



Kaiser Permanente Doula Webinar Training Claims & Billing

October 3, 2025

12 to 1 p.m. Pacific time

Welcome | Webinar Housekeeping

1

Audio & Video Disabled

Participant audio and video are disabled to avoid any disruptions during the presentation.

2

Webinar Recording

This session is being recorded for training purposes.

3

Resources

The presentation and materials will be sent to all participants within a week after the webinar and will also be available on the Community Provider Portal on KP.org [Southern California](#) and [Northern California](#)

4

Feedback

Your feedback is important to us. Within a week after the webinar, you'll also receive a brief survey via email. The survey will remain open for two weeks, so please take a moment to share your thoughts during that time. Your input will help us enhance future offerings.

5

Questions

For any additional questions contact KP at medi-caldoulaliaison@kp.org

Agenda

1. Welcome & Introduction to Kaiser Permanente	12:05 p.m.
2. Member Eligibility & Covered Services Overview	12:05-12:15 p.m.
3. Claim Submission & Billing Guidelines	12:15 – 12:30 p.m.
Provider Enrollment & Prerequisites	
Submitting Claims to KP	
Clean Claim Checklist	
Coding & Modifiers	
4. Claim Status, Determinations & Payment	12:30-12:40 p.m.
5. Updates & Provider Resources	12:40-12:50 p.m.
6. Closing	12:50 p.m.

Member Eligibility & Covered Services Overview

Member Eligibility

Verifying Member Eligibility

Doula providers should contact KP to confirm the member's eligibility by verifying the member's enrollment for the month of service using one of the following methods. Failure to verify eligibility may result in claim denials.



By phone

Member Services Contact
Center (MSCC)

(888) 576-6789

Live representative available 24/7
(excluding major holidays)



Online

Guest Access Portal

Click link to access :

[Eligibility Guest Access Portal](#)

(basic search & results)



Online for Contracted Providers

KP Online Affiliate Provider Portal

Available secure single sign on

[Register](#) or [sign-on](#) for access

Member Eligibility and Covered Services

Member Eligibility:

- A member must be enrolled in KP's Commercial or Medi-Cal Health Plan on the date of service to be eligible for doula services.
- Doula services **do not** require a referral or pre-authorization.
- Applicable plans cover the services of a doula for a pregnancy (including pregnancies that end in miscarriage, abortion or still birth) as well as postpartum support within 12 months of pregnancy.



Covered Doula services include the following (applicable to Medi-Cal and Commercial beneficiaries):

- 1 initial visit (≥ 90 min)
- Up to 8 additional visits, which can be provided in any combination of prenatal and postpartum visits
- Support during labor and delivery (including for pregnancies that end in miscarriage, abortion or still birth)
- Up to 2 extended postpartum visits, each lasting up to 3 hours (billed in 15-min increments). These visits do not require the member to meet additional criteria or receive a separate recommendation.

Additional Criteria:

- All visits are limited to one per day, per member.
- Only one doula may bill for a visit to the same member on the same day.
 - **Exception:** On the day of labor and delivery, stillbirth, abortion, or miscarriage, a member may also receive one prenatal or postpartum visit, billed in addition to delivery support. This additional visit may be billed by the same doula or by a different doula.

Covered Services

Medi-Cal Beneficiaries:

- Up to 9 additional postpartum visits is available with additional recommendation from a physician or other licensed practitioner of the healing arts acting.
- This recommendation can be noted in the member's medical record by the recommending licensed provider, or a member can ask a licensed provider to complete the DHCS Medi-Cal [Doula Services Recommendation form](#) and give the form to the doula.

The following doula services are excluded from coverage:

- Clinical or medical services (such as taking blood pressure or temperature, fetal heart tone checks, vaginal examinations, or postpartum clinical care)
- Assistance with activities of daily living
- Alternative or complementary modalities (such as aromatherapy, childbirth education, massage therapy, or placenta encapsulation)
- Yoga
- Birthing ceremonies (e.g., sealing or closing the bones)
- Over-the-counter supplies or drugs
- Home birth
- Belly binding (traditional or ceremonial)
- Massage (maternal or infant)
- Photography
- Vaginal steams
- Group classes on baby wearing
- Shopping

Claims Submission & Billing Guidelines

Provider Enrollment Requirement & Prerequisites

All Lines of Business (Commercial & Medi-Cal):

Doulas must have a National Provider Identifier (NPI) and Tax Identification Number (TIN) for KP to process payment for doula services.

Medi-Cal (additional requirement): Doulas are required to enroll as Medi-Cal providers, consistent with APL 22-013 “Provider Credentialing/Re-Credentialing and Screening/Enrollment”

Reminder: Always verify member’s active KP coverage for the date of service before rendering services and billing

Contracting with KP

Step 1

To contract with KP for Commercial and/or Medi-Cal lines of business, providers must enroll with the Department of HealthCare Services (DHCS) via [PAVE](#).

Step 2

Send an email of interest to KP:

KP Northern California
Medi-cal-state-program@kp.org or


KP Southern California
Kp-scal-professional-contracting@kp.org

Step 3

Attend an onboarding session (offered monthly) or review the KP Welcome Packet.


Claim Submission

Methods for submitting claims electronically or by paper:

 **Online via Electronic Data Exchange (EDI)**

Visit: [Electronic Data Interchange](#) for set up & instructions
EDI Support: [EDI Support Home Page](#)

Clearinghouse	NCAL Payer ID	SCAL Payer ID
Office Ally	94135	94134
Relay Health	94135/RH009/KS003	94134/KS001
SSI	NKAISERCA	SKAISERCA

 **Paper Claim Submission**

Mail completed original CMS 1500 paper claim form (red form) to Kaiser Permanente, depending on region, to:

Northern California Region:
KFHP National Claims Administration
P.O. Box 8002
Pleasanton, CA 94588

Southern California Region
KFHP Claims Department
P.O. Box 7004
Downey, California 90242

Paper Claims (CMS-1500 form)

Doula providers submitting paper claims must use the original CMS-1500 form; photocopies are not accepted. While paper claims are allowed, please note this is the least efficient submission method. Instructions for completing the CMS-1500 can be found by visiting [The National Uniform Claims Committee](https://www.nuucc.org/).

Reference Version 13.0 7/25 1500 Instruction Manual

- **Item 2** (Patient's Name) → Enter the patient's name (the person receiving services).
- **Item 4** (Insured's Name) → Enter the policy holder's name
- **Item 6** (Patient Relationship to Insured) → For example mark "self" if the patient and policy holder are the same. Mark "spouse" if your patient is the spouse of the policy holder. Mark "child" if your patient is the child of the policy holder. Mark "other" if your patient is defined as other by the insureds plan.
- **Item 7** (Insured's Address & Phone) → Enter the policy holder's address and phone if different from the patient's.
- **Item 1a** (Insured's ID Number) → Use the policy holder's policy ID number from their insurance card.
- **Item 9** (Other Insured's Name) → Complete this section only if the patient has another policy (e.g., dual coverage).
- **Box 24B** (Place of Service) → Use POS 02 if Telehealth was provided outside of the patients home. Use POS 10 when the patient was in their home for the telehealth visit. Ensure Modifier pairs with POS.
- **Provider note** → Always make sure the insured's name and ID number match exactly as listed on the policy holder's insurance card.

Billing Guidelines

Doula Coding Options

- Applicable to both Medi-Cal and Commercial lines of business
- Providers must use the HCPCS codes listed in the Doula Billing Code Crosswalk below to report Doula services.
- The specified HCPCS and diagnosis code combinations define the service as a doula service.

Doula Service	Associated Diagnosis Codes	Associated Billing Codes
One initial visit, either prenatal or postpartum (at least 90 minutes)	Z32.2 (childbirth instruction) Z32.3 (childcare instruction) Z39.1 (care/examination of lactating mother) Z39.2 (routine postpartum follow-up)	Z1032 (can be used for prenatal or postpartum)
Up to eight one-hour (at least 60 minutes) visits that may be provided in any combination of prenatal and postpartum	Z32.2 (childbirth instruction) Z32.3 (childcare instruction) Z39.0 (care/examination of mother immediately after delivery) Z39.1 (care/examination of lactating mother) Z39.2 (routine postpartum follow-up)	Z1034 (prenatal) Z1038 (postpartum)
Support during labor and delivery (limited to once per pregnancy)	Z33.1 (pregnant state, incremental) Z39.0 (care/examination of mother immediately after delivery)	59409 (vaginal delivery) 59612 (vaginal delivery after cesarean delivery) 59620 (cesarean delivery) 59840 (abortion) T1033 (miscarriage)
Up to two additional postpartum visits may be available (at least 180 minutes)	Z39.0 (care/examination of mother immediately after delivery) Z39.1 (care/examination of lactating mother) Z39.2 (routine postpartum follow-up)	T1032

Billing Guidelines

Required Modifiers

- Doula services require modifier **XP** on every line, and on all claim submissions. This modifier is the only field that differentiates the services of a doula from that of a physician.
- If doula services are provided through telehealth, the modifiers (93) or (95) must also be included.

Modality	Definition	Required Modifiers
In-person	Face-to-face interaction with a member	XP
Audio-visual	Real-time interaction with a member through a secure audio-visual platform	XP, 95
Audio-only	Real-time interaction with a member through a secure telehealth line	XP, 93

Place of Service

- There are no place of service restrictions for doula services, but code suggestions include:

Place of service code	Place of service name
02	Telehealth
12	Home
21	Inpatient Hospital
25	Birthing Center
99	Other

Clean Claim Checklist

✓ Patient & Insured Information

- Name, DOB, ID matches insurance card
- Patient is pregnant/postpartum (*not spouse or newborn*)
- Correct insured's name/relationship
- Verification of eligibility (patient is or was eligible during date of service)
- Verification of benefits (services are covered, secondary insurance implications)



✓ Provider Information

- Billing/rendering provider NPI & TIN is correct
- Service facility & billing address is accurate

✓ Claim & Service Details

- Use the correct ICD-10 diagnosis and CPT/HCPC billing code that match the service rendered (*reference billing crosswalk*)
- Bill in correct code increments (*per visit, per 15 mins, etc.*)
- Always include required modifiers (*XP, with or without 95/93*)

✓ Submission

- Documentation is attached when required
- Timely filing period is met. 180 days from the date of service for non-contracted doulas. Contracted doulas should refer to their fully executed agreement
- Monitor clearinghouse acknowledgments and Remittance Advice (RA) for acceptance/denials
- If denied/underpaid, correct and resubmit a corrected claim or file a dispute as appropriate

Claim Status, Determinations & Payment

Claim Status & Determinations

Checking Claim Status through Online Affiliate

You can check status of your claim(s) via the MSCC line (888) 576-6789, KP [Claims Guest Access](#) portal, or through [Online Affiliate](#).

Claim Dispute Process

Disputes must be submitted within 365 calendar days from claim determination and include: KP Claim Number, Tax ID Number (TIN), Medical Record Number (MRN), Date of Service (DOS), Dispute Reason & Documentation.

Submit electronic dispute via: **KP Online Affiliate**

[See Online Affiliate Guide for additional information](#)

Submit written dispute by mail to:

Kaiser Foundation Health Plan, Inc. (Southern California)
Claims Administration Department
P.O. Box 7006 Downey, CA 90242-7006

Kaiser Foundation Health Plan, Inc. (Northern California)
Provider Dispute Services Unit
P.O. Box 8002 Pleasanton, CA 94588

[Provider Dispute Resolution Request \(form\)](#)

Acknowledgement & Resolution

KP will acknowledge electronic disputes within 2 business days and written disputes within 15 business days.

KP will make a determination within 45 business days of receipt and Doulas will be notified of resolution via resolution letter (or Explanation of Payment) with payment details.

Claim Status & Determinations

Common Claim Issues

- Recognizing and understanding why a claim was denied is key to resolving issues and preventing future denials.
- Here are some common reasons why claims are denied:

Claim Issue	Description	Note
Duplicate	Claims denied because a claim is on file as paid or denied with the same claims data (e.g., claims DOS, billed amount, etc.)	Top reason for duplicate denials include: <ul style="list-style-type: none">• Providers not submitting corrected claims.• Billing overlapping DOS (date of service)
Corrected Claims	Not indicating on a corrected claim that it is a corrected claim will result in the claim being kicked back as a duplicate and denied	Corrected claims must be submitted: <ul style="list-style-type: none">• With a frequency code 7 in box 22 of the CMS-1500 claim form• Including the original claim number (claim you are replacing)• Within your timely filing period or• Within 90 calendar days from date of the original payment
Timely Filing	Original claims must be submitted within a defined timeframe	For Contracted Providers Medi-Cal and Commercial: <ul style="list-style-type: none">• Doulas should refer to their fully executed agreement for their respective timely filing limit Non-Contracted Providers: <ul style="list-style-type: none">• 180 calendar days from the earliest date of service on the claim
Missing Modifier	Claim must include modifier XP on every line of the claim	This modifier is the only field that differentiates the services of a doula from that of a physician.
Not Receiving Information Timely	KP will, occasionally, request additional information required to process claims. If we do not receive claims within a certain timeframe we will deny as not receiving information timely.	If this denial happens, please upload the requested information (RFI) to the claim using our Online Affiliate Portal. Standard timeframes allotted for requested information to be received by KP. Commercial members – 48 calendar days Medi-Cal members – 10 working days

Payment

Receiving Payments

- KP will process clean claims within the regulatory timeframe.
- You will **receive payment** via:
 - Paper check to your remittance address on file with an EOP (Explanation of Payment) or
 - EFT/ERA (Electronic Funds Transfer/Electronic Remittance Advice) if you enroll

Understanding your EOP:

- Watch this brief video: [EOP and EOB Updates](#)
- KP uses industry standard reason codes on the EOP, click the links to learn more about these codes:
[Claim Adjustment Reason Codes | X12](#)
[Remittance Advice Remark Codes | X12](#)

Enrolling in EFT & ERA:

KP has partnered with Citi Payment Exchange to provide a portal for enrolling in EFT & ERA.

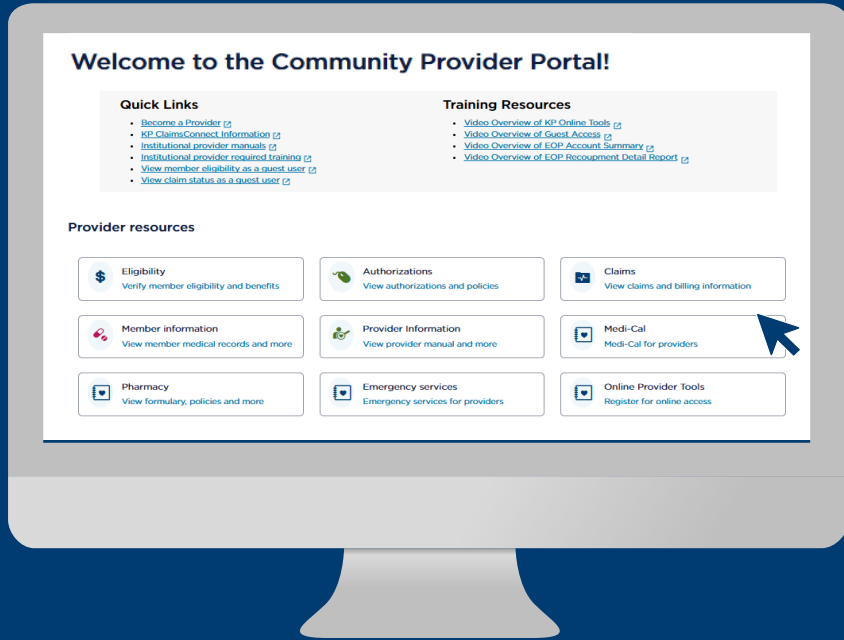
- Each Kaiser Permanente region requires a separate enrollment. Here's how you can create a new enrollment for EFT/ERA:
 - SCAL Region: [Click here to enter a secure portal](#). Activation code MN4WX2 is required at login.
 - NCAL Region: [Click here to enter a secure portal](#). Activation code 6WLKT7 is required at login.

Need assistance?

Contact Electronic Remittance Advice (ERA) & Electronic Funds Transfer [support by clicking here](#)

Updates & Provider Resources

Provider Updates & Resources



Stay Connected: Visit the KP Community Provider Portal for the latest updates, resources, and upcoming webinar sessions.

KP.org [Southern California](#) or [Northern California](#)

Contact us

Member Services Contact Center (MSCC):
(888) 576-6789

Medi-CalDoulaLiaison@kp.org

For general assistance or questions

CAMediCalContracting@kp.org

For general contracting questions

Thank you for your participation!

Medi-Cal provider portal



Thank you for participating as a contracted provider with Kaiser Permanente (KP). You may have received instruction to access this site to review additional information or requirements under your contract with KP. Please refer to each of the sections below for more information.

- ⊕ **Medi-Cal Local County Information**
- ⊕ **Medi-Cal Forms**
- ⊕ **Enhanced Care Management, Complex Care Management, Community Supports & Community Health**
- ⊕ **Proposition 56 Programs**
- ⊕ **Coordination of Benefits and Medi-Cal Cost Avoidance**
- ⊕ **Ownership & Control**
- ⊕ **DHCS All Plan Letters**
- ⊖ **Claims**
 View Kaiser Permanente Claims billing/payment policies pertaining to specific Medi-Cal benefits here.
 Click [here](#) for Claims Guidance for Enhanced Care Management/Community Supports
 Click [here](#) for Claims Guidance for Doula Services
- ⊕ **Targeted Rate Increase (TRI)**
- ⊕ **Skilled Nursing Facility Workforce & Quality Incentive Program**

Medi-Cal Training

- ⊕ **Medi-Cal Managed Care Training**
- ⊕ **Medi-Cal for Kids and Teens Provider Training**
- ⊕ **Diversity, Cultural Competency, and Cultural Sensitivity Training**
- ⊖ **Doula Webinar Training**
 Please click [here](#) for information of the Doula Webinar Training deck.
 Click [here](#) to learn more and register for the Doula Webinar Training on October 3, 2025.

Thank You for Your Participation!

Appendix

- DHCS State Plan Amendment (SPA) 22-0002: [SPA 22-0002 Public Notice](#)
- DHCS Doula Services All Plan Letter (APL) 23-024: [APL 23-024](#)
- DHCS Doula Services as a Medical Benefit: [Doula Services](#)
- DHCS Medi-Cal Doula Services Recommendation: [DHCS Recommendation Form](#)
- KP Member Doula Care Webpage: [Doula Services: Pregnancy, Birth & Postpartum | Kaiser Permanente](#)
- DHCS Provider Application and Validation for Enrollment (PAVE): [PAVE - Provider Application and Validation for Enrollment](#)
- KP Guest Access Portal to Verify Eligibility: [KP HealthConnect Affiliate Link](#)
- KP Online Affiliate Enrollment, Registration, Sign-On & Support: [Online Provider Tools | Community Provider Portal | Kaiser Permanente](#)
- KP Enrollment for EDI/EFT/ERA: [Getting started with EDI/EFT/ERA Kaiser Permanente claims](#)
- KP Claims Guest Access Portal: [KP Find a Claim](#)
- KP Claims Settlement Practices & Provider Dispute Resolution Mechanism : [KP Claims Settlement & PDR](#)
- Instructions for Completing the CMS-1500 form: [The National Uniform Claims Committee](#)

Helpful Resources:

Please use the URL's below for more information on specific claims-related topics:

- [Video Overview of KP Online Tools](#)
- [Video Overview of Guest Access](#)
- [Video Overview of EOP Account Summary](#)
- [Video Overview of EOP Recoupment Detail Report](#)