



Aetna Better Health® of Illinois
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Aetna Better Health® of Illinois

Guidance for doula and lactation consultants

Doula services and lactation consultant services are covered under the Medicaid fee-for-service (FFS) program and the *HealthChoice* Illinois managed care organizations (MCOs).

Aetna Better Health® of Illinois is sharing information to support doula and lactation consultants with certification, enrollment and billing requirements as Medicaid providers in Department of Healthcare and Family Services (HFS) Medical Programs.

Please consult the [Provider Notices section](#) on the HFS website for most current information.

Requirements for certification and enrollment

To enroll as a Medicaid provider, doula and lactation consultants must have a National Provider Identifier (NPI). Learn more about [obtaining an NPI](#) on the CMS website.

Doula must obtain a certificate from the Illinois Medicaid-Certified Doula Program administered by the Southern Illinois University (SIU) School of Medicine prior to completing the Medicaid enrollment process with HFS. [Learn more here](#).

Lactation consultants — which includes all certified lactation consultants, certified lactation counselors and certified lactation specialist — must obtain a certificate from their certifying board prior to completing the Medicaid enrollment process.

- International Board-Certified Lactation Consultants (IBCLCs) must be certified by the International Board of Lactation Consultant Examiners.
- Certified Lactation Counselors (CLCs) must be certified by the Academy of Lactation Policy and Practice, Inc.
- Certified Lactation Specialists (CLSs) must be certified by the Lactation Education Consultants.

Services are reimbursable to certified doula and lactation consultants enrolled in the [Illinois Medicaid Program Advanced Cloud Technology](#) (IMPACT) provider enrollment system. Providers should review the IMPACT [Account Activation Instructions for New External IMPACT Users](#). In IMPACT, select an Enrollment Type of either:

- 1) Rendering/Service Provider – An individual provider who will be rendering services to Medicaid customers but will not be submitting claims directly to the State for reimbursement. Enrolling as a rendering provider requires that you associate with a Group Practice or Facility,

Agency, Organization (FAO) as a billing provider in the IMPACT system and would not allow you to bill for yourself.

2) Regular Individual Sole Proprietor – A provider who owns a practice. A Sole Proprietor may receive payments directly or associate to Billing Providers and/or Billing Agents. If you enroll as a Sole Proprietor, you can still also associate with a Group Practice or FAO as your Billing Provider(s) and they may bill on your behalf, but this is optional. You can use this enrollment option to work as part of an organization and/or bill for yourself.

Advanced practice registered nurses who are also a doula or an IBCLC, CLC or CLS can bill using Evaluation and Management codes and does not need to enroll under the new provider type.

Federally Qualified Health Centers, Rural Health Clinics and Encounter Rate Clinics are allowed to bill practitioner claims (instead of medical encounters). For the services listed below, the service must be billed under the enrolled, rendering provider’s NPI with payment directed to the clinic/center’s corporate NPI.

Doula billing

| Procedure code | Description |
|----------------|--|
| S9445 | Non-physician Prenatal Patient Education - billable in 15 min increments per unit |
| 59409 | Labor & Delivery Support - Vaginal Delivery Only |
| 59514 | Labor & Delivery Support - Cesarean Delivery |
| 59612 | Labor & Delivery Support - Vaginal Delivery, after previous cesarean delivery (VBAC) |
| 59620 | Labor & Delivery Support - Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery |
| S9444 | Postpartum Parenting Education, Advocacy and Connection to Appropriate Resources - billable in 15 min increments per unit |
| 59430 | Postpartum Visit (attendance with the birthing person at practitioner/OB visit) |
| 99381 | Initial Newborn Visit - Facilitation & Attendance (1st newborn visit with practitioner that occurs within 2 weeks of delivery) |
| T1032 | Doula support during or after miscarriage or abortion - billable in 15 min increments per unit |

Standing recommendation for doulas

The State of Illinois has issued a [standing recommendation](#) for doula services. When doulas document the services they deliver, they must note in their documentation that they either (1) used the standing recommendation or (2) used a recommendation from a specific licensed physician, physician assistant (PA) or advanced practice registered nurse (APRN).

Claim submissions for doulas

Doula services are billed electronically on the 837 Professional transaction. Information regarding electronic 837P transactions may be found in the [Chapter 300 Companion Guide](#). Claims may also be submitted via direct data entry within the [MEDI](#) system. **Please note:** CPT 59430 is reimbursable only

when the doula attends the postpartum visit with a practitioner, and the visit occurs within 26 days from delivery date, and/or between 27-89 days of the delivery date. The actual delivery date must be reported on the claim to receive payment for attendance at the postpartum visit(s), provided the above timelines are met.

Taxonomy code

Taxonomy code for Doula Services: 374J00000X

Telehealth for doulas services

The telehealth delivery method is allowable for patient education codes S9444 and S9445, as well as the doula support during and/or after miscarriage or abortion code T1032, utilizing modifier GT (Via Audio and Video Telecommunications Systems) or 93 (Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system) and place of service 02 (Telehealth Provided Other than in Patient’s Home) or 10 (Telehealth Provided in Patient’s Home), as applicable.

Fee schedule for doulas services

More detail regarding billable procedures for doula services is contained in the [Doula Fee Schedule](#) on the Reimbursements page of the HFS website.

Lactation consultant billing

| Procedure code | Modifier | Description |
|-----------------------|---|--|
| S9443 | HD (Pregnant/parenting women's program) | Lactation Consultation Service by International Board-Certified Lactation Consultant (IBCLC) |
| S9443 | (No modifier) | Lactation Consultation Service by Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS) |
| S9443 | HD HQ (Group Services) | Group Lactation Consultation Service by International Board-Certified Lactation Consultant (IBCLC) (2+ customers) |
| S9443 | HQ (Group Services) | Group Lactation Consultation Service by Certified Lactation Counselor (CLC) or Certified Lactation Specialist (CLS) (2+ customers) |

Standing recommendation for lactation consultants

The State of Illinois has issued a [standing recommendation](#) for lactation consultant services. When lactation consultants document the services they deliver, they must note in their documentation that they either (1) used the standing recommendation or (2) used a recommendation from a specific licensed physician, physician assistant (PA) or advanced practice registered nurse (APRN).

The standing recommendation cannot be used by IBCLCs, CLCs or CLSs if breastfeeding is contraindicated by any drug use or health condition, as specified in the standing recommendation.

Claim submissions for lactation consultants

Lactation consultant services are billed electronically on the 837 Professional transaction. Information regarding electronic 837P transactions may be found in the [Chapter 300 Companion Guide](#). Claims may also be submitted via direct data entry within the [MEDI](#) system. Lactation consultant services must be billed under the birthing person's recipient identification number (RIN), or the child's RIN if the birthing person is not Medicaid eligible.

Taxonomy code

Taxonomy code for lactation services: 174N00000X

Telehealth for lactation consultants

The telehealth delivery method is allowable for all services, utilizing modifier GT (Via Audio and Video Telecommunications Systems) or 93 (Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system) and place of service 02 (Telehealth Provided Other than in Patient's Home) or 10 (Telehealth Provided in Patient's Home), as applicable.

Fee schedule for lactation consultants

More detail regarding the billable procedures for lactation consultant services is contained in the [Lactation Consultant Fee Schedule](#) on the Reimbursements page of the HFS website.

Additional resources

The Medicaid Technical Assistance Center (MTAC) offers educational materials and support to aid doulas and lactation consultants in the Medicaid enrollment process. Visit the [MTAC Learning Center](#) to register for an MTAC Learning Center account to get started.