

WAC 182-533-0660 Birth doula services—Covered services. (1) To be covered, birth doula services must:

(a) Be preventive in nature according to 42 C.F.R. 440.130(c); and

(b) Provide physical, emotional, and informational support to pregnant, birthing, and postpartum people.

(2) The medicaid agency covers the birth doula services described in this section. The agency pays for:

(a) One prenatal intake visit billed only once per client, per pregnancy. The visit must take place in person. Required components of the prenatal visit are listed in WAC 182-533-0650;

(b) Continuous labor and delivery support billed once per client, per pregnancy. This must take place in person and be provided to one client at a time;

(c) One comprehensive postpartum visit per pregnancy; and

(d) Additional prenatal and postpartum visits per client, per pregnancy across the prenatal and postpartum periods.

(3) The agency determines the maximum number of units of services allowed per client when directed by the legislature to achieve targeted expenditure levels for payment of birth doula services for any specific biennium. The maximum number of units allowed per client is published in the agency's current birth doula services billing guide.

(4) The agency evaluates requests for authorization of covered services that exceed limitations on a case-by-case basis in accordance with WAC 182-501-0169.

(5) For birth doula services not allowed via telemedicine, see WAC 182-533-0680.

[Statutory Authority: RCW 41.05.021, 41.05.160, and 2025 c 424 s 211(35). WSR 25-16-016, s 182-533-0660, filed 7/25/25, effective 8/25/25.]