Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
December 23, 2024	January 1, 2025	09-25-33, 10-25-01, 11-25-33, 13-25-01, 19-25-01, 31-25-33, 33-25-33

SUBJECT

Coverage of and Payment for Doula Services in the Medical Assistance Program

BY

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Deputy Secretary
Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is adding doula services to the MA Program Fee Schedule and will pay enrolled certified perinatal doulas, beginning January 1, 2025. The Department is also issuing the following documents to be used by certified perinatal doulas:

- Doula Services Recommendation Form
- Certified Perinatal Doula Covered Services Chart
- CMS-1500 Billing Guide for PROMISe™,
- Updated 837 Professional/CMS-1500 Claim Form Provider Handbook pages, and
- Certified Perinatal Doula Billing Desk Reference.

SCOPE:

This bulletin applies to certified perinatal doulas seeking to enroll or already enrolled in the MA Program to render doula services to MA beneficiaries under the Fee-for-Service (FFS) delivery system. This bulletin also applies to physicians, physician assistants, certified registered nurse practitioners, certified nurse midwives, licensed professional counselors, licensed marriage and family therapists, licensed clinical social workers, and licensed psychologists, who may recommend doula services for MA beneficiaries. Doulas rendering services in the MA Managed Care delivery system should address coding or billing questions to the appropriate MA managed care organization (MCO).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

BACKGROUND/DISCUSSION:

The MA Program provides comprehensive maternity care services for eligible MA beneficiaries during pregnancy and through the postpartum period. MA beneficiaries are eligible for 12 months of postpartum coverage. The 12-month postpartum period begins when pregnancy ends and extends through the last day of the 12th month in which the postpartum period ends.

In the managed care delivery system, the MA MCOs utilize maternity care teams to provide comprehensive maternity care services. These maternity care teams may include doulas and if available, doula services must be provided to any pregnant or postpartum beneficiary who requests them.

Perinatal doulas are non-medical, trained professionals who provide emotional, physical, and informational support and guidance during the perinatal period with the goal of improving health outcomes for pregnant and postpartum individuals and their infants.

On January 10, 2024, the Department issued MA Bulletin 13-24-01, titled "Doula Enrollment in the Medical Assistance Program." This bulletin informed providers that effective February 1, 2024, doulas could enroll in the MA Program for the purposes of allowing MA MCOs to enter into network agreements with doulas within the MA managed care delivery system. Since doulas were not identified as a distinct provider in Pennsylvania's Medicaid State Plan, enrollment in the MA Program did not authorize them to bill for services under the Fee-for-Service delivery system.

Doulas must be certified by the Pennsylvania Certification Board as a certified perinatal doula to enroll the MA Program and they must maintain their certification to bill for services to MA beneficiaries. Information on this certification can be found on the Pennsylvania Certification Board website at the following link: https://www.pacertboard.org/doula.

The Department will submit a State Plan Amendment to the Centers for Medicare & Medicaid Services to add doula services to Pennsylvania's Medicaid State Plan as a preventive service (42 C.F.R. § 440.130(c)), with an effective date of January 1, 2025.

Beginning January 1, 2025, the Department will pay MA enrolled certified perinatal doulas for the provision of doula services to MA beneficiaries in both the FFS and MA managed care delivery systems. Doulas who are contracted or employed by an MA MCO network provider to provide services as part of maternity care team or as part of another maternal health service, with payment going to the enrolled provider, may continue this arrangement and do not need to be enrolled in the MA Program.

MA MCOs are required to provide coverage for MA beneficiaries in the managed care delivery system for the same services, at a minimum, as the FFS delivery system.

PROCEDURE:

Enrollment

Effective January 1, 2025, the MA Program will pay enrolled certified perinatal doulas for doula services provided to MA beneficiaries. Certified perinatal doulas will be enrolled as Provider Type 13, which is defined as "Non-Traditional Provider," with Specialty Code 130 for Certified Doula as follows:

Provider Type	Specialty Code	Specialty Code Description
13	130	Certified Doula

Information on how to complete and submit an enrollment application may be viewed by accessing the Enrollment Information page on the Department's website at the following link: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. A certified perinatal doula may submit an online provider enrollment application using the Department's secure web portal following the instructions in the application. For questions about enrollment, providers can contact Provider Enrollment at 1-800-537-8862, option 2, then option 4.

Certified perinatal doulas enrolled in the MA Program prior to the issuance of this bulletin will not have to do anything further. The Department will update enrollment files to indicate that they can receive payment in both the FFS and Managed Care delivery systems.

Recommendation Form

In order to receive payment for doula services provided to MA beneficiaries in the FFS delivery system, certified perinatal doulas must have the Doula Services Recommendation Form (Attachment 1) completed and signed by a physician or licensed practitioner of the healing arts prior to the provision of services to an MA beneficiary. The following providers enrolled to participate in the MA Program may recommend services for doula services: physician, physician assistant, certified registered nurse practitioner, certified nurse midwife, licensed professional counselor, licensed marriage and family therapist, licensed clinical social worker, and licensed psychologist. Doulas rendering services in the managed care delivery system should address recommendation requirements with the appropriate MA MCO.

A copy of the Doula Services Recommendation Form must be retained for your records as per Section 6.5 (Record Keeping and Onsite Access) of the 837 Professional/CMS 1500 Claim Form PROMISe™ Provider Handbook. The Doula Services Recommendation Form is attached to this bulletin and is available online at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/documents/ma-response-forms/doula-services-recommendation-form.pdf.

Billing

Effective January 1, 2025, certified perinatal doulas enrolled in the MA Program may bill using the procedure code and modifier combinations identified in the chart below. Procedure

code T1032 must be billed with one of three pricing modifiers – U7 (prenatal visit), U8 (postpartum visit), or U9 (other services).

Procedure Code	Modifier	Service Description	MA Fee	Limits
T1032	U7	Doula Services (Prenatal visit)	$100.00	Combined limit of 12 visits per calendar year
T1032	U8	Doula Services (Postpartum visit)	$100.00	
T1032	U9	Doula Services (Other services – Fertility and pre-conception counseling, pregnancy loss, infant loss, or termination of pregnancy)	$175.00	2 total "other services" per calendar year
T1033		Labor and Delivery	$1000.00	Limit one per pregnancy

Attached is the "Certified Perinatal Doula Covered Services Chart", effective January 1, 2025 (Attachment 2) for certified perinatal doulas to use when billing for services they provided to MA beneficiaries in the FFS delivery system. The chart includes the procedure codes, service descriptions, provider types, provider specialties, place of service codes, modifiers MA fee, prior authorization requirement, MA units, and limits. The Department updated the MA Program Fee Schedule to add these procedure codes. The online version of the MA Program Fee Schedule is available on the Department's website at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html.

The initial prenatal visit and the first postpartum visit must be provided in person. All visits using procedure code T1032 must be a minimum of 30 minutes. Procedure code T1032 with the pricing modifier U9 (other services) indicates a visit for doula support or counseling for fertility/pre-conception, pregnancy loss, infant loss, or termination of pregnancy, and is limited to a total of two visits for "other services" per 365 days. Doula services provided during labor and delivery must be provided in person. No payment will be made for procedure code T1033 (Labor and Delivery) if doula services are not provided in person and if delivery did not occur.

In the FFS delivery system, certified perinatal doulas should submit an 837 Professional/CMS-1500 claim form or PROMISe™ Internet claim to the Department to receive payment for covered services rendered to MA beneficiaries. A certified perinatal doula may be identified on the claim as the rendering and billing provider to receive payment directly. Certified perinatal doulas employed by or under contract with a provider, health system, or doula group, may assign their payment fee to the MA enrolled billing provider. Fee assignment is completed during the certified perinatal doula's enrollment application. The certified perinatal doula will be identified on the claim as the rendering provider, but the billing provider will receive the payment for services rendered by the certified perinatal doula. A step-by-step guide on how to complete the CMS-1500 claim form can be found in the "CMS-1500 Billing Guide for PROMISe™ Non-Traditional Provider" (Attachment 3).

Sections 1 (Introduction), 3 (Policies), and 5.9 (Non-Traditional Providers Services) of the 837 Professional/CMS 1500 Claim Form PROMISe™ Provider Handbook have been updated and are attached to this bulletin (Attachment 4).

For questions about billing in the FFS delivery system, certified perinatal doulas should contact the Provider Service Center at 1-800-537-8862, options 2, 6, 1. Additionally, Attachment 5, "Certified Perinatal Doula Billing Desk Reference," is a quick reference with important reminders related to the billing process.

The MA MCOs may have different billing procedures. For specific guidance related to the MA MCOs, certified perinatal doulas should contact the appropriate MA MCO. The MA MCO directory is available on the Department's website at: https://www.pa.gov/en/agencies/dhs/dhs-search.html#q=MCO%20Directory.pdf.

Documentation

Certified perinatal doulas are responsible for completing the MA 91 Encounter Form for each visit or service provided, which can be found online at the following link: https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/medical-assistance-provider-forms.html.

All MA providers must retain, for at least four years, medical and fiscal records that fully disclose the nature and extent of the services rendered to MA beneficiaries and that meet the criteria established in regulations. Please refer to 55 Pa. Code §1101.51(e) to review Department regulations regarding record retention requirements, which can be found online at the following link: https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter1101/chap1101toc.html&d=.

Confidentiality

Certified perinatal doulas must assure the privacy of the MA beneficiary receiving services and comply with all federal and state laws governing confidentiality and privacy, including the Health Insurance Portability and Accountability Act (HIPAA). See Section 9 of the 837 Professional/CMS 1500 Claim Form PROMISe™ Provider Handbook.

OBSOLETE:

This bulletin obsoletes MA Bulletin 13-24-01, titled, "Doula Enrollment in the Medical Assistance Program," issued January 10, 2024.

RESOURCES:

- All MA enrolled providers are reminded to follow MA regulations at 55 Pa. Code § 1101 (General Provisions) and 55 Pa. Code § 1150 (MA Program Payment Policies) available at: https://www.pacodeandbulletin.gov/.

- Provider enrollment portal: https://promise.dhs.pa.gov/portal/provider/Home/tabid/135/Default.aspx.

- Physicians 837 Professional/CMS-1500 Claim Form Provider Handbook: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Professional%20CMS%201500%20Claim%20Form.pdf.

- CMS-1500 Billing Guide for PROMISe™ Non-Traditional Provider: https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html.

- MA Provider Forms: https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/medical-assistance-provider-forms.html.

ATTACHMENTS:

Attachment 1 - Doula Services Recommendation Form

Attachment 2 - Certified Perinatal Doula Covered Services Chart – Effective January 1, 2025

Attachment 3 - CMS-1500 Billing Guide for PROMISe™ Non-Traditional Provider

Attachment 4 - 837 Professional/CMS 1500 Claim Form PROMISe™ Provider Handbook, Updated Sections 1, 3, and 5.9

Attachment 5 - Certified Perinatal Doula Billing Desk Reference

Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

DOULA SERVICES RECOMMENDATION FORM

This documents the recommendation for doula services by a Medical Assistance (MA) Program enrolled licensed practitioner.

The following licensed practitioners enrolled to participate in the MA Program may recommend doula services: physician, physician assistant, certified registered nurse practitioner, certified nurse midwife, licensed professional counselor, licensed marriage and family therapist, licensed clinical social worker, and licensed psychologist.

If you are an MA Program beneficiary and are pregnant or have recently given birth….

You are eligible for doula services to provide you physical, emotional, and informational support before, during and after you give birth. You must have a recommendation from an MA enrolled licensed practitioner prior to the provision of doula services. You can request a recommendation and give it to your MA enrolled doula. You can ask for a recommendation even if you don't yet know who your MA enrolled doula will be.

If you are a certified perinatal doula enrolled in the MA Program….

You must secure and retain the record of a recommendation from an MA enrolled licensed practitioner prior to the provision of doula services, storing the record in a manner consistent with HIPAA requirements.

If you are a licensed practitioner of the healing arts….

Doula services are intended to promote physical and mental health during the perinatal period. By recommending doula services, you are enabling the MA beneficiary to access doula services.

Licensed Practitioner's Recommendation for Certified Perinatal Doula Services

Beneficiary full legal name (first, middle, last):	
Beneficiary DOB (MM-DD-YYYY) or MA ID #:	
Licensed Practitioner's Signature with credentials:	
Licensed Practitioner's full legal name (first, middle, last):	
Licensed Practitioner's NPI number:	
Date of recommendation (MM-DD-YYYY):	
Doula name (first, middle, last) (if known):	
Name/address of beneficiary's OB/GYN provider (if known):	

Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Perinatal Doula Covered Services Chart - Effective January 1, 2025

Procedure Code	Service Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits
T1032	Doula Services (Prenatal visit)	13	130	02, 10, 11, 12, 27, 99	U7		$100.00	N	One visit per day	Limit 12 total prenatal and postpartum visits per calendar year.
T1032	Doula Services (Postpartum visit)	13	130	02, 10, 11, 12, 27, 99	U8		$100.00	N	One visit per day	Limit 12 total prenatal and postpartum visits per calendar year.
T1032	Doula Services (Other services - Fertility and pre-conception counseling, pregnancy loss, infant loss, or termination of pregnancy)	13	130	02, 10, 11, 12, 27, 99	U9		$175.00	N	One visit per day	Limit two total "Other services" per calendar year.
T1033	Labor and delivery	13	130	11, 12, 21, 23, 27			$1,000.00	N	One episode per pregnancy	Limit of one per pregnancy

1. CMS-1500 Billing Guide for PROMISe™ Non-Traditional Provider

Purpose of the document

The purpose of this document is to provide a block-by-block reference guide to assist the following provider types in successfully completing the CMS-1500 claim form:

- **Non-Traditional Provider – Provider Type 13**

Document format

This document contains a table with four columns. Each column provides a specific piece of information as explained below:

- **Block Number** – Provides the block number as it appears on the claim.
- **Block Name** – Provides the block name as it appears on the claim.
- **Block Code** – Lists a code that denotes how the claim block should be treated. They are:
  - **M** – Indicates that the claim block must be completed.
  - **A** – Indicates that the claim block must be completed, if applicable.
  - **O** – Indicates that the claim block is optional.
  - **LB** – Indicates that the claim block should be left blank.
  - *** –** Indicates special instruction for block completion.
- **Notes** – Provides important information specific to completing the claim block. In some instances, the Notes section will indicate provider specific block completion instructions.

Recommendation

The Patient Protection and Affordable Care Act (ACA) added requirements for provider screening and enrollment, including a requirement that states require physicians and other practitioners who order or refer items or services for MA beneficiaries to enroll as MA providers. The Department of Health and Human Services regulation implementing this requirement can be found at 42 CFR § 455.410.

Claims submitted by Non-Traditional Providers must include the NPI of the MA enrolled licensed physician or licensed practitioner of the healing arts that recommended doula services.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

IMPORTANT INFORMATION FOR CMS-1500 CLAIM FORM COMPLETION

Note #1: If you are submitting handwritten claim forms you must use **blue** or **black** ink.

Note #2: **Font Sizes —** Because of limited field size, either of the following type faces and sizes are recommended for form completion:

- **Times New Roman, 10 point**
- **Arial, 10 Point**

Other fonts may be used, but ensure that all data will fit into the fields, or the claim may not process correctly.

Note #3: When completing the following blocks of the CMS-1500, **do not use decimal points and be sure to enter dollars and cents**:

1. Block 24F ($Charges)
2. Block 29 (Amount Paid)

If you fail to enter both dollars and cents, your claim may process incorrectly. For example, if your usual charge is sixty-five dollars and you enter 65, your usual charge may be read as .65 cents.

Example #1: When completing Block 24F, enter your usual charge to the general public, without a decimal point. You must include the dollars and cents. If your usual charge is thirty-five dollars, enter:

24F	
$CHARGES	
35	00

Example #2: When completing Block 29, you are reporting patient pay assigned by the County Assistance Office (CAO). Enter patient pay as follows, including dollars and cents:

29	
Amount Paid	
50	00

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

You must follow these instructions to complete the CMS-1500 claim form when billing Medical Assistance. **Do not imprint, type, or write any information on the upper right-hand portion of the form.** This area is used to stamp the Internal Control Number (ICN), which is vital to the processing of your claim. Do not submit a photocopy of your claim to DHS.

Block No.	Block Name	Block Code	Notes
1	Type of Claim	M	Place an **X** in the Medicaid box.
1a	Insured's ID Number	M	Enter the 10-digit beneficiary number found on the ACCESS card. If the beneficiary number is not available, access EVS by using the beneficiary's Social Security Number (SSN) and date of birth (DOB). The EVS response will then provide the 10-digit beneficiary number to use for this block.
2	Patient's Name	A	It is recommended that this field be completed to enable Medical Assistance (MA) to research questions regarding a claim. ***This field is required when billing for newborns using the individual's beneficiary number.** Enter the newborn's name. If the first name is not available, you are permitted to use Baby Boy or Baby Girl.
3	Patient's Birthdate and Sex	A	Enter the patient's date of birth using an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 02151978) and indicate the patient's gender by placing an **X** in the appropriate box. ***Same as the special instruction for Block 2.** Enter the newborn's date of birth in an eight-digit format.
4	Insured's Name	A	If the patient has health insurance other than MA, list the name of the insured here. Enter the name of the insured except when the insured and the patient are the same - then the word **SAME** may be entered. If there is no other insurance other than MA, leave this block blank.
5	Patient's Address	O	Enter the patient's address.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
6	Patient's Relationship to Insured	A	Check the appropriate box for the patient's relationship to the insured listed in Block 4.
7	Insured's Address	A	Enter the insured's address and telephone number except when the address is the same as the patient's, then enter the word **SAME**. Complete this block only when Block 4 is completed.
8	Reserved for NUCC Use	LB	Do not complete this block.
9	Other Insured's Name	A	If the patient has another health insurance secondary to the insurance named in Block 11, enter the last name, first name, and middle initial of the insured if it is different from the patient named in Block 2. If the patient and the insured are the same, enter the word **SAME.** If the patient has MA coverage only, leave the block blank.
9a	Other Insured's Policy or Group Number	A	This block identifies a secondary insurance other than MA, **and** the primary insurance listed in 11a–d. Enter the policy number and the group number of any secondary insurance that is available. Only use Blocks 9, 9a and 9d, if you have completed Blocks 11a, 11c and 11d, and a secondary policy is available. (For example, the patient may have both Blue Cross and Aetna benefits available.)
9b	Reserved for NUCC Use	LB	Do not complete this block.
9c	Reserved for NUCC Use	LB	Do not complete this block.
9d	Insurance Plan Name or Program Name	A	Enter the other insured's insurance plan name or program name.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
10a-10c	Is Patient's Condition Related To:	A	Complete the block by placing an **X** in the appropriate **YES** or **NO** box to indicate whether the patient's condition is related to employment, auto accident, or other accident (e.g., liability suit) as it applies to one or more of the services described in Block 24d. For auto accidents, enter the state's 2-digit postal code for the state in which the accident occurred in the PLACE block (e.g., **PA** for Pennsylvania).
10d	Claim Codes (Designated by NUCC)	A	It is optional to enter the nine-digit social security number of the policyholder if the policyholder is not the beneficiary.
11	Insured's Policy Group or FECA Number	A/A	Enter the policy number and group number of the primary insurance other than MA.
11a	Insured's Date of Birth and Sex	A/A	Enter the insured's date of birth in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03011978) and insured's gender if it is different than Block 3.
11b	Other Claim ID (Designated by NUCC)	LB	Do not complete this block.
11c	Insurance Plan Name or Program Name	A	List the name and address of the primary insurance listed in Block 11.
11d	Is There Another Health Benefit Plan?	A	If the patient has another resource available to pay for the service, bill the other resource before billing MA. If the **YES** box is checked, Blocks 9, 9a and 9d must be completed with the information on the additional resource.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
12	Patient's or Authorized Person's Signature and Date	M/M	The beneficiary's signature or the words **Signature Exception** must appear in this field. Also, enter the date of claim submission in an 8-digit MMDDCCYY format (e.g., 03012004) with no slashes, hyphens, or dashes.) **Note:** Please refer to Section 6 of the PA PROMISe™ Provider Handbook for the 837 Professional/CMS-1500 Claim Form for additional information on obtaining patients signatures.
13	Insured's or Authorized Person's Signature	O	If completed, this block should contain the signature of the insured, if the insured is not the patient.
14	Date of Current Illness, Injury or Pregnancy (LMP)	O	If completed, enter the date of the current illness (first symptom), injury (accident date), or pregnancy in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012004).
15	Other Date	O	If the patient has had the same or similar illness, list the date of the first onset of the illness in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012002).
16	Dates Patient Unable to Work in Current Occupation	O	If completed, enter the **FROM** and **TO** dates in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012003), only if the patient is unable to work due to the current illness or injury. This block is only necessary for Worker's Compensation cases. It must be left blank for all other situations.
17	Name of Referring Provider or Other Source	A	Enter the name and degree of the referring or prescribing practitioner, when applicable. *For doula services, this would be the information for the MA enrolled licensed practitioner that recommended doula services.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
17a*	I.D. Number of Referring Provider	A	In the first portion of this block, enter a two-digit qualifier that indicates the type of ID: **0B** = License Number **G2** = 13-digit Provider ID number (Legacy Number) In the second portion, enter the **license number** of the referring or prescribing practitioner named in Block 17 (e.g., MD123456X). If the practitioner's license number was issued after June 29, 2001, enter the number in the new format (e.g., MD123456). If an out-of-state provider orders the service, enter the two-letter State abbreviation, followed by six 9's, and an X. For example, a prescribing practitioner from New Jersey would be entered as NJ999999X.
17b*	NPI #	M	Enter the 10-digit National Provider Identifier number of the referring provider, ordering provider, or other source.
18	Hospitalization Dates Related to Current Services	A	Complete only if the patient was hospitalized in an inpatient setting. Make sure the dates are in an eight-digit MMDDCCYY (month, day, century, and year) format (e.g., 03012004). Providers may submit a bill prior to a patient's discharge by entering the admission date and eight zeros in the discharge date. If you submit an interim bill, submit the final claim for any remaining inpatient visits by completing the admission date and entering the actual discharge date.
19	Additional Claim Information	A/A	This field must be completed with attachment type codes, when applicable. Attachment type codes begin with the letters "**AT**", followed by a two-digit number (i.e., **AT05**).

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
	(Designated by NUCC)		Enter up to four, 4-character alphanumeric attachment type codes. When entering more than one attachment type code, separate the codes with a comma (,). When using "**AT05**", indicating a Medicare payment, please remember to properly complete and **attach** the "Supplemental Medicare Attachment for Providers" form MA 539. When using "**AT10**", indicating a payment from a Commercial Insurance, please remember to properly complete and **attach** the "Supplemental Attachment for Commercial Insurance for Providers" form MA 538. Attachment Type Code "**AT99"** indicates that remarks are attached. Remarks must be placed on an 8-1/2" x 11" sheet of white paper clipped to your claim. Remember, when you have a remarks sheet attached, include your provider number and the beneficiary's number on the top left-hand corner of the page (i.e., Enter **AT26, AT99** if billing for newborns that have temporary eligibility under the mother's beneficiary number. On the remarks sheet, include the mother's full name, date of birth, and social security number.). If submitting an adjustment to a previously paid CMS-1500 claim (as referenced in Block 22), you must paper clip an 8-1/2" by 11" sheet of paper to the paper claim form containing an explanation as to why you are submitting the claim adjustment. For a complete listing and description of Attachment Type Codes, please refer to the CMS-1500 Claim Form Desk Reference, located in Appendix A of the handbook. *For additional information on completing CMS-1500 claim form adjustments, please refer to Section 2.10 – Claim Adjustments of the 837 Professional/CMS-1500 Claim Form Handbook.*

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
		A	**Qualified Small Businesses** Qualified small businesses must always enter the following message in Block 19 (Additional Claim Information (Designated by NUCC)) of the CMS-1500, in addition to any applicable attachment type codes: "**(Name of Vendor) is a qualified small business concern as defined in 4 Pa Code §2.32.**"
***Note:** If the beneficiary has coverage through Medicare Part B and MA, this claim should automatically cross over to MA for payment of any applicable deductible or co-insurance. If the claim does not cross over from Medicare and you are submitting the claim directly to MA, enter **AT05** in Block 19 and attach a completed "Supplemental Medicare Attachment for Providers" form to the claim. Please refer to MA 539 for additional information.			
20	Outside Lab	LB	Do not complete this block.
21	Diagnosis or Nature of Illness or Injury	M/A	The ICD indicator (ICD Ind) is required. If a valid "9" or "0" indicator is not entered into the ICD Ind. space, claims will be returned to the provider as incomplete. For dates of service **prior** to October 1, 2015, enter the most specific ICD-9-CM code (indicator "9"); **OR** for dates of service **on or after** October 1, 2015, enter the ICD-10-CM code (indicator "0") that describes the diagnosis. The primary diagnosis block (21.A) must be completed. The second through twelfth diagnosis codes (B-L) must be completed if applicable.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
22	Resubmission Code	A/A	This block has two uses: 1) When resubmitting a rejected claim. If resubmitting a rejected claim, enter the 13-digit internal control number (ICN) of the **ORIGINAL** rejected claim in the right portion of this block (e.g., | 1103123523123). 2) When submitting a claim adjustment for a previously approved claim**.** If submitting a claim adjustment, enter ADJ in the left portion of the block and the **LAST APPROVED** 13-digit ICN, a space and the 2-digit line number from the RA Statement in the right portion of the block (e.g., ADJ | 1103123523123 01).
23	Prior Authorization Number	LB	Do not complete this block.
24a	Date(s) of Service	M/M	Enter the applicable date(s) of service. If billing for a service that was provided on one day only, complete either the **From** or the **To** column (but not both.). If the same service was provided on consecutive days, enter the first day of the service in the **From** column and the last day of service in the **To** column. Use an eight-digit (MMDDCCYY) format to record the From and To dates, (e.g. 03012004). If the dates are not consecutive, separate claim lines must be used.
24b	Place of Service	M	Enter the 2-digit place of service code that indicates where the service was performed. 02 – Telehealth Provided Other than in a Patient's Home 10 – Telehealth Provided in a Patient's Home 11 – Office 12 – Home 21 – Inpatient Hospital 27 – Street Medicine 99 – Other (Community)

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
24c	EMG	LB	Do not complete this block.
24d	Procedures, Services, or Supplies (CPT/HCPS & Modifier)	M/A/A	List the procedure code(s) for the service(s) being rendered and any applicable modifier(s). In the first section of the block, enter the procedure code that describes the service provided. In the second portion of this block, enter the pricing modifier first if required to pay the claim. Use the third portion of this block to indicate up to three additional informational modifiers, when applicable. If no pricing modifier is required, enter up to four additional / informational modifier(s) using the second and third portions of this block. Failure to use the appropriate modifier(s) will result in inappropriate claims payment or denial.
24e	Diagnosis Pointer	M	This block may contain up to four letters. Enter the corresponding letter(s) (A – L) that identify the diagnosis code(s) in Block 21. If the service provided was for the primary diagnosis (in Block 21A), enter A. If provided for the secondary diagnosis, enter B. If provided for the third through twelfth diagnosis, enter the letter that corresponds to the applicable diagnosis. Note: The primary diagnosis pointer must be entered first.
24f	$ Charges	M	Enter your usual charge to the general public for the service(s) provided. If billing for multiple units of service, multiply your usual charge by the number of units billed and enter that amount. For example, if your usual charge is sixty-five dollars, enter **6500**.
24g	Days or Units	M	Enter the number of units, services, or items provided.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
24h	EPSDT/Family Planning	A	Enter the two-digit Visit Code, 09, for pregnant beneficiary. Visit Codes are especially important if providing services that do not require copay (i.e., for a pregnant beneficiary or long-term care resident.) *For a complete listing and description of Visit Codes, please refer to the CMS-1500 Claim Form Desk Reference, located in Appendix A of the handbook.*
24i	ID Qualifier	A	Enter the two-digit ID Qualifier: **G2** = 13-digit Provider ID Number (legacy #)
24j (a)	Rendering Provider ID #	A	Complete with the **Rendering Provider's** Provider ID number (nine-digit provider number and the applicable four-digit service location – 13-digits total). **Note**: Only one rendering provider per claim form.
24j (b)	NPI	M	Enter the 10-digit NPI number of the rendering provider.
25	Federal Tax I.D. Number	M	Enter the provider's Federal Tax Employer Identification Number (EIN) or SSN and place an **X** in the appropriate block.
26	Patient's Account Number	O	**Use of this block is strongly recommended**. It can contain up to ten alpha, numeric, or alphanumeric characters and can be used to enter the patient's account number or name. Information in this block will appear in the first column of the Detail Page in the RA Statement and will help identify claims if an incorrect beneficiary number is listed.
27	Accept Assignment	LB	Do not complete this block.
28	Total Charge	LB	Do not complete this block.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
29	Amount Paid	A	If a patient is to pay a portion of their medical bills as determined by the local County Assistance Office (CAO), enter the amount to be paid by the patient (using a decimal point). Patient pay is only applicable if notification is received from the local CAO on a PA 162RM form. **Do not enter copay in this block.**
30	Reserved for NUCC Use	LB	Do not complete this block.
31	Signature of Physician or Supplier Including Degree or Credentials	M/M	This block must contain the **signature of the provider rendering the service (i.e., doula signature)**. A signature stamp is acceptable, except for abortions, if the provider authorizes its use and assumes responsibility for the information on the claim. If submitting by computer-generated claims, this block can be left blank; however, a Signature Transmittal Form (MA 307) must be sent with the claim(s). Enter the date the claim was submitted in this block in an 8-digit (MMDDCCYY) format (e.g. 03012004).
32	Service Facility Location Information	A/A	If the service(s) was provided in an inpatient hospital, outpatient hospital, hospital short procedure unit, hospital special treatment room, ambulatory surgical center, or emergency room, enter the name, the nine-digit provider number, and the four-digit service location of the facility. **Do not use slashes, hyphens, or spaces.**
32a		M	Enter the 10-digit NPI number of the service facility.
32b		M/A	Enter the 13-digit facility Provider ID number (Legacy #)
33	Billing Provider Info & Ph.#	A/A& M/M	Enter the billing provider's name, address, and telephone number **Do not use slashes, hyphens, or spaces.** **Note:** If services are rendered in the patient's home or facility, enter the service location of the provider's main office.

1. CMS-1500 Claim Form Completion for PROMISe™ Non-Traditional Provider

Block No.	Block Name	Block Code	Notes
33a		M	Enter the 10-digit NPI number of the billing provider.
33b		M/A	Enter the 13-digit Group/Billing Provider ID number (Legacy #)

1 Introduction

The PA PROMIS*e*™ Provider Handbooks were written for the Pennsylvania Provider Reimbursement and Operations Management Information System (PA PROMIS*e*™) providers who submit claims via the 837 Professional format or the CMS-1500 Claim Form, the 837 Institutional format or the UB-04 Claim Form, the NCPDP Version 5.1 Pharmacy transactions, and the 837 Dental format or the ADA Claim Form – Version 2012.

Four handbooks have been designed to assist PA PROMIS*e*™ providers:

- PA PROMIS*e*™ Provider Handbook for the 837 Professional/CMS-1500 Claim Form
- PA PROMIS*e*™ Provider Handbook for the 837 Institutional/UB-04 Claim Form
- PA PROMIS*e*™ Provider Handbook for the 837 Dental/ADA Claim Form – Version 2012
- PA PROMIS*e*™ Provider Handbook for NCPDP 5.1/Pharmacy Billing

The following sections detail the PA PROMIS*e*™ providers who should access the PA PROMIS*e*™ Provider Handbook for the 837 Professional/CMS-1500 Claim Form, a general overview of each section of the handbook, and how to obtain a hardcopy PA PROMIS*e*™ Provider Handbook for the CMS-1500 Claim Form.

> **NOTE:** The PA PROMIS*e*™ Provider Handbooks have been designed to be fully functional as paper-based documents; however, providers will realize the full benefit of the handbooks when they access them in their online version.

1.1 PA PROMIS*e*™ Provider Handbook for the 837 Professional/CMS-1500 Claim Form

The following PA PROMIS*e*™ providers should access the PA PROMIS*e*™ Provider Handbook for the 837 Professional/CMS-1500 Claim Form to obtain general information, eligibility verification instructions, Remittance Advice (RA) Interpretation, and billing instructions:

Adult Autism Waiver
Aging Waiver Services Providers
Ambulance Companies
Attendant Care Providers
Audiologists
Behavioral Specialist Consultants
Birthing Centers
Case Managers

Certified Registered Nurse Anesthetists (CRNAs)
Certified Registered Nurse Practitioners (CRNPs)
Chiropractors
Clinics
COMMCARE Waiver Services Providers
Department of Health (DOH) Providers
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
Employment Competitive Providers
Extended Care Facilities (ECFs) for Respite Care Services
Family Planning Clinics - Title XIX Only
Funeral Directors
Healthy Beginnings Plus (HBP) Providers
Home and Community Habitation Services Providers
Home Health Agency Providers
Home Residential Rehabilitation Providers
Homemaker Agency Providers
Hospice Providers
Independence & OBRA Waiver Providers
Intermediate Service Organizations (ISOs)
Laboratories
LTC Exceptional Grant Payment Providers
LTC Medicare Deductible and Coinsurance Payments
MA Early Intervention (EI) Providers
Medical Suppliers

Medically Fragile Foster Care Providers
Mental Health & Substance Abuse Providers
Midwives
Mobile Therapy Providers
Non-JCAHO Residential Treatment Facilities (RTFs)
Non-Traditional Providers
Nurses
Nutritionists
Office of Developmental Programs (ODP) Base Services, P/FDS and Consolidated Waiver Services
Office of Developmental Programs (ODP) Financial Management Services (FMS)
Optometrists
Personal Care Services Providers
Physicians
Podiatrists
Psychologists
Public Schools
Rehabilitation Facilities (CORF)
Renal Dialysis Centers
Rural Health Clinics (RHCs) & Federally Qualified Health Centers (FQHCs)
School Corporations
Targeted Case Management Providers
Therapeutic Staff Support
Therapists
Tobacco Cessation Providers

Vendors
X-Ray Clinics

3 Policies

Policies are located on the Pennsylvania (PA) Code Website. Listed below are the hyperlinks to the applicable regulations and PA PROMISe™ policies.

Attendant Care	Chapters 1101, 1150, 1249, & 1153
Audiologist	Chapters 1101 and 1150
Birthing Centers	Chapters 1101, 1150, & 1127
Case Manager	HIV Case Management – Chapters 1101, 1150, & 1247
Certified Registered Nurse Anesthetist (CRNA)	Chapters 1101 & 1150
Certified Registered Nurse Practitioner (CRNP)	Chapters 1101, 1150, & 1144
Chiropractor	Chapters 1101, 1150, & 1145
Clinic	Independent Medical/Surgical Clinic – Chapters 1101, 1150, & 1221 Outpatient Drug & Alcohol Clinic – Chapters 1101, 1150, & 1223 Outpatient Psychiatric Clinic – Chapters 1101, 1150, & 1153
COMMCARE Waiver	Chapters 1101, 1150, & TBD
Department of Health	To Be Determined
Employment Competitive	To Be Determined
EPSDT Screen Instructions for Outpatient Hospitals	Chapters 1101, 1150, 1241, & 1221
Extended Care Facilities (Respite Care)	To Be Determined
Family Planning (Title XIX Only)	Chapters 1101, 1150, & 1225
Funeral Director	Chapters 1101, 1150, & 1251

Healthy Beginnings Program (HBP)	Chapters 1101, 1150, & 1140
Home and Community Habilitation	Chapters 1101 & 1150
Home Health Agency	Chapters 1101, 1150, & 1249
Home Residential Rehab	Chapters 6400 & 6500
Homemaker Agency	Chapters 1101, 1150, & 1249
Hospice	Chapters 1101, 1150, & 1130
Independence & OBRA Waiver	To Be Determined
Intermediate Service Organization (ISO)	Chapters 1101 & 1150
Laboratory	Chapters 1101, 1150, & 1243
Long Term Care (LTC) Facility – Medicare Deductible and Coinsurance	Chapters 1101, 1150, & 1187
LTC Exceptional Grant Payment	Chapters 1101, 1150, & 1187
Medical Assistance Early Intervention (MA EI), EI Base, and Infants, Toddlers & Families (ITF) Waiver	Chapters 1101 & 1150
Medical Suppliers	Chapters 1101, 1150, & 1123
Medically Fragile Foster Care	Chapters 1101 & 1150
Mental Health & Substance Abuse Services	Outpatient Psychiatric Partial Hospitalization Facility – Chapters 1101, 1150, & 1153 Family Based Mental Health & Crisis Intervention – Chapter 1101 & To Be Determined
Mental Retardation Targeted Services Managements (MR-TSM)	To Be Determined
Michael Dallas Waiver	Chapters 1101 & 1150
Midwives	Chapters 1101, 1150, & 1142

Non-JCAHO Residential Treatment Facilities (RTFs)	Chapters 1101 & 1150
Non-Traditional Provider	Chapters 1101 and 1150
Nurse	Chapters 1101, 1241 & 1150
Nutritionist	Chapters 1101 & 1150
ODP Base Services	To Be Determined
ODP Consolidated Waiver	To Be Determined
ODP Person/Family Directed Supports (P/FDS) Waiver	To Be Determined
Optometrists	Chapters 1101, 1150, & 1147
PDA Waiver & BRIDGE	Chapters 1101 & 1150
Physicians	Chapters 1101, 1141, & 1150
Podiatrists	Chapters 1101, 1143, & 1150
Psychologists	Chapters 1101 & 1150
Public Schools	To Be Determined
Rehab Facility	Chapters 1101 & 1150
Renal Dialysis Center	Chapters 1101, 1128, & 1150
Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC)	Chapters 1101, 1150, & 1129
School Corporation	To Be Determined
Special Pharmaceutical Benefits Program (SPBP)	To Be Determined
Targeted Case Management	Chapters 1101, 1247, & 1150
Therapist	Chapters 1101 & 1150

Tobacco Cessation	Chapters 1101 & 1150
Transportation (Ambulance)	Chapters 1101, 1245, & 1150
Transportation (Medical Assistance Transportation (MATP)	To Be Determined
Vendor	To Be Determined
X-Ray Clinic	Chapters 1101, 1230, & 1150

5.9 Non-Traditional Providers Services

Certified Perinatal Doulas

Certified Perinatal Doulas are non-medical, trained professionals who provide emotional, physical, and informational support and guidance during the perinatal period with the goal of improving health outcomes for pregnant and postpartum individuals and their infants. Certified Perinatal Doulas provide services including but not limited to:

- Accompany pregnant individuals to healthcare and social service appointments.
- Connect pregnant individuals and families to community-based resources.
- Attend labor and delivery and provide charting throughout labor and immediately postpartum.
- Provide continuous physical labor support to pregnant individuals and families.
- Provide educational support to individuals with evidence-based information through pregnancy, childbirth, and postpartum period.
- Provide emotional support throughout the prenatal and postpartum periods no matter the outcome, including birth or loss.

Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

Certified Perinatal Doula Billing Desk Reference

Billing Instructions

- The Commonwealth of Pennsylvania/Department of Human Services uses the PROMISe™ system, which handles claims processing, provider enrollment, and user management information.
- You must verify the member's Medical Assistance (MA) eligibility through the PROMISe™ Eligibility Verification System prior to provision of services on each date of service.
- After you provide a service to an MA beneficiary, you may submit your claim for that visit. Services provided to MA beneficiaries must be kept in a beneficiary's record.
- In order to bill for a service, you must supply at least one of the procedure codes in the chart below. Please note the following when billing:
    - Procedure code T1032 has pricing modifiers U7 (prenatal), U8 (postpartum), U9 (other services) which must be included when billing.
    - The initial prenatal visit and the first postpartum visit must be provided in person. All visits using procedure code T1032 must be a minimum of 30 minutes.
    - Procedure code T1032 with the pricing modifier U9 (other services) indicates a visit for doula support or counseling for fertility/pre-conception, pregnancy loss, infant loss, or termination of pregnancy, and is limited to a total of two visits for "other services" per 365 days.
    - Procedure code T1033 must be provided in person and delivery must occur in order for payment to be made.

Procedure Code	Modifier	Service Description	MA Fee	Limits
T1032	U7	Doula Services (Prenatal visit)	$100.00	Combined limit of 12 visits per calendar year
T1032	U8	Doula Serivces (Postpartum visit)	$100.00	
T1032	U9	Doula Services (Other services – Fertility and pre-conception counseling, pregnancy loss, infant loss, or termination of pregnancy)	$175.00	2 total "Other services" per calendar year
T1033		Labor and Delivery	$1000.00	Limit once per pregnancy

- You must submit your claims within 180 days from the date of service.
- You must obtain the MA beneficiary's signature either on the claim form or on the MA Encounter Form (MA 91) as per Section 6.4 of the 837 Professional/CMS 1500 Claim Form PROMISe™ Provider Handbook.
- Detailed information pertaining to how to complete the CMS-1500 Form can be found on the CMS-1500 Billing Guide for PROMISe™ Non-Traditional Provider.

Reminders:

- You must be an MA enrolled provider in order to provide services to MA beneficiaries.
- An MA enrolled licensed provider recommendation is required prior to the provision of perinatal doula services for an MA beneficiary in the For-for-Service delivery system. A copy of the Doula Services Recommendation Form must be retained for your records per Section 6.5 (Record Keeping and Onsite Access) of the 837 Professional/CMS 1500 Claim Form PROMISe™ Provider Handbook.
- Identifying information (i.e., name, ID number, and NPI number) of the recommending licensed practitioner must be included on the 837 Professional/CMS 1500 Claim Form.
- There is no prior authorization requirement for an MA beneficiary to access care by certified perinatal doulas.
- Questions pertaining to payment for services rendered under the MA managed care delivery system should be directed to the appropriate MA Managed Care Organization (MCO).
- An MA enrolled certified perinatal doula must complete the credentialing and contracting process with an MA MCO in order to bill and receive payments for services provided to beneficiaries in the MA Managed Care delivery system.

Resources:

- MA Bulletin 09-25-33, titled "Coverage of and Payment for Doula Services in the Medical Assistance Program," may be found on the Department of Human Services' "What's New at OMAP" webpage at: https://www.dhs.pa.gov/providers/Providers/Pages/Health Care for Providers/What's-New-at-OMAP.aspx.

- PROMISe™ https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise.html.

- PROMISe™ Eligibility Verification Information https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/evi.html.

- CMS-1500 Billing Guide for PROMISe™ Non-Traditional Provider: https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html.

- Doula Service Recommendation Form: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/documents/ma-response-forms/doula-services-recommendation-form.pdf.

- HealthChoices Publication Website: https://www.pa.gov/agencies/dhs/resources/medicaid/hc/hc-publications.html.