



Molina Healthcare of California

Doula Provider Toolkit

March 2026

On January 1, 2023, the California Department of Health Care Services (DHCS) introduced doula services as a covered benefit under the state's Medicaid program. On January 1, 2025, Molina Healthcare of California (MHC) expanded this coverage to include Marketplace members as part of its Maternal and Infant Health Equity Program. MHC collaborates with doula providers to offer emotional and physical support to Medi-Cal and Marketplace members during the prenatal, perinatal, and postpartum stages.

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Utilization Management

Prior Authorization

1. How do I submit for a new authorization once an initial authorization has expired?

The DHCS allows for a total of nine visits including one initial visit and eight follow-up visits, plus labor and delivery. The nine visits may be used throughout the perinatal period, as determined by the birthing person and doula. These first nine visits, plus the labor and delivery, are part of a standing order from DHCS and do not require a written recommendation from a licensed provider. More than nine visits may be provided with a renewed recommendation from a licensed provider. You must include the renewed recommendation from a licensed provider in the authorization request.

Authorization requests can be submitted utilizing the [Availity Essentials portal](#).

Provider Contracts

Letter of Agreement (LOA)

1. Do I need to obtain a LOA?

When a member requests a doula in a service area where Molina has not completed contracting with a doula provider, Molina will allow the non-contracted doula to request a LOA. The LOA enables members to promptly access doula services while MHC establishes a long-term contract with the doula.

When a provider requests a Prior Authorization or Continuity of Care (CoC), the Utilization Management (UM) team will determine whether a LOA is necessary and initiate the request with the Molina Contracting team. The Contracting team will reach out to confirm rates and execute the agreement.

2. Are LOAs executed for each member?

A one-time LOA with MHC is needed per member. This LOA will cover the individual member receiving services under the associated authorization. The Molina contracting team will continue with the contracting process and this process was put in place to allow members access to doula services quickly.

3. How do I receive payment if I am working under a Letter of Agreement (LOA)?

Providers may contact their [Provider Relations Representative \(PRR\)](#), and all questions and concerns will be triaged to the Claims and Contracting team.

Full Contract

1. How do I obtain a Full Contract?

Providers may contact the MHC Contracting Department to discuss the necessary steps and documents to establish an Agreement. Please refer to the [MHC Doula Contact List](#) for contact information.

Case Management

1. What is Molina's CA Healthy Beginnings Case Management Program?

Molina offers the CA Healthy Beginnings Case Management Program for all pregnant mothers interested in a healthy pregnancy, delivery, and beyond. The case managers provide education, care coordination, referrals to various resources and support including maternal mental health services, community supports (housing assistance, transportation, transitional meals, etc.,) and community resources (WIC, Cal Fresh, etc.).

We provide a High-risk Maternity Case Management Program for pregnant mothers with complex conditions including, but not limited to diabetes, hypertension, asthma, and/or history or current multiple gestation, pre-term labor, eclampsia, mental illness, or substance use. Pregnant individuals with advanced maternal age (35 y/o or older) or teen pregnancy (<17 y/o or younger) are also high-risk. High-risk pregnant members are assigned a Registered Nurse Case Manager and supports the pregnant mother up to 120 days post-delivery.

We also provide a Maternity and Well-Child Case Management Program for healthy pregnant mothers and their newborns up to 2 years of age. Our case managers (nurses and social workers) help ensure both mom and baby are well supported. Education and care coordination are provided, with an emphasis on well-child visits for the baby's first 15 months. For newborns with special needs (e.g., NICU), we help coordinate services and refer them to our specialty Pediatric Case Management Program.

2. What does a Transition of Care Coach assist with?

When a Molina member has been discharged from the hospital, a Transitions of Care Coach may reach out to the member to assist the member through their transition from the hospital back to their home. They will assist with:

- Following discharge instructions from the hospital such as medication orders and any equipment or referral needs.
- Education on signs and symptoms and when to report worsening conditions.
- Assist and ensure timely follow-up appointments after hospitalization.
- Referrals to resources to help reduce barriers related to Social Determinants of Health (e.g., transitional meals, transportation, Enhanced Care Management, Community Supports).
- Assessing and referring to complex case management for ongoing needs.

3. Where should pregnant Molina members be referred to?

If a pregnant Molina member is identified as needing any services mentioned here, please refer to:

- Email: MHCCaseManagement@MolinaHealthcare.com
- Phone: (833) 234-1258

The Case Management Department will then contact the member. Case Management will screen the member for any member needs and determine whether they could benefit from participating in case management.

Pregnant member outreach, screening, education, and care management are initiated by provider notification to Molina, member self-referral, and internal Molina notification processes. Providers can notify Molina of pregnancy/high-risk pregnant members via faxed Pregnancy Notification Report Forms. The form is available on the Molina website [Frequently Used Forms](#).

Enhanced Care Management (ECM) (Medi-Cal Only)

1. What is Enhanced Care Management?

ECM is a CalAIM program that provides a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal beneficiaries. It addresses the clinical and non-clinical needs of members with the most complex medical and social needs through systematic coordination of services and comprehensive care management. ECM is community-based, interdisciplinary, high touch, and person-centered. DHCS' vision for ECM is to coordinate all care for members who receive it, including across the physical and behavioral health delivery systems.

2. What services does ECM offer?

ECM is intended for members with the highest need, providing intensive coordination of health and health-related services. The seven core services provided by ECM are:

- Outreach and engagement
- Comprehensive transitional care
- Comprehensive assessment and care plan
- Enhanced coordination of care
- Health promotion
- Individual and family/social supports
- Coordination and referral to community and social support services

ECM is a CalAIM program designed to provide whole-person care for high-need Medi-Cal beneficiaries by addressing both clinical and non-clinical needs. It focuses on members with complex medical and social needs through coordinated, community-based, and person-centered care. DHCS envisions ECM as a way to ensure all aspects of a member's care are coordinated, including physical and behavioral health services.

3. How do I refer a Member to ECM services?

How to refer a member to ECM services:

1. Referral forms for ECM are available on our public website, located in the provider section, under [Frequently Used Forms](#).
2. Submit the referral form to: MHC_ECMReferrals@MolinaHealthcare.com

4. How can I learn more about ECM and Community Supports?

Please review the links below to learn more:

- CalAIM Overview: [CalAIM](#)
- CalAIM ECM and CS: [Enhanced Care Management and Community Supports \(ILOS\)](#)
- CalAIM ECM Policy Guide: [CalAIM Enhanced Care Management \(ECM\) Policy Guide](#)
- CalAIM CS Policy Guide: [DHCS-Community-Supports-Policy-Guide.pdf \(ca.gov\)](#)
- Additional Resources: [Publications - California Health Care Foundation \(chcf.org\)](#)

Language Assistance

1. Does MHC provide language assistance?

Molina contracts with a telephone language line for immediate language interpretation needs. Video remote interpreters are also available. For in-person interpretation, Molina works with a vendor that needs at least 5 days of advance scheduling. All language assistance is at no cost to the member; Molina will cover any costs.

Interpretation Services		
Telephone Interpreters	Video Remote Interpreters	In-Person Interpreters
<ul style="list-style-type: none">• Available on demand, 24/7.• Telephonic interpretation is best for most routine appointments.• Call the Contact Center to be immediately connected to an interpreter. No appointment needed!• Over 125 languages• Providers can access interpreter services via Molina Member and Provider contact center.	<ul style="list-style-type: none">• VRI is best for more complicated appointments or when the member needs access to a sign language.• VRI is HIPAA compliant. It can be accessed from any standard smartphone, tablet, or laptop equipped with a webcam and requires no special software.• Appointments should be scheduled <u>at least 2 days in advance</u> whenever possible.• On-demand VRI is also available as a backup.	<ul style="list-style-type: none">• In-person interpretation is used for the most complex appointments, or when VRI is not possible.• Appointments should be scheduled <u>at least 5 days in advance</u> whenever possible.• Telephonic interpretation and VRI are both available as backups in case the in-person interpretation is not approved, or the interpreter does not show.

2. How can I access Interpretation Services?

Please call Molina's Provider Contact Center at (855) 322-4075. For after-hours and weekends, please call Molina's Nurse Advice Line to connect to an interpreter (888) 275-8750.

Providers may use the California Relay Service to speak to members who are deaf, hard of hearing, or have speech difficulties. Dial 711 and give the Relay Operator (RO)/Communication Assistant (CA) the member's area code and telephone number.

3. What type of translation support does Molina offer?

Molina translates health education materials, care plans, and enrollment materials into the members' preferred language upon request. Please have the member contact Member Services at (888) 665-4621 to request translation of any documents.

Molina offers a variety of easy-to-read health education materials in English and Spanish on the [MHC Health Education Materials webpage](#).

4. How do I request documents in an alternative format?

Molina offers documents in large print, Braille, electronic files, and audio format. To request documents in an alternative format, please contact Member Services at (888) 665-4621.

5. How do I access cultural and linguistic training and resources?

Molina's Cultural Competency training videos and Provider Disability Education Series are available on the [MHC Cultural and Linguistic Resources webpage](#).

Molina also offers tailored training on cultural competency and sensitivity. For cultural and linguistic consultations, questions regarding cultural beliefs and practices that may affect patient care, or to request training, contact Molina at HealthEducation.MHC@MolinaHealthcare.com.

The [MHC Ask the Cultural and Linguistics Specialist webpage](#) is an interactive web-based question-and-answer forum to assist providers with delivering culturally appropriate care. All inquiries receive a response within 72 hours from Molina's Cultural Anthropologist.

Health Education

1. Where do I refer Members for smoking cessation?

Refer to KICK IT CA for quitting smoking, vaping, and smokeless tobacco. Counseling is available in multiple languages like (English, Spanish, Korean, Vietnamese, Cantonese, and Mandarin). Nicotine replacement Therapies (NRTs) are covered by Molina, and 10 days of patches are available through KICK IT for members over 18 years old.

Speak with a Quit Coach:

- English: (800) 300-8086
- Spanish: (800) 600-8191

Chat with a Quit Coach:

- kickitca.org/chat

2. Where can members access maternal mental health services?

If you feel that a member requires additional mental health screening, please refer them to our High-risk Maternity Case Management Program by emailing MHIHighRiskOBTeam@MolinaHealthcare.com or calling (833) 234-1258 to speak to someone in Case Management.

Claims

Claim Submissions

1. How do I submit a claim?

Providers should submit claims electronically. Claims can be sent to:

- Clearinghouse: SSI Claimsnet, LLC (SSI Group)
- Registration Form: products3.ssigroup.com/ProviderRegistration/register.
 - When submitting fee-for-service EDI claims, please utilize the payer ID: 38333.

2. Are paper claims acceptable?

If electronic claim submission is not possible, please submit paper claims to the following address:

Molina Healthcare of California
PO Box 22702
Long Beach, CA 90801

Paper claim submissions are not considered to be “accepted” until received at the appropriate Claims PO Box. Claims received outside of the designated PO Box will be returned for appropriate submission. Please ensure claim submissions are billed with the Molina Member ID.

3. What are the paper claim guidelines?

Paper claims must be submitted on original red-and-white CMS-1500 and CMS1450 (UB-04) Claim forms. Paper claims not submitted on the required forms will be rejected and returned. This includes black-and-white forms, copied forms, and any altering to include claims with handwriting. Claims must be typed with either 10-point or 12-point Times New Roman font, using black ink.

4. Can I have a claim submission example?

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 0012

PATIENT AND INSURED INFORMATION

1. **INSURANCE TYPE:** Medicare, Medicaid, Tricare, CHAMPVA, GROUP HEALTH PLAN, FECA, BLK LUNG, OTHER. **Not required. Do not complete.**

2. **PATIENT'S NAME (Last Name, First Name, Middle Initial):** Use Patient Name as present on BIC

3. **PATIENT'S BIRTH DATE (MM DD YY):** Must match Molina's records

4. **INSURED'S NAME (Last Name, First Name, Middle Initial):** Use Name as present on BIC

5. **PATIENT'S ADDRESS (No. Street):** Use up to date patient's address

6. **PATIENT'S RELATIONSHIP TO INSURED:** Self, Spouse, Child, Other

7. **INSURED'S ADDRESS (No. Street):** Use up to date address

8. **CITY:** Use up to date patient's address

9. **STATE:** Not required. Do not complete.

10. **CITY:** Use up to date address

11. **ZIP CODE:** Use up to date address

12. **TELEPHONE (Include Area Code):** Not required

13. **OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):** Not required. Do not complete.

14. **OTHER INSURED'S POLICY OR GROUP NUMBER:** Not required. Do not complete.

15. **RESERVED FOR NUCC USE:** Not required. Do not complete.

16. **RESERVED FOR NUCC USE:** Not required. Do not complete.

17. **RESERVED FOR NUCC USE:** Not required. Do not complete.

18. **PLAN NAME OR PROGRAM NAME:** Not required. Do not complete.

19. **DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY):** Not required. Do not complete.

20. **OTHER DATE (MM DD YY):** Not required. Do not complete.

21. **NAME OF REFERRING PROVIDER OR OTHER SOURCE:** Not required. Do not complete.

22. **ADDITIONAL CLAIM INFORMATION (Designated by NUCC):** Not required. Do not complete.

23. **DIAGNOSIS OR NATURE OF ILLNESS OR INJURY:** Required ICD-10 code as primary diagnosis based off billing guidance.

24. **DATE(S) OF SERVICE (From MM DD YY To MM DD YY):** From and To dates required. All codes are only one day.

25. **PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances):** Required. Must complete using payment rate amount or higher.

26. **DIAGNOSIS POINTER:** Required. Must complete using payment rate amount or higher.

27. **CHARGES (Type, Unit, Rate, Total):** Required. Must complete using payment rate amount or higher.

28. **RENDERING PROVIDER ID #:** Required. Do not complete. Refer to the individual rendering provider list on the group plan.

29. **REASON FOR I.D. NUMBER:** Not required.

30. **PATIENT'S ACCOUNT NO.:** Not required.

31. **SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials):** Required. Wherever the service was done enter the physical address here.

32. **SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials):** Required. Wherever the service was done enter the physical address here.

33. **SERVICE FACILITY LOCATION INFORMATION:** Not required.

34. **TOTAL CHARGE (Sum of lines 1-6):** Leave blank

35. **AMOUNT PAID (By Member for NUCC use):** Not required.

36. **SELLING PROVIDER SPT & PFI #:** Required. Must match the address on the W-9 on record with Molina. Phone number is not required.

5. How can I monitor the status of my claims?

Once claims are processed into MHC's system, providers may view them online through the [Availity Provider Portal](#). To learn more about Availity or receive assistance, please contact your [PRR](#). You may also confirm your claim via your clearinghouse.

6. What are the diagnostic billing codes for Doula services for Medi-Cal Members?

Medi-Cal claims for doula services require a diagnosis code. Depending on the service performed, doulas must use one of the following ICD-10 codes as the primary diagnostic code:

- Z32.2 - Encounter for childbirth instruction
- Z32.3 - Encounter for childcare instruction
- Z33.1- Pregnant state, incidental
- Z39.0 - Encounter for care and examination of mother immediately after delivery
- Z39.1- Encounter for care and examination of lactating mother
- Z39.2 - Encounter for routine postpartum follow-up

7. What are the procedure billing codes for Doula services for Medi-Cal Members?

Medi-Cal claims for doula services require procedure codes and a modifier. Depending on the service performed, doulas must use one of the following HCPCS or CPT codes:

Prenatal and Postpartum Visits

- HCPCS Z1032 – Extended initial visit 90 minutes
- HCPCS Z1034 – Prenatal visit
- HCPCS Z1038 – Postpartum visit
- HCPCS T1032 – Extended postpartum doula support, per 15 minutes

Labor and Delivery Support

- CPT® 59409 – Doula support during vaginal delivery only
- CPT® 59612 – Doula support during vaginal delivery after previous cesarean section
- CPT® 59620 – Doula support during cesarean section

Labor and Delivery Support

- CPT® 59409 – Doula support during vaginal delivery only
- CPT® 59612 – Doula support during vaginal delivery after previous cesarean section
- CPT® 59620 – Doula support during cesarean section

Required Modifier

- XP – Separate Practitioner: a service that is distinct because it was performed by a different practitioner

Additional details about usage limitations of the billing codes can be found in the [Department of Health Care Services Provider Manual](#).

8. What are the diagnostic billing codes for Doula services for Marketplace Members?

Marketplace claims for doula services require a diagnosis code. Depending on the service performed, doulas must use one of the following ICD-10 codes as a diagnostic code:

- Z32.2 - Encounter for childbirth instruction
- Z32.3 - Encounter for childcare instruction
- Z33.1- Pregnant state, incidental
- Z39.0 - Encounter for care and examination of mother immediately after delivery
- Z39.1- Encounter for care and examination of lactating mother
- Z39.2 - Encounter for routine postpartum follow-up

9. What are the procedure billing codes for Doula services for Marketplace Members?

Marketplace claims for doula services require procedure codes and a modifier. Depending on the service performed, doulas must use one of the following CPT codes:

Prenatal and Postpartum Visits Initial and Established Patient

- HCPCS T1032 – An office or other outpatient visit for the evaluation and management of a new or established patient, 1 unit = 15 minutes, 62-unit limit before documented provider recommendation

Labor & Delivery and Abortion or Miscarriage Support

- HCPCS T1033 – Doula support during or after delivery, miscarriage, or abortion, per diem, limit 1 per pregnancy

Required Modifier

- HD – Pregnant or parenting women’s program

10. How do I set up electronic billing?

Providers can work with their designated PRR for assistance with electronic billing setup.

11. Does Molina pay for EDI clearinghouses?

Change Healthcare is an outside vendor used by Molina Healthcare of California. When submitting fee-for-service EDI Claims (via a clearinghouse) or to Molina Healthcare of California, please utilize the following payer ID: 38333. EDI or electronic claims are processed faster than paper claims.

Providers can use any clearinghouse of their choosing. Note that fees may apply. Details on Molina’s clearinghouse are below:

- **EDI Clearinghouse:** SSI Claimsnet, LLC (SSI Group)
- **Registration Form:** products3.ssigroup.com/ProviderRegistration/register.
- **Payer ID:** 38333

12. How do I contact the MHC Claims department?

Providers may contact their [PRR](#). The PRR will triage all questions and concerns to the Claims team.

Non-Par/LOA Provider Claim Submissions

1. What are the claims submission options for non-participating providers?

Non-PAR/LOA providers can submit claims using the below options:

- Submit paper claims directly to Molina Healthcare of California at the following address:
PO Box 22702 Long Beach, CA 90801
- Clearinghouse: SSI Claimsnet, LLC (SSI Group)
- Registration Form: products3.ssigroup.com/ProviderRegistration/register.

When submitting fee-for-service EDI claims, please utilize the payer ID: 38333

Provider Disputes

1. Who can submit an appeal?

A provider of medical services may submit to Molina an appeal concerning the modification or denial of a requested service or the payment processing or non-payment of a claim. Molina will comply with the requirements specified in Section 56262, of Title 22 of the CCR, and Title 28, CCR, Section 1300.71.38.

2. What is a provider dispute?

A Provider Dispute is defined as a written notice prepared by a provider that:

- Challenges, appeals, or requests for reconsideration of a claim that has been denied, adjusted, or contested
- Challenges MHC's request for reimbursement for an overpayment of a claim that has been denied, adjusted, or contested
- Seeks resolution of a billing determination or other contractual dispute

3. What is the timeline for MHC to process the dispute?

All provider disputes require the submission of a [Provider Dispute Resolution Request Form](#) or a Letter of Explanation, which serves as a written first-level appeal by the provider. For paper submission, MHC will acknowledge the receipt of the dispute within fifteen (15) working days and within two (2) working days for electronic submissions. If additional information is needed from the provider, MHC has forty-five (45) working days to request necessary additional information. Once notified in writing, the provider has thirty (30) working days to submit additional information or the claim dispute will be closed by MHC.

4. How long do I have to submit a dispute to MHC?

Providers may dispute by submitting and completing a Provider Dispute Resolution Request Form within three hundred sixty-five (365) days from the last date of action on the issue. A written dispute form must include the provider's name, identification number, contact information, date of service, claim number, explanation for the dispute, and all required documentation or proof to support the dispute.

Disputes with incomplete information and missing required documentation will not be processed. Molina will provide a written response to the provider within 45 working days from the date of the dispute and allows two levels of dispute.

5. How do I submit a provider dispute?

Method 1: Molina Provider Portal (most preferred method)

- Log onto Molina's Provider Portal at: availability.com/molinahealthcare/
- Search and identify adjudicated claims and submit a dispute/appeal

- Complete the required information on the portal and upload the required documents or proof to support the dispute

Method 2: Fax

- Fax to (562) 499-0633

Method 3: Mail

- Send to:
Molina Healthcare of California
Attn: Provider Dispute Resolution Unit
P.O. Box 22722
Long Beach, CA 90801

Frequently Asked Questions

1. How do I become a doula?

Please review the [MHC Doula Provider Training](#) to learn more about doula requirements, training, and enrollment. Review the [Doula Credentialing Requirements Checklist](#) to ensure all steps have been taken to initiate credentialing process.

2. What steps do I need to follow as a doula?

Please follow the [MHC Doula Step-by-Step Process](#) for a high-level overview of doula responsibilities. This page also contains additional DHCS documentation and billing resources.

3. Where can Members find a list of doulas on the Molina website?

Members can find a list of contracted Doula Service Providers on Molina's [Provider Online Directory](#).

Doula Service Providers can inform us to update their information on the website by emailing us at MHCDoulaSupport@MolinaHealthcare.com.

4. Who should Members contact with any questions?

Molina Member Services is available 24/7 for questions at (888) 665-4621.

5. Who should Providers contact with questions?

Please review the [MHC Doula Contact List](#) for Care Management, Contracting, Utilization Management, and Provider Relations contact information. If additional support is needed in other areas, PRRs will assist with issues and relay concerns to the appropriate MHC department.