

REQUEST FOR PAYMENT AUTHORIZATION FOR ADDITIONAL DOULA SERVICES

Name of patient <i>(as it appears on the claim)</i>	Name of doula
Patient's 12-digit Medicaid number	Doula's National Provider Identifier (NPI)

The following checklists and questions pertain to the patient's current pregnancy.

Answer or mark all that apply.

A history of adverse conditions that existed before pregnancy, that developed or were exacerbated during the perinatal period, or both that are reported by mom.

Maternal behavioral health

- Depression
 Bipolar disorder
 Post-traumatic stress disorder (PTSD)
 Anxiety
 Substance use disorder (SUD)
 Intellectual developmental delay (IDD)
 Other

Health conditions of the newborn/infant, including but not limited to the following:

- Admission to Neonatal Intensive Care Unit (NICU)
 Feeding difficulties (breastfeeding support, especially during nonroutine hours)
 Congenital anomalies or disorders
 Neonatal abstinence syndrome / Neonatal Opiate withdrawal syndrome (NOWS)
 Other _____

Social risk factors

- Housing insecurity
 Experience of bias and discrimination in healthcare settings
 Food insecurity
 Low health literacy
 English as a second language
 Other

Maternal physical health

- Diabetes type 1
 Diabetes type 2
 Deep vein thrombosis
 Stroke
 Cardiomyopathy
 Eclampsia
 Chronic hypertension
 Intensive Care Unit (ICU) admission
 Other

Describe the need for additional doula services:

Any needed additional support for health system advocacy:

Any need for continued physical, emotional, and/or informational support:

Rule 5160-8-43 of the Ohio Administrative Code provides that during a coverage period, payment may be made without prior authorization (PA) for the following doula services:

- One comprehensive support service, regardless of duration, provided during labor and delivery
- Antepartum and postpartum support services, including consultation and telehealth visits, provided in 15-minute units up to a maximum of 48 units

Payment for additional antepartum and postpartum support services may be made with PA.

I am requesting authorization for payment for these additional services:

Antepartum support service, _____ units

Postpartum support service, _____ units

Signature of doula	Date of signature
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