

# Doula

## Provider Billing Guide

**Aetna Better Health of Florida (ABHFL) has developed this guide to assist all Doula providers who deliver services during the Continuity of Care (COC) period and thereafter to members who transition into Aetna Better Health of Florida.**

### Continuity of Care

The Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) requirements for COC for new members mandate that we pay for COC services rendered to new enrollees transitioning to Aetna Better Health of Florida.

In the event a new Aetna Better Health of Florida member is receiving prior authorized, ongoing treatment with any provider, including services previously authorized under the fee-for service delivery system or by the enrollee's previous managed care plan, Aetna Better Health of Florida is responsible for the costs of continuation of such treatment. This responsibility stands without any form of authorization and without regard to whether such services are being provided by participating or nonparticipating providers for up to 60 days after the effective date of enrollment.

### Reimbursement

Aetna Better Health of Florida will reimburse nonparticipating providers at the rate they received for services rendered to the enrollee immediately before the enrollee transitioning for a minimum of 30 days unless said provider agrees to an alternative rate. The provider must have a National Provider Identifier (NPI) number and an active Medicaid ID (MID) in order to be eligible for payments.

### Claim Submission

Submitting a claim correctly the first time increases the cash flow to your practice, prevents costly follow-up time by your office or billing staff, and reduces the uncertainty members feel with an unresolved claim.

### Paper Claims Process

Please ensure that claims are submitted on a CMS-1500 claim form and include, but are not limited to, the following:

- Complete and correct member demographic (for example, DOB, Medicaid ID, etc.)
- Correct plan information
- Billing and rendering provider MID number and NPI number
- Billing provider address cannot be a P.O. Box (a Medicaid agency requirement)
- Member diagnosis
- Procedure codes as listed on Letter of Agreement (LOA) — also listed under approved service codes
- Procedure code — diagnosis pointer

### Paper Claims Submission Address

#### Paper Claims

Aetna Better Health of Florida  
P.O. Box 63578  
Phoenix, AZ 85082-1925

## Electronic Claims Process

ABH highly encourages electronic claim submission. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim sent, and minimizes clerical data entry errors.

- Contact your practice management system vendor or clearinghouse to initiate the electronic claim submission process. Electronic claim submissions will be routed through Change Healthcare (Emdeon) who will review and validate the claims for HIPAA compliance and forward them directly to the Plan.
- Providers can also submit directly to Change Healthcare (Emdeon). Emdeon will provide the electronic requirements and set-up instructions. Providers should call 1-800-215-4730 or go to [www.emdeon.com](http://www.emdeon.com) for information on direct submission to Change Healthcare (Emdeon).

### Electronic Claims

**Electronic Claims (EDI): [Payor ID 128FL](#)**

**WebConnect** is our free provider claims submission portal via Change Healthcare (Emdeon) found at:

<https://www.changehealthcare.com/login>.

## Service Codes and Diagnosis

As part of our continued efforts to improve birth outcomes, Aetna Better Health of Florida has updated the Doula billing codes in accordance with AHCA and FMMIS and are available for use.

Please note that the modifiers are **required** where listed to properly identify the services being provided.

## Approved Doula Service Codes and Diagnosis

Code	Description
<b>S9442</b>	Birth classes, non-physician provider, per session
<b>S9443</b>	Lactation classes, non-physician provider, per session
<b>S9444</b>	Parenting classes, non-physician provider, per session
<b>S9445</b>	Prenatal education (patient education non classified, non-physician)
<b>S9445 TS</b>	Postpartum education (patient education non classified, non-physician)
<b>S9446</b>	Prenatal patient education, not otherwise classified, non-physician provider, group, per session
<b>S9446 TS</b>	Postpartum patient education, not otherwise classified, non-physician provider, group, per session
<b>59400 XU</b>	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
<b>59409 XU</b>	Doula support for vaginal delivery only
<b>59510 XU</b>	Standard doula benefit with support at cesarean delivery; Global code: routine obstetric care including antepartum care, C-section delivery, and postpartum
<b>59514 XU</b>	Doula support during Cesarean delivery only. 1 per delivery
<b>59610 XU</b>	Standard doula benefit with support at VBAC delivery; Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery Codes Used
<b>59612 XU</b>	Doula support for VBAC delivery only, with or without episiotomy and/or forceps
<b>59618 XU</b>	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after failed attempt at vaginal delivery after cesarean.
<b>59620 XU</b>	Doula support for Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

## Availity Portal

### Availity

Availity Essentials, is our preferred and trusted sources for payer information.

If you are already registered in Availity, you will simply select Aetna Better Health from your list of payers to begin accessing the portal and all of the above features.

### Not Registered?

If your organization isn't registered with Availity, we strongly recommend that you get started today at:

- <https://availity.com/Essentials-Portal-Registration>

For registration assistance, please call Availity Client Services at **1-800-282-4548 (TTY: 711)** between the hours of 8 AM and 8 PM ET, Monday-Friday (excluding holidays).

### Additional Availity Essentials Resources

The resources below will take you to guides that will visually walk you through the steps needed to complete the registration process.

- [Infographic for New Users Who Register with Availity \(opens in a new tab\)\(opens in a new tab\)](#)
- [Infographic for Availity Essentials Login Process and Your Data Privacy\(opens in a new tab\)\(opens in a new tab\)](#)
- [Infographic for Availity Essentials Login Process for Primary Admins](#)

## Claims Disputes

### Process

Claim dispute can be submitted in multiple ways:

- **Verbal Dispute**

Calls one of our departments for assistance.

**Medicaid Managed Medical Assistance:**

**[1-800-441-5501](tel:1-800-441-5501) (TTY: 711)**

**Long-Term Care:**

**[1-844-645-7371](tel:1-844-645-7371) (TTY: 711)**

**Florida Healthy Kids:**

**[1-844-528-5815](tel:1-844-528-5815) (TTY: 711)**

- **Online Dispute**

The dispute form is available online on our Aetna Better Health of Florida website.

Providers may be asked to complete and submit the dispute form with any appropriate supporting documentation.

**Form:**

- **[\(Claims Adjustment Request & Provider Claim Reconsideration Form\)](#)**

- **Written Dispute**

Submit your dispute via mail at:

**Aetna Better Health of Florida**

PO Box 81040

5801 Postal Road

Cleveland, OH 44181

- **E-Mail Dispute**

Providers may file a dispute via email by contacting the Provider Relations team via email at:

**[FLAppealsandGrievances@aetna.com](mailto:FLAppealsandGrievances@aetna.com)**

## Electronic Remittance Advice (ERA)

The ERA is an electronic file that contains claim payment and remittance information sent to your office. Also referred as 835 files (HIPPA transaction).

### Benefits

The ERA offers reduction for manual posting of claim payment information.

This allows for you to:

- Save time and money
- Allow you manage your resources more efficiently
- Eliminate the need for paper explanation of benefits (EOB's)

## Electronic Fund Transfer (EFT)

The EFT offers electronic payments deposited directly into providers' bank accounts.

### Benefits

Setting up EFT payments will:

- Improve payment consistency
- Ensure fast, accurate and secure transactions
- Send payments directly into your bank account

## ERA/EFT Registration

**All ERA/EFT are supported by ECHO Health.**

### Enrollment Process

- To initiate the enrollment process, visit <https://www.echohealthinc.com/>
  - Validate account
  - Complete the electronic form
  - Confirmation email will be emailed to out directly & set up information

Assistance is available by contacting ECHO Health [allpayer@echohealthinc.com](mailto:allpayer@echohealthinc.com) or (888) 834-3511.

## Resources

Provider Engagement team is available for any additional questions or assistance you may need

Email: [FLProviderEngagement@aetna.com](mailto:FLProviderEngagement@aetna.com)

Phone:

Long Term Care (LTC) Phone Number:  
**1-844-645-7371 (TTY: 711)**

Medicaid/Healthy Kids (FHK) Phone Number: **1-800-441-5501 (TTY: 711)**

Fax: **1-844-235-1340 (TTY: 711)**

## Helpful Links

- Information on Medicaid health plans and services is available on the [Statewide Medicaid Managed Care](#) webpage.
- The Florida Medicaid coverage policies, fee schedules, and Rule are available on the [Agency Website](#).
- Aetna Better Health of Florida website [aetnabetterhealth.com/florida/providers/](https://aetnabetterhealth.com/florida/providers/)