



Doula Training Presentation



Agenda

- Becoming a Provider
- Doula Authorization & Service Process
- Care Management
- Value Added Benefits
- Claims & Payment
- Important links

Becoming a Provider



NC Tracks

All providers — medical, dental, vision, hospital, etc. — that care for Medicaid recipients must register with NC Tracks. NC Tracks is the start to becoming a Medicaid provider.

- There is an enrollment process and one-time fee. Once approved, there is a free re-enrollment every three years.
- All information updates must first be completed with NC Tracks.

Enrollment link: [Sign On \(nc.gov\)](#)

Sign (for existing users): [Login - NCTracks](#)

- Phone number: 1-800-688-6696
- Email: NCTracksprovider@nctracks.com



Contracting Process

START

1. Contact Contracting, either at WellCareNC.com or via email

2. Discuss requirements/terms, rates, etc.

3. Receive contract, review contract, sign & return to WellCare

4. Contract is countersigned by WellCare leadership and executed with WellCare systems

5. You are now a contracted as a participating provider

6. Start working with Maternal Care Management to receive member referrals and taking members

FINISH

Provider Relations and Your Provider Engagement Administrators

Your Provider Engagement Administrator (PEA) is your account manager and liaison for WellCare. The PEA will onboard newly contracted providers, provide educational materials, handle escalations and more.

Contact Provider Relations

Voicemail: 813-283-3045

Email: NCPProviderRelations@wellcare.com



Doula Authorization

Authorizations & Covered Services



Authorization process

Who is eligible?

- Any WellCare covered member who is currently pregnant and has had at least one prenatal visit.

How to obtain an authorization?

- Member must contact WellCare to request a prior authorization (PA) for service **(1-833-298-4301)**.
- The member can request a PA with a specific doula/doula group.
- If the member is unsure of provider options, they will be directed to the "Find a Provider" tool on the WellCare website. There the member can review contracted doulas in their area to select for care.

How are prior authorizations generated?

- WellCare will generate a PA for the member to the doula of choice.
- The PA will be faxed to the doula at the number they have provided. If no fax number was provided these will be sent via mail.
- The PA will contain the member's name, Medicaid ID and details on the covered services.

How will the member and doula link up?

- Members will be directed to contact their doula of choice within seven (7) business days of the authorization request to ensure the doula has their contact information to support setting up care.
- If a doula receives an authorization for a member and requires assistance in contacting the member they can email the maternity team for assistance.

Sample Authorization



WellCare
Beyond Healthcare. A Better You.

Fax Cover Sheet

From: WellCare of North Carolina, Inc. To: Doula's Name will appear here

Sender's Fax #: (877) 892-8215 Recipient's Fax #: Please ensure you have provided contracting a fax number for timely updates. Or these will be mailed.

Pages (Including cover page): 3 Date: 03/22/2024

Subject: Approved

Message:
Please see attached request for additional information

WellCare
Beyond Healthcare. A Better You.
P.O. Box 31370
Tampa, FL 33631-3370

03/22/2024

RE: Authorization Determination

Dear Provider:

The request submitted by Doula's Name for Member's name, DOB ID# Medicaid ID has been approved.

Authorization number: 143478099

Authorization: Doula Services

Place of service: Inpatient Hospital

Treating Provider: Doula's name here

Service Details: Doula Services

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Effective Date	Expiration Date	Code	Description	Quantity
03/11/2024	08/26/2024	S9442	BRTNG CLSS NO PHY PROV SESS	9999
03/11/2024	08/26/2024	S9443	LACTATION CLASS NON-PHYS PRO	9999
03/11/2024	08/26/2024	S9444	PARENTING CLASSES NON-MD PER	9999
03/11/2024	08/26/2024	S9445	PT ED NOC NON-MD PROV IND SE	9999
03/11/2024	08/26/2024	S9446	PT ED NOC NON-MD PROV GROUP	9999
03/11/2024	08/26/2024	59400	OBSTETRICAL CARE	1
03/11/2024	08/26/2024	59409	OBSTETRICAL CARE	1
03/11/2024	08/26/2024	59510	CESAREAN DELIVERY	1
03/11/2024	08/26/2024	59514	CESAREAN DELIVERY ONLY	1
03/11/2024	08/26/2024	59610	VBAC DELIVERY	1
03/11/2024	08/26/2024	59612	VBAC DELIVERY ONLY	1
03/11/2024	08/26/2024	59618	ATTEMPTED VBAC DELIVERY	1
03/11/2024	08/26/2024	59620	ATTEMPTED VBAC DELIVERY ONLY	1
03/11/2024	08/26/2024	99501	HOME VISIT, POSTNATAL	1
03/11/2024	08/26/2024	99502	HOME VISIT, NB CARE	1
03/11/2024	08/26/2024	99499	UNLISTED E&M SERVICE	3

Please notify the member of this authorization determination.

If you are the requesting provider, please ensure that the treating provider and/or facility is aware of this information. The health plan does not coordinate these services.

If you are the treating provider, please communicate treatment status and care outcome to the member's primary care physician on a periodic basis.

Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets Wellcare's determination criteria at the time of the request. Wellcare retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

Claims submitted for payment should include all necessary, complete and compliant data including the authorization number, CPT and ICD-10 codes.

Care Management Contact

- If you need assistance from Maternity Care Management, please feel free to email us at WellCare_MaternityCM@wellcare.com
- You can also call our Care Coordination line and ask to speak with someone from the Maternity Department, 1-833-298-4301.



Value Added Benefits

- **My Health Pays:** Attend a prenatal visit in the first trimester or within 42 days of WellCare enrollment and receive a \$25 prepaid card.
 - Attend a Postpartum visit and receive \$25 on your prepaid card.
 - Other incentives include completing a pap smear and a wellness visit for \$25 each on the prepaid card, up to \$75 a year.
- **Bonus Reward:** Complete at least one (1) prenatal visit and choose between a stroller, playpen, car seat or six (6) packs of diapers.
- **Baby Showers:** Provides pregnant members and/or new moms, ages 12 and older the chance to attend local community baby showers where they can receive gifts and tips for staying healthy, plus a chance to win a prize. Some of these may be held virtually.
- **Breast Pumps:** Provides one (1) electric breast pump for every delivery to members 12 and older. Are eligible 6 weeks before due date and 30 days after delivery, 90 days for NICU babies. Order from [Aeroflowbreastpumps.com](https://www.aeroflowbreastpumps.com) or call 1-844-867-9890.
- **Circumcision:** Covers the cost of routine circumcision procedures for members up to 6 months old.
- **Home Delivered Meals:** Members can receive 10 nutritional meals delivered to their home after hospital discharge. Must call customer service within 14 days of discharge.

Transportation

Medical Transportation Management (MTM)

WellCare contracts with MTM to provide non-emergency medical transportation for WellCare members.

- Benefits include routine visits, mileage reimbursement, urgent visits, hospital discharges, and multi-leg trips (for example, trip to the pharmacy immediately after a covered appointment)*
- Schedule at least 48 in advance or up to six months for routine visits
- MTM may be reached at 1-888-561-8747

***NOTE:** Visit [North Carolina | Wellcare](#) to view Covered Services and Guidelines

Claims & Payment



Claims 101

WellCare acknowledges that working with insurance and filing claims is new to most doulas. We offer guidance and training to help doulas navigate this challenge.

To assist doulas, WellCare provides CPT and ICD coding basics tools and free claim submission options.



Parts of a claim

A claim contains member, provider and service information.

A claim tells an insurance payer:

- who had what type of service or procedure;
- who provided or performed the service;
- when it was done;
- Where it was done;
- and how much that provider would like to be reimbursed.

Most services have a set "allowed amount," which is how much can be paid for a particular service. This is determined by the state or detailed in a contract.

Claims filing guidelines are determined by state and federal entities.

Parts of a claim Continued

Main components of a claim:

- Member name, date of birth, insurance ID#
- Provider name, NPI, Tax ID, etc.
- **CPT codes or procedure codes:** These are used when filing medical claims. They represent the procedure being performed.
- **Diagnosis codes:** These are used to describe why a service was performed.
- **ICD 10:** This is the system of codes used to classify all diagnoses, symptoms and procedures for claims processing purposes.

Tools to find diagnosis codes:

[ICD-10 Look Up - Find ICD-10 Diagnosis Codes \(icdlist.com\)](http://icdlist.com)

[ICD-10 Codes Lookup, ICD-10-CM Codes Search - Codify by AAPC](#)

To schedule 1-on-1 training please email NCProviderRelations@wellcare.com

Payment

WellCare processes claims as they are received. The state-required turnaround time for payment is 30 days from receipt.

Normally, **clean** claims received electronically, like through our Provider Web Portal, are processed and paid in under seven business days.*

Payspan

WellCare urges doulas and all providers to sign up for Payspan, our payment and remit vendor.

- Through Payspan, doulas can opt to receive ACH/direct deposits to ensure timely payments.
- Payspan also contains all the remits or EOPs (explanation of payments) for all claims received.

*On average, with no manual intervention needed

Top 5 Reasons to Contact your Provider Engagement Administrators

- 1 To schedule an in-service training for new staff
- 2 To conduct ongoing education for existing staff
- 3 To report any issues with the secure provider portal
- 4 Claims questions
- 5 To learn how to use electronic solutions on web authorizations, claims submissions and check eligibility

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Appendix



Doula Codes & Tips

What is covered?

Educational classes and support as well as the presence during labor and delivery by a certified doula who is registered with NC Medicaid.

How to get started

All services require prior authorization, which is obtained from care management: **1-833-298-4301**. One authorization is created for all services.*

*Additional prior authorization is needed to exceed benefit limit of one (1) on all services except for code 99499.

*All services must be in-person and not telephonic or virtual.

Prenatal Services

Prenatal services covered

CPT Code	Modifier	Service Description	Benefit Limitation/ Quantity	Rate/ Price	POS
S9442		Birth classes, non-physician provider, per session	1	\$50	12
S9443		Lactation classes, non-physician provider, per session	1	\$50	12
S9444		Parenting classes, non-physician provider, per session	1	\$50	12
S9445		Prenatal education (patient education non classifies, non-physician)	1	\$50	12
S9446		Group sessions, Prenatal patient education, not otherwise classified, non-physician provider, per session	1	\$50	12

Delivery Services

Delivery services covered (Not performed by the doula, but doula was present, CHOOSE ONLY 1)

CPT Code	Modifier	Service Description	Benefit Limitation/ Quantity	Rate/ Price	POS
59400	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/ or forceps) and postpartum care	1	\$500	12, 21 or 25
59409	XU	Doula support vaginal delivery only	1	\$350	12, 21 or 25
59510	XU	Standard doula benefit with support at cesarean delivery. Global code, routine obstetric care including antepartum care, cesarean delivery, and postpartum	1	\$500	21
59514	XU	Doula support cesarean delivery only	1	\$350	21
59610	XU	Standard doula benefit with support at VBAC delivery. routine obstetric care including antepartum care, vaginal delivery (with or with episiotomy, and/ or forceps) and postpartum care, after previous cesarean delivery	1	\$500	12, 21, or 25
59612	XU	Doula support for VBAC delivery only, with or without episiotomy and/ or forceps	1	\$350	21
59618	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/ or forceps) and postpartum care, after previous cesarean delivery	1	\$500	12, 21, or 25
59620	XU	Doula support for cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	1	\$350	21

Post-Delivery Services

Post-delivery care charges

CPT Code	Modifier	Service Description	Benefit Limitation/ Quantity	Rate/ Price	POS
99501		Home visit for postnatal assessment and follow-up care	1	\$198	12
99502		Home visit for newborn care and assessment	1	\$132.66	12
99499		UNLISTED EVALUATION AND MANAGEMENT SERVICE, unlimited		\$34.81	12
S9445	TS	Postpartum education (patient education non classifies, non-physician)	1	\$50	12
S9446	TS	Group sessions, Postpartum patient education, not otherwise classified, non-physician provider, per session	1	\$50	12

Place of Services

POS= place of service, where services are rendered
12= residence 11= office 21= inpatient hospital 25= birthing center
Additional prior authorization is needed to exceed benefit limit of 1
Definition: CPT codes are use when filing medical claims. They represent the procedure being performed.