



Ohio Administrative Code Rule 5160-8-43 Doula services.

Effective: [October 1, 2025](#)

(A) Definitions applicable to this rule.

- (1) "Doula" is an individual listed in the registry specified in section 4723.89 of the Revised Code.
- (2) "Doula service" is any of the support activities specified in section 4723.89 of the Revised Code.
- (3) "Independent" and "non-independent," with respect to a doula, have the same meanings as in rule 5160-4-02 of the Administrative Code.

(B) Providers.

- (1) Independent doulas may receive medicaid payment for submitting a professional claim for covered services they provide.
- (2) The following eligible providers may receive medicaid payment for submitting a professional claim on behalf of a doula, either independent or non-independent, for covered services provided by the doula:
 - (a) An ambulatory health care clinic;
 - (b) A federally qualified health center (FQHC);
 - (c) A freestanding birth center;
 - (d) A hospital;
 - (e) A professional medical group; or



(f) A rural health clinic (RHC).

(C) Coverage.

(1) A coverage period is defined by the following beginning and ending dates:

(a) The date of conception, if known, or the date of the first antepartum visit; and

(b) The earlier of the following dates:

(i) Three hundred sixty-five days after delivery; or

(ii) Discontinuation of the individual's medicaid eligibility.

(2) During a coverage period, payment may be made for the following doula services:

(a) One comprehensive support service, regardless of duration, provided during labor and delivery;
and

(b) Antepartum and postpartum support services, including consultation and telehealth visits,
provided in fifteen-minute units up to a maximum of forty-eight units.

(c) One report of pregnancy (ROP) completed at the first identification of pregnancy and submitted
on form ODM 10257, "Report of Pregnancy (ROP)," (rev. 10/2023 or after), or its web-based
equivalent.

(3) Payment for doula services in excess of these limits may be made through the prior authorization
(PA) process described in rule 5160-1-31 of the Administrative Code.

(D) Allowances and constraints.

(1) Separate payment may be made for both an evaluation and management service and a doula
service rendered by different providers to the same individual on the same date of service.



(2) There are no place-of-service restrictions for doula services.

(E) Claim payment.

(1) For a covered doula service rendered at an FQHC or RHC, payment is made in accordance with Chapter 5160-28 of the Administrative Code.

(2) For any other covered doula service, payment is the lesser of the provider's submitted charge or the maximum amount specified in appendix DD to rule 5160-1-60 of the Administrative Code.