BlueCross BlueShield of Illinois

A Boeing Total Rewards Partner

Doula Benefits

Frequently Asked Questions and Answers

Boeing covers eligible doula services and expenses with reimbursement up to **$1,500 per covered pregnancy**.

What is a doula?

A doula is a trained professional who provides expert guidance for the service of others and who supports another person (the doula's client) through a significant health-related experience, such as childbirth, miscarriage or stillbirth. The doula's goal and role is to help the client feel safe and comfortable, complementing the role of the health care professionals who provide the client's medical care. Doulas have expertise with relaxation, pain management techniques and offer emotional health support to the parent(s). In addition, many doulas also offer post-partum help, including lactation support.

Who is eligible for this benefit?

Covered pregnant members include nonunion employees, SPEEA/SPIU employees and certain union-represented employees whose health care benefits are contractually aligned to nonunion benefits (and their covered spouse or domestic partner and age 18+ adult dependent children) who are covered by a Boeing-sponsored health care plan administered by Blue Cross and Blue Shield of Illinois.

Is there a specific doula claim form that members should submit?

Yes. Use the doula claim form, which is available at **www.bcbsil.com/boeing/resources/forms**. Members have 12 months from the date of service to submit the claim. Please note that the claim should be submitted once the services are completed and all services must be itemized.

Are there any requirements to claim reimbursement for doula coverage?

Yes. Doulas must be certified by the National Black Doulas Association®, DONA International or another certifying doula agency. If doula services are rendered by a doula without doula credentials, the services are not eligible for reimbursement under the medical plan. The member should pay the doula for services before submitting the claim to BCBSIL.

How will services be paid?

Doulas typically bill a block of time. The services need to be itemized on the claim form. Doula services must be incurred prior to the claim payment.

Are doula claims subject to a maximum reimbursement amount?

Yes. Boeing will reimburse for the billed amount up to a maximum of $1,500 per covered pregnancy.

Is there standard coding for doulas?

Yes. On October 1, 2022, the Centers for Medicare & Medicaid Services released coding specific to doulas. The CPT codes are:

- **T1032** – Services performed by a doula birth worker, per 15 minutes (pre- and post-labor)
- **T1033** – Services performed by a doula birth worker, per diem (delivery)

Regarding the standard coding, does this mean all claims for doulas must have these CPT codes?

Doulas may have varying credentials, so it's possible that multiple CPT codes could be included in a claim. If a member is submitting a claim with CPT codes that are not listed above, contact Member Services at **888-802-8776**. Hours are 5 a.m. to 5 p.m. PT, 7 a.m. to 7 p.m. CT and 8 a.m. to 8 p.m. ET.

If a doula claim is received and the doula did not use T1032 or T1033 codes, should the codes be changed on the claim?

No. Contact Member Services at **800-802-8776** to check that the codes are for covered services. Hours are 5 a.m. to 5 p.m. PT, 7 a.m. to 7 p.m. CT and 8 a.m. to 8 p.m. ET.

How are benefits applied?

- **Non-Advantage+ health plans** – paid at 100% with no deductible or coinsurance, up to a maximum of $1,500 per covered pregnancy.
- **Advantage+ health plans** – paid at 100% after deductible is met, up to a maximum of $1,500 per covered pregnancy. IRS guidelines for qualifying high deductible health plans require that the deductible be met before benefits are paid.

Will a letter of medical necessity be required from my provider for doula services?

A letter of medical necessity may be required from your provider describing the need for doula services if the patient's pregnancy cannot be confirmed through claims for the covered member's pregnancy submitted to your medical plan. For questions, please contact Member Services at **888-802-8776**. Hours are 5 a.m. to 5 p.m. PT, 7 a.m. to 7 p.m. CT and 8 a.m. to 8 p.m. ET.

What happens if we do not have the first date of pregnancy when the claim is submitted?

If the claim is submitted without the first date of pregnancy, it will be denied. When the additional information is available, the claim will be reprocessed.

Can the first date of pregnancy information be provided by phone?

Yes. The claim will be adjusted once the first date of pregnancy information is received.

Is it possible to receive a doula claim electronically?

Yes. It is possible for a doula to bill electronically, but it is expected that most will be member-submitted claims.

Will doula claims be covered at the in-network benefit level or out of network?

All doula claims are allowed at the in-network benefit level.

How long will it take for a member to receive reimbursement?

Members should expect reimbursement within 30 days.

If a member is using a doula, does this limit any other coverage on the plan for maternity benefits?

No. The doula benefit is in addition to the standard coverage for maternity benefits.