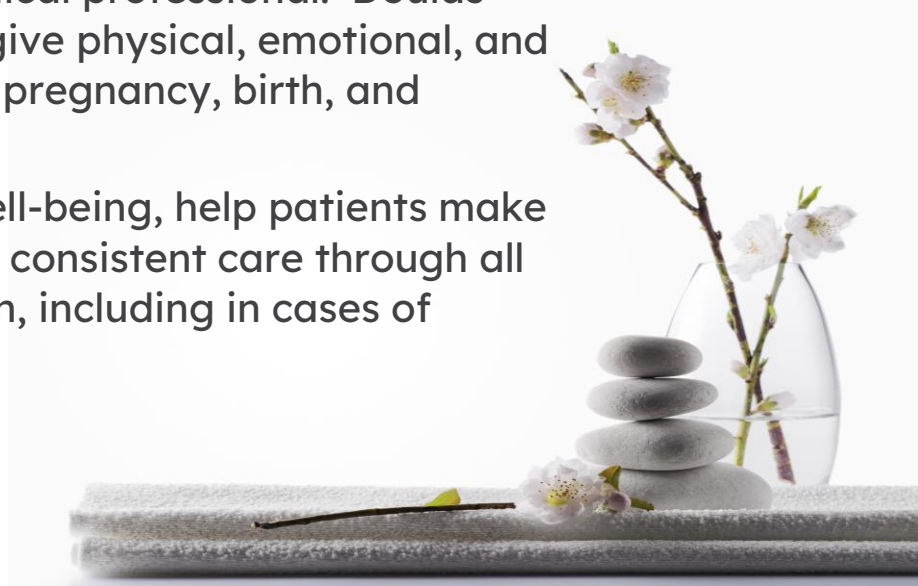


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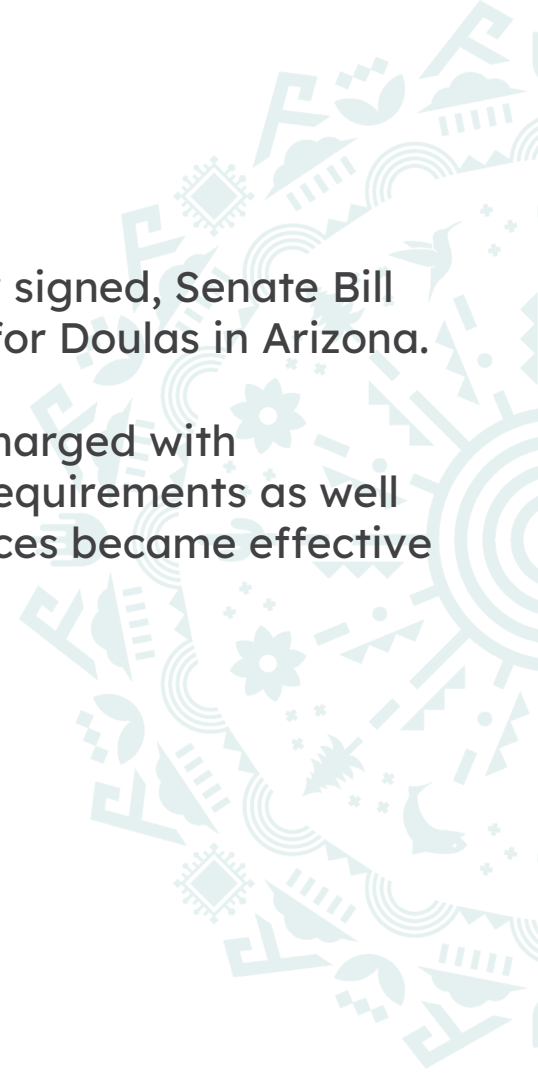
What is a Doula

- A doula is a trained, non-medical professional. Doulas provide companionship and give physical, emotional, and informational support during pregnancy, birth, and postpartum recovery.
- Doulas focus on members' well-being, help patients make informed decisions, and offer consistent care through all stages of pregnancy and birth, including in cases of pregnancy loss or abortion.



Doula Services and Providers

- In 2021, the Arizona Legislature passed, and the Governor signed, Senate Bill 1811, which established the Voluntary Licensing Program for Doulas in Arizona.
- The Arizona Department of Health Services (ADHS) was charged with establishing a voluntary licensing program that outlined requirements as well as standards for Doulas. AHCCCS coverage of doula services became effective October 1st, 2024.



Certified Doulas

- Arizona Medicaid will only consider Doula services provided by a doula that is state certified by the Arizona Department of Health Services (ADHS).
- Doulas may only deliver covered services within their scope of practice.
- Doulas may only submit claims using the allowed codes T1032 and T1033 for covered services only.
- Information on Doula certification is posted on the Arizona Department of Health Services [Doula web page](#)

Important Note: Doula certification through a national, international, or other organization does not meet the requirement for AHCCCS enrollment and reimbursement.

Certified Doulas (cont.)

- A state-certified doula must be registered with AHCCCS to be reimbursed for providing doula services to AHCCCS eligible members. Doulas must have a separate and distinct National Provider Identification (NPI) number.
- To enroll as a registered doula provider, providers may use the [AHCCCS Provider Enrollment Portal \(APEP\)](#) .



Federal Emergency Services Program

Exclusion:

- Members enrolled in the Federal Emergency Services program are excluded from reimbursement of services performed by a AHCCCS registered Doula.





Documentation of Doula Services

Documentation of Doula Services

Documentation must include:

- Date of service,
- A description of services provided,
- Assessment of any member needs beyond routine care,
- Any referrals made,
- Any birthing plans/goals developed with the member and member's approval.





Provider Types Who can Refer and Order Doula Services

Refer/Order/Attending (ROA) Provider Requirements

The [Patient Protection and Affordable Care Act \(ACA\)](#) and the [21st Century Cures Act \(Cures\)](#) require that all health care providers who refer AHCCCS members for an item or service, who order non-physician services for members, who prescribe medications to members, and who attend/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA."

- To validate providers who meet these requirements, AHCCCS publishes two listings on a regular basis:
 - [AHCCCS Active, Registered Providers by NPI who may Refer, Order, Prescribe, or Attend](#)
 - [ROPA Excepted Providers List \(Residents, Interns, Pharmacists\)](#)

Referring / Ordering / Attending Provider Type Requirements for Doula Services?

- Medicaid eligible doula services must be medically necessary. They must be recommended/ referred to by an eligible physician or other licensed practitioner of the healing arts acting within their scope of authorized practice under state law.
- Eligible physicians or licensed practitioners recommending services are limited to those affiliated with the following Provider Types (PTs) identified on the next slide.
- These provider types must have the Category of Service (COS) 01 (medicine).

Provider Types who can Recommend and or Refer Doula services

- Medicaid eligible doula services must be medically necessary.
- They must be recommended/ referred to by an eligible physician or other licensed practitioner of the healing arts acting within their scope of authorized practice under state law.
- Eligible physicians or licensed practitioners recommending services are limited to those affiliated with the following Provider Types (PTs) with the category of service “COS-01”:

Eligible Physicians and Provider Types

- 638 FQHC (PT C5),
- Behavioral Outpatient Clinics (PT 77),
- Certified Nurse-Midwife (PT 09),
- Outpatient Clinics (PT 05),
- Community/Rural Health Centers (RHCs) (PT 29),
- Community Health Worker Organizations (PT CH),
- DO-Physician Osteopaths (PT 31),
- Federally Qualified Health Centers (FQHCs) (PT C2),





Covered Doula Services AMPM Policy 410 Maternity Care Services

Doulas AMPM 410 Maternity Care Services

i. The Doula services are covered for AHCCCS members during pregnancy, labor and delivery, and up to one year postpartum under the following conditions:

- Doula is certified through the Arizona Department of Health Services,
- Doula is an AHCCCS-registered provider,
- The services provided are within the *scope of practice* for Doulas pursuant to A.A.C. R9-16-901 through R9-16-909,
- The Doula services are provided in complement to, and do not replace, prenatal care, labor and delivery, and postpartum care provided by a physician, Certified Nurse Midwife, Licensed Midwife, or other licensed provider for which maternity care is within their scope of practice, and
- The member is *referred* for Doula services by a AHCCCS registered provider.



Doula Referral Process

Doula Referral Process

AMPM 410 Maternity Care Services (cont.)

Doula Referral Process

- ii. While a provider *referral is required* for doula services, it is not required that the member experience a complication or high-risk pregnancy in order to be referred for doula services. If the member is pregnant or within one-year postpartum, medical necessity is met,



Doula Services & Prior Authorization

Doula Services & Prior Authorization

AMPM 410 Maternity Care Services

- iii. The Contractor *shall not require prior authorization* in order for a pregnant or postpartum member to receive doula services,

Doula AMPM 410 Maternity Care Services (cont.)

Doula Visit Limits

- iv. There is no minimum or maximum number of visits required, and
- v. The Doula services are separately reimbursable and are not included in the Global Obstetrical (OB) bundle.



Doula Services and Billing

Third Party Liability

Doula Services

Members with Third-Party Liability (TPL)

AHCCCS is the payer of last resort unless specifically prohibited by state or federal law. This means AHCCCS shall be used as a source of payment for covered services only after all other sources of payment have been exhausted per Arizona Revised Statute A.R.S. §36-2946.

If the member has a TPL, the provider is required to submit the claim to the primary payer and provide a copy of the primary payer EOB for processing of the claim. This does not extend the 6-month timely filing period with AHCCCS.

- HCPCS code T1032 and T1033 is applicable to third party reimbursement, unless the TPL is a tribal self-insured plan.



Doula Services and Billing

Claim Submission

Importance of Submitting a Clean Claim

- Submitting a "clean claim" involves providing an accurate, error-free, and complete claim the first time.
- Definition of a Clean Claim is:
 - A claim that may be processed without obtaining additional information from the provider of service or from a third party but does not include claims under investigation for fraud or abuse or claims under review for medical necessity, as defined by A.R.S. §36-2904.

Submitting a Clean Claim

- Elements of a clean claim are:
 - Correct HCPCS code, service date, place of service, unit(s), provider NPI number.
 - The claim must be received by AHCCCS within the 6-month timely filing period (date of service) or the 6-month retro eligibility posting date.
 - IHS/638 providers claims must be received by AHCCCS within the 12-month timely filing period or 12-month retro eligibility posting date.
- Claims must be submitted in a HIPAA-compliant format or using the standard claim form type or EDI format CMS-1500/837P, CMS-1450/837I.
- Verify the member's eligibility and insurance coverage via the AHCCCS Online Provider portal.



Doula Services and Billing

HCPCS Codes (T1032 & T1033)

Billing Codes for Doula Services

Doula services can be billed to AHCCCS under two HCPCS codes only:

- The first HCPCS code is T1032. The description of this code is ‘Services performed by a certified registered doula birth worker, billable per 15 minutes up to the daily max of 8 units (2 hours)’.
- The second HCPCS code is T1033. The description of this code is ‘Services performed by a certified registered Doula. This is a *per diem code which means it is* billable only one (1) time within a 9-month period.
- Modifiers are not required for doula services.
- ICD-10-CM diagnosis code(S) are required for doula services.

Doula Fee-for-Service Rates & Codes

The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment. AHCCCS covered procedures can be viewed in the [AHCCCS Medical Policy Manual \(AMPM\)](#). AHCCCS covered services can differ based upon enrollment.

- [Rates Effective October 1, 2024](#)
- [Reimbursement and General Fee Schedule FAQs](#)

Claim Submission and Billing for AI/AN Eligible Medicaid Recipients

American Indians / Alaska Natives recipients

Doula services are billed on the CMS 1500 claim form.

- HCPCS code T1032 and T1033.
- Certified/Registered Doula's NPI number is required on all claim submissions.
- Reimbursement will be at the current fee-for-service rate established for doula providers.

Billing and Claim Submission for Doula Services

- **Billing Start Date:** For Registered Doulas, the process of submitting claims to AHCCCS (Arizona Health Care Cost Containment System) should begin with the *very first date* that the doula provides a covered service to a member.
- **Claim Submission:** The initial claim must include the actual date the service was performed, along with all required details (e.g., service codes, NPI number, diagnosis codes, etc.).
- **No Retroactive Billing:** You cannot bill for services performed before the doula was registered or before the member received a referral. Billing must reflect the true service timeline.

Billing Example #1: Single Date of Service T1032

The member receives a referral for doula services from a registered OB provider. The AHCCCS registered doula, provides services on 10/1/25. The claim must contain a From and To date, place of service, HCPCS code, ICD-10 diagnosis, total charge amount, units and the Doula's NPI as the rendering provider.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO	
A. <u> </u>		B. <u> </u>		C. <u> </u>		D. <u> </u>									
E. <u> </u>		F. <u> </u>		G. <u> </u>		H. <u> </u>									
I. <u> </u>		J. <u> </u>		K. <u> </u>		L. <u> </u>									
23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY	SERVICE			CPT/HCPCS	MODIFIER					
10	01	25	10	01	25	12			T1032						
										A	51.12	4		NPI	1234567890

FORMATION

Example #2: Multiple Dates of Service T1032

The member receives a referral for doula services from a registered OB-GYN. The AHCCCS registered doula, provides services on 10/1/25 and 10/31/25.

Billing: Both dates of services can be billed on the same claim form,

- Each date of service must be billed on separate line of service,
- Each line of service must contain a From and To date,
- Place of service (POS),
- HCPCS code,
- ICD-10 diagnosis are required,
- Total charge amount and Total units
- Doula's NPI as the rendering provider in box J.

Example #2: Multiple Dates of Service - T1032

21. PROVIDER'S NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD End:		22. RESUBMISSION CODE		ORIGINAL REF. NO.													
A. L		B. L		C. L		D. L		E. L		F. L		G. L		H. L													
I. L		J. L		K. L		L. L																					
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. CHARGES		G. DAYS OR UNITS		H. SPIRIT Agency Ref.		I. ID QUAL		J. RENDERING PROVIDER ID #	
MM		DD		YY		MM		DD		YY		EMG		OPT/HCPCS		MODIFIER											
1	10	01	25	10	01	25	12																				
2	10	31	25	10	31	25	12																				
3																											

* Coverage starts at the time of the first doula service date.

Questions





AHCCCS Resources AHCCCS Online Provider Portal

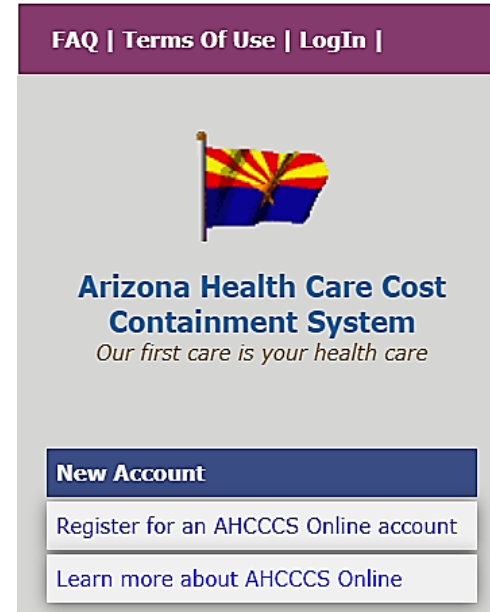
AHCCCS Online Provider Portal

- The secure provider website enables providers to perform several functions such as:
 - Check member eligibility and benefits,
 - Check provider information and status,
 - Submit and check status of claims
 - Submit claims adjustments,
 - Submit prior authorizations when required.



AHCCCS Online Provider Portal

- To use the [AHCCCS Online Provider Portal](#) which is a secure online application to AHCCCS systems.
- The submitter must have a valid Username and Account to use the AHCCCS online provider portal.
- In addition, an ID.me account is also required as a second step validation.



Resources and Quick Links

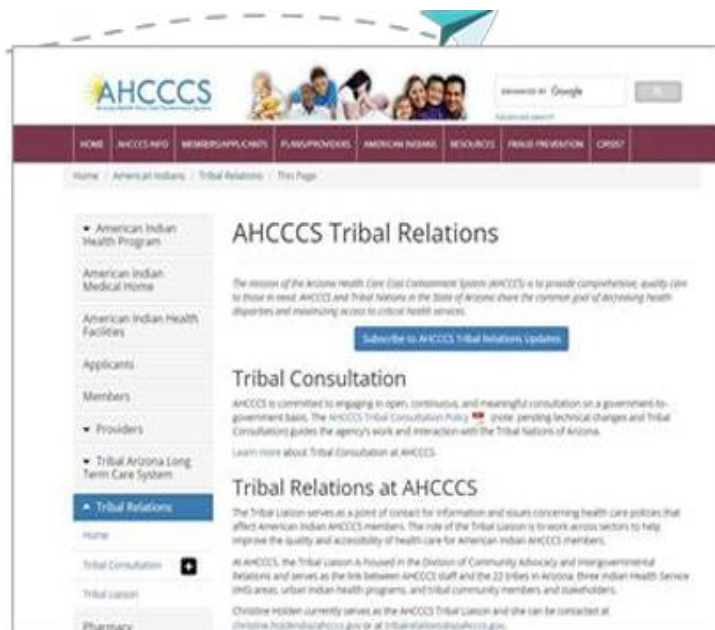
- [AMPM Policy 410 Maternity Care Services](#)
- [Doula Frequently Asked Questions](#)
- https://apps.azsos.gov/public_services/Title_09/9-16.pdf
 - R9-16-901 Doula Certification
 - R9-16-902. Doula Eligibility and Doula Scope of Practice
 - R9-16-903. Certification Initial Application
 - R9-16-904. Certification Renewal
 - R9-16-905. Continuing Education
 - R9-16-906. Enforcement
 - R9-16-907. Time-frames
 - R9-16-908. Holder Changes Affecting a Certificate or Certificate
 - R9-16-909. Fees



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