

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/ TERRITORY: **DELAWARE**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Reimbursement for Preventive Services: Doula Services

The Doula reimbursement timeframe can run from the date of confirmed conception through 180 days (six months) after delivery, contingent on the member maintaining Medicaid eligibility. Delaware Medicaid will reimburse members for up to three (3) prenatal service visits, up to three (3) postpartum service visits, and attendance at the birth event. Each perinatal service visit may be billed for and reimbursed separately. All visits are reimbursed in fifteen (15) minute increments. Each visit has a maximum unit capacity of four (4) units. Reimbursement for attendance during delivery is set at a flat rate determined by the State. Doulas services can be billed following each service. Following the completion of the third postpartum visit, there will be an incentive payment made to the Doula if the Doula has performed all three (3) prenatal visits, attended the birth event, and performed all three (3) postpartum visits for the same member. Multiple births (i.e., twins, triplets) are not eligible for additional reimbursement.

The applicable fee schedules with effective date of January 1, 2024 can be found on the state website at <http://www.dmap.state.de.us/downloads.html>.

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