

WAC 182-533-0670 Birth doula services—Payment. (1) The medic-aid agency pays for the birth doula services described in WAC 182-533-0660 when they are:

(a) Provided to a client who meets the eligibility requirements in WAC 182-533-0630;

(b) Provided to a client during a face-to-face encounter, including audio-visual telemedicine (see WAC 182-533-0680);

(c) Provided and billed according to the agency's current birth doula services billing guide; and

(d) Documented in the client's health care record or chart per WAC 182-533-0650.

(2) The agency's payment for birth doula services is as follows:

(a) Prenatal intake visit, flat rate with a minimum of two hours of one-to-one service delivered face-to-face;

(b) Labor and delivery support, flat rate with one-to-one service delivered face-to-face; and

(c) Additional prenatal and postpartum visits, per unit of time, with one unit being equal to 15 minutes. Providers must bill for the direct service delivery at the minimum time equivalent.

(3) For clients enrolled in managed care or fee-for-service (FFS) who are eligible for birth doula services, the agency pays for covered birth doula services through FFS using the agency's published fee schedule.

(4) The agency uses the appropriate payment methodology found in WAC 182-531-1850 for birth doula services.

[Statutory Authority: RCW 41.05.021, 41.05.160, and 2025 c 424 s 211(35). WSR 25-16-016, s 182-533-0670, filed 7/25/25, effective 8/25/25.]