GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Medicaid Doula Provider Manual

Last updated: August 25, 2026

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1) MEDICAID DOULA SERVICES

Background:

The Medicaid doula benefit was created with input from many groups including doulas, health providers, managed care plans, and D.C. agencies. These groups met eight times between January and August 2022 as part of the Maternal Health Advisory Group. Learn more at https://dhcf.dc.gov/maternalhealthprojects.

Doula services are available to all Medicaid members, and was approved, under the D.C. Medicaid State Plan, by the federal government in September 2022.

Participant Eligibility Criteria:

To be eligible to receive doula services, patients must:

- Have Medicaid
- Be pregnant or within six (6) months after their pregnancy ended

- For more information on checking whether your patient is eligible for doula services, visit the Beneficiary Eligibility Verification section of the Doula Billing Manual, available at DC Medicaid Billing Manuals.

Doula Services Benefits & Services:

1. D.C. Medicaid covers doula services for people who are pregnant or within **6 months after pregnancy ends**.
2. Patients can get up to **12 visits** total during pregnancy, birth, and after pregnancy (postpartum).
3. Services are split into:
    a. **Perinatal period:** Before, during, and up to 6 weeks after birth
        i. Counseling and education (including baby care)
        ii. Help making a birth plan
        iii. Help connecting to community services
    b. **Postpartum period:** From the end of pregnancy through 180 days after
        i. Infant care visits
        ii. Support at doctor visits
        iii. Breastfeeding help
        iv. Emotional and physical support
4. The first visit should include a **Care Plan** for both periods.

2) ENROLLING AS A DC MEDICAID DOULA PROVIDER

Provider Qualifications:

Qualified doula providers must be at least 18 years of age, have a high school diploma or equivalent, and have a current certification by an approved doula certification program. Check the Approved Certification Organizations.

To request the addition of a doula certification organization to the District's approved list, please contact dhcf.maternalhealth@dc.gov

Provider Enrollment Guide:

Enroll in DC Medicaid:

To provide doula services, doulas are required to enroll in the DC Medicaid program by submitting an online enrollment application.

- Step 1: Create an account at www.dcpdms.com

- Step 2: Select the application type: Standard Application
- Step 3: Select provider type: Doula*
- Step 4: Identify Pay to Provider – Check "Yes" if you are a doula working independently; Check "No" if you are a doula working as part of a group, please be sure to affiliate your provider number with the group.

*Each doula must enroll as an "individual/solo" doula. We also allow one or more doulas to enroll as a group of Doulas by completing a group application and then affiliating each doula with the doula group.

Additional Documents:

In addition to general enrollment requirements, doulas must provide the following documents/information:

- ✓ **IF you are enrolling as a Group, you must provide a Certificate of Occupancy (or Lease) or Business License. Doulas enrolling in the individual/solo category do not have to provide a Certificate of Occupancy or Business License.**
  Apply for a Certificate of Occupancy Here
  Apply for a Business License Here
- ✓ **Disclosure of Ownership**
  In Washington, D.C. businesses are required to disclose ownership information to the Department of Consumer and Regulatory Affairs (DCRA) & the Office of Tax and Revenue (OTR). You can complete the form here: Disclosure of Ownership Form | doh
- ✓ **NPI # and Taxonomy**
  An NPI (National Provider Identifier) is a 10-digit identification number issued by NPPES, which gives unique identifiers to healthcare providers across the country. If you do not already have an NPI, you must create an account with NPPES. There are two types of NPIs - Type 1 (individuals) and Type 2 (group/organization). Here is a how-to guide to getting an NPI.
  Professional Certification (Interim until DC Health creates a Certification)
  Doulas will need to upload all applicable certificates from one of the certifying organizations listed above.
- ✓ **Proof of Liability Insurance of at least $1M per occurrence/$3M per aggregate**
  Doulas are required to have liability insurance before starting to see Medicaid beneficiaries. If a doula is part of a larger doula collective, the employer may purchase insurance at a group rate; however, it is the doula's responsibility to make sure the liability insurance is kept up to date.
- ✓ **W-9**

Enrolling in Managed Care:

The District is currently contracted with three Managed Care Plans to provide services to DHCF beneficiaries, and they are AmeriHealth Caritas District of Columbia, Health Services for Children with Special Needs, and MedStar Family Choice District of Columbia. Once doulas have completed the enrollment process with DHCF and are given a NPI and Taxonomy number, they are then eligible to enroll with a managed care organization. For more information on each health plan's enrollment and credentialing process, please visit their websites listed below:

- AmeriHealth: https://www.amerihealthcaritasdc.com/provider/new-to-the-plan/index.aspx
- MedStar Family Choice: https://www.medstarfamilychoicedc.com/providers/become-a-provider
- Health Services for Children with Special Needs: https://hscsnhealthplan.org/health-providers/become-provider

3) REIMBURSEMENT & BILLING FOR DOULA SERVICES

After doulas sign up for the program, they can bill DHCF for services they give to Medicaid beneficiaries. Doula services can be paid for from the time a pregnancy is confirmed until 180 days (six months) after the pregnancy ends. The client must still have Medicaid, and the services must be medically needed.

The District will pay for up to 12 total visits during pregnancy, childbirth, and after the pregnancy ends. These 12 visits can include one doula consultation. Doulas, in consultation with the Medicaid beneficiary, can decide how to use the 12 visits across the pregnancy and postpartum period. Each visit is paid for as one visit, no matter how long it takes.

Postpartum Services: Postpartum visits are paid for separately. They are billed in 15-minute blocks of time. One postpartum visit cannot be longer than 24 units, which equals 6 hours. The postpartum period begins when a pregnancy ends. End of pregnancy includes loss of pregnancy, pregnancy termination, or live birth.

During the postpartum period, doulas can earn an extra payment if they do at least one postpartum visit *and* the client also sees an obstetric doctor for one postpartum visit after the end of the pregnancy. Doulas may bill for the incentive payment once the patient has completed the postpartum visit with the obstetrician.

Reimbursement Rates: The following codes and rates are for doulas to use when billing for their services.

CPT Code & Modifier	CPT Code Description	CY 2026 Rate

99600 – HD	Perinatal Doula Support Visit	$107.89
59400 – HD	Doula Support at Delivery – HD – Vaginal Delivery	$762.98
59514 – HD	Doula Support at Delivery – HD – C -Section	$762.98
58612 – HD	Doula Support at Delivery – HD – V-BAC	$762.98
99199 - HD	Postpartum Doula Support – 15 Minute Increment	$13.48
99199 – HD – U8	Doula Incentive Payment for Obstetric Postpartum Visit 7 to 84 Days After Labor and Delivery	$100.00

Billing Medicaid for Doula Services

Billing for Fee for Service (FFS)

- Log in at DC Medicaid Online Portal
- If not registered, register for the portal, login, and submit claim.
- Select **Claims Submission**, then **Professional**
- Enter the client's Medicaid ID and your NPI.
- Fill out the claim form with the correct billing code and modifier.
- You can access trainings for billing FFS through Gainwell here: Gainwell Learning Center
- You can also use billing software or a billing specialist.
- For questions about registration or portal access, or if you have not received your PIN letter, contact DCEDI@gainwelltechnologies.com. Please include your provider's name, Medicaid ID or NPI, and your service address in the body of the email. You may also call the Contact Center at (844) 366-4237, available Monday - Friday, 8 a.m. - 5 p.m. EST.

Billing for Managed Care

Follow the billing instructions from the client's Managed Care Plan (MCP). Contact the MCP for help.

Completing the CMS-1500 Claim Form

You must use the CMS-1500 form to get paid.

- Electronic submission is preferred.
- If you send a paper claim, use the original red-and-white form. Black-and-white copies will be rejected.
- Forms can be bought at office supply stores or bookstore.gpo.gov.

Note: All paper CMS-1500 claims must be submitted on the original red-and-white claim form. The claim forms may be purchased from any office supply store or the U.S. Government Bookstore, which is part of the Government Publishing Office and can be accessed at the following link: bookstore.gpo.gov. Black-and-white versions of the claim forms will not be accepted and will be returned to the providers (RTP'd) with a request to resubmit on the proper claim form.

Field Locator	Field Description	Guideline
1	Health Insurance Box	Select Medicaid.
1A	Insured's ID Number	Enter the patient's eight-digit DC Medicaid identification number, excluding the leading zeroes. Verify the beneficiary's Medical Assistance Card to make certain you have the beneficiary's correct and complete DC Medicaid ID number and that the individual is eligible for the month in which the services are being provided. You may call the IVR system or visit http://www.medicaid.dc.gov/ to verify eligibility. Receipt of a prior authorization does not verify beneficiary eligibility.
2	Patient's Name	Enter the patient's last name, first name, and middle initial as it appears on their Medical Assistance card.
3	Patient's Birth Date	Enter the patient's birth date and select the appropriate gender.
4	Insured's Name (Last Name, First Name, Middle Initial)	Not required for processing.
5	Patient's Address	Not required for processing.
6	Patient's Relationship to Insured	Not required for processing.
7	Insured's Address	Not required for processing.
8	Reserved for NUCC Use	Not required for processing.
9	Other Insured's Name	If the patient has other health insurance coverage, enter the name of the policyholder in last name, first name, middle initial format.
9A	Other Insured's Policy or Group Number	Enter the policy number.

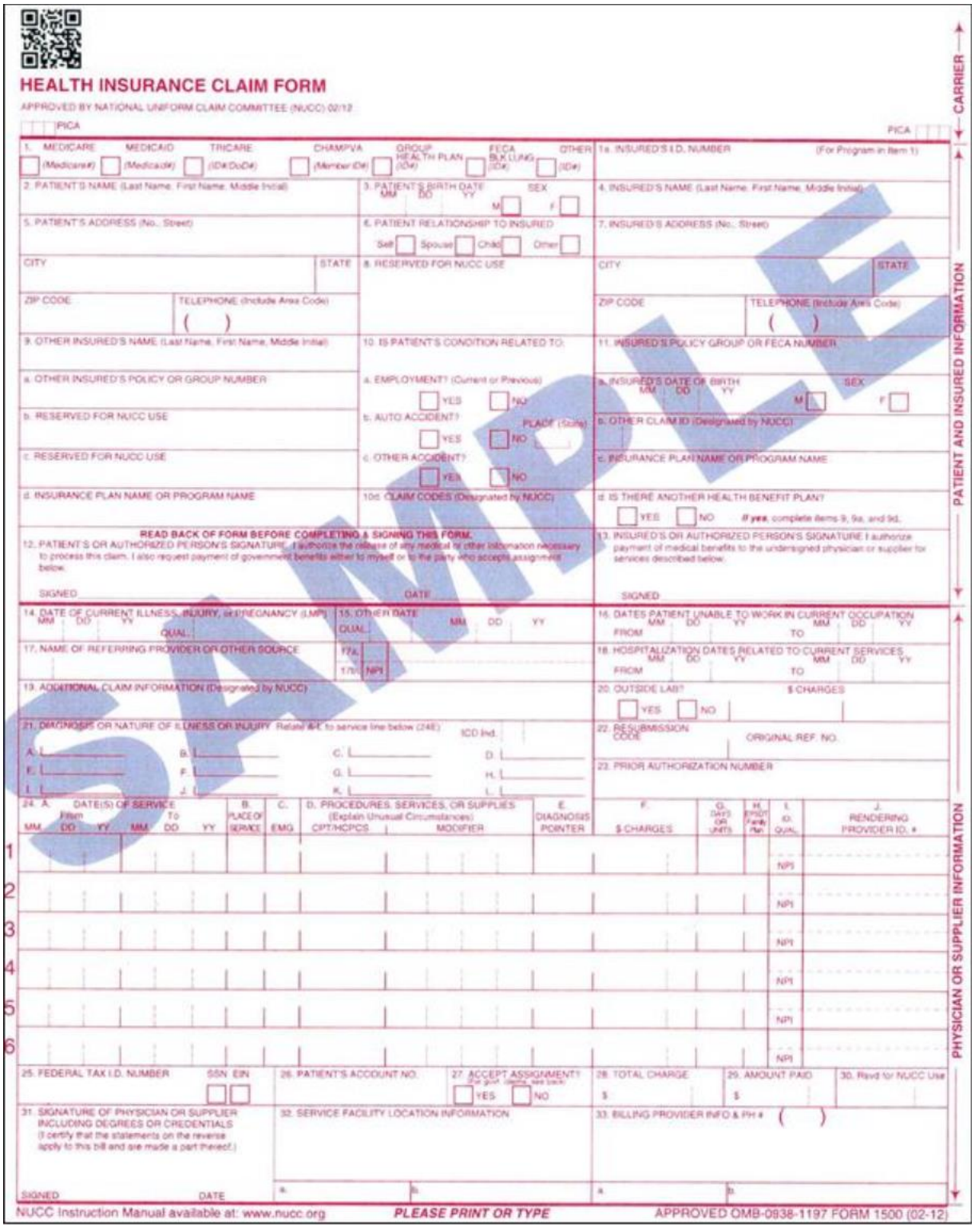
9B	Reserved for NUCC Use	Not required for processing.
9C	Reserved for NUCC Use	Not required for processing.
9D	Insurance Plan Name or Program Name	Enter the name of all primary payers for the attached EOBs, including Medicare. **Ensure Medicare is indicated on the applicable EOMB when multiple payers are involved. This may be handwritten across the top of the EOMB.**
10	Is Patient's Condition Related to:	
10A	Employment (Current or Previous)	Select the appropriate box to indicate if the patient's condition is an employment-related injury.
10B	Auto Accident	Select the appropriate box to indicate if the patient's condition is related to an auto accident.
10C	Other Accident	Select the appropriate box to indicate if the patient's condition is related to a different type of accident.
10D	Claim Codes (Designated by NUCC)	Not required for processing.
11	Insured Policy Group or FECA No.	Enter the policy group or FECA number.
11A	Insured's Date of Birth and Sex	Not required for processing.
11B	Other Claim ID	Not required for processing.
11C	Insured Plan Name or Program Name	Enter the name of the insurance company or program name.
11D	Is There Another Health Benefit Plan	Select the appropriate box.
12	Patient's Signature	Enter the signature or "signature on file" (patient's handwritten signature is not required) and include the date in MMDDYY format.
13	Insured's or Authorized Person's Signature	Not required for processing.
14	Date of Current Illness	Not required for processing.
15	Other Date	Not required for processing.
16	Dates Patient Unable to Work in Current Occupation	Not required for processing.
17	Name of Referring Provider or Other Source	Enter the name (first name, middle initial, last name) of the referring provider, if applicable.

17A	ID #	If using an NPI number in field 17B, enter the taxonomy code in 17A and the qualifier "ZZ" in the box to the left.
17B	NPI #	Enter the referring provider's NPI.
18	Hospitalization Dates Related to Current Services	Enter the admission/discharge dates in MMDDYY format if the services are related to hospitalization.
19	Additional Claim Information (Designated by NUCC)	Not required for processing.
20	Outside Lab?/$ Charges	Not required for processing.
21	Diagnosis or Nature of Illness or Injury	Enter "0" for billing with ICD-10 in the ICD diagnosis indicator. Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field. Enter the appropriate numeric diagnosis code(s).
22	Resubmission Code or Original Ref. No.	If submitting an adjustment or void of a previously paid claim, enter "7" for adjustment or "8" for void in the Resubmission Code field, along with the 11-digit claim number of the paid claim to be adjusted or voided in the Original Ref. No. field. Do **NOT** enter a reason code.
23	Prior Authorization Number	Enter the 10-digit prior authorization number, if applicable.
24	Shaded Area	Enter the NDC qualifier "N4" and the 11-digit NDC number in the shaded (top portion) of field 24 for physician administered drugs, if applicable.
24A	Date(s) of Service	Enter the FROM and TO date of the service(s) in MMDDYY format.
24B	Place of Service	For each line, enter the one code that best describes the place of service: 01 Pharmacy 02 Telehealth 03 School 04 Homeless Shelter 05 IHS Free-Standing Facility 06 IHS Provider-Based Facility 07 Tribal 638 Free-Standing Facility 08 Tribal 638 Provider-Based Facility 09 Prison 10 Telehealth Provided in Patient's Home 11 Office 12 Home 13 Assisted Living Facility 14 Group Home 15 Mobile Unit 16 Temporary Lodging

		17 Walk-In Retail Clinic 18 Worksite 19 Off-Campus Outpatient Hospital 20 Urgent Care 21 Inpatient hospital 22 Outpatient Hospital 23 Emergency Room Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance, Land 42 Ambulance, Air or Water 49 Independent Clinic 50 FQHC 51 Inpatient Psychiatric Facility 52 Psychiatric Facility, Partial Hospital 53 Community Mental Health Center 54 Intermediate Care Facility 55 Residential Substance Abuse Treatment Center 56 Psychiatric Residential Treatment Center 57 Non-Residential Substance Abuse 60 Mass Immunization Center 61 Comprehensive Inpatient Rehab Facility 62 Comprehensive Outpatient Rehab Facility 65 End-Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health 81 Independent Laboratory 99 Other
24C	EMG	Not required for processing.
24D	Procedures, Services, or Supplies	Enter the CPT or HCPCS code(s) and modifier, if applicable.
24E	Diagnosis Pointer	Enter the diagnosis code reference letter (pointer) as shown in Item Number 21 to relate the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first, and other applicable services should follow. The reference letter(s) should be A – L, or multiple letters are applicable. ICD codes must be entered in Item Number 21 only. Do not enter them in 24E.

		Enter letters left justified in the field. Do not use commas between the letters (i.e., ABCD etc.).
24F	$ Charges	Enter the usual and customary charges of the services being billed, right justified. Enter "00" in the cents area if the amount is a whole number.
24G	Days or Units	Enter the number of days or units.
24H	EPSDT Family Plan	Not required for processing.
24I	ID Qualifier (shaded area)	If using NPI in field 24J, enter the qualifier "ZZ." If using a DC Medicaid provider ID for an atypical provider, enter the qualifier "1D"
24J	Rendering Provider ID # (shaded area)	Enter the taxonomy code of the servicing provider if NPI was entered in 24I (white area); otherwise, enter the DC Medicaid provider ID if an atypical provider.
24J	Rendering Provider ID # (non-shaded area)	Enter the rendering provider's NPI.
25	Federal Tax ID Number	Enter the appropriate Social Security Number (SSN) or employer identification number.
26	Patient's Account Number	Not required for processing.
27	Accept Assignment?	Not required for processing.
28	Total Charge	Enter the total of column 24F.
29	Amount Paid	Enter the amount received from other healthcare plan(s).
30	Rsvd for NUCC Use	Not required for processing.
31	Signature of Physician or Supplier	Enter the signature of the provider of service or supplier, or their representative, and the six-digit date. This is a required field; however, the claim can be processed if the following is true: if a physician, supplier, or authorized person's signature is missing, but the signature is on file; or if any authorization is attached to the claim; or if the signature field has "Signature on File" and/or a computer-generated signature. This field must include the date.
32	Service Facility Location Information	Not required for processing.
32A	NPI	Not required for processing.
32B	Other ID	Enter the Medicaid Provider ID to be paid when the NPI in form locator 33A is associated with multiple Medicaid Provider IDs.
33	Billing Provider Info & Ph #	Enter the billing address and phone number for the pay-to-provider and include ZIP+4.
33A	Billing NPI	Enter the pay-to-provider's NPI.
33B	Billing Provider	If using NPI in field 33A, enter the taxonomy code in 33B and the qualifier "ZZ" in the box to the left.

		If using a DC Medicaid provider ID for an atypical provider, enter the DC Medicaid provider ID in field 33A and the qualifier "1D" in the box to the left.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # ( )

a. b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

Medicaid FFS	AmeriHealth	MedStar	HSCSN
Provider Portal at:Medicaid.dc.gov Doula claims can be submitted Electronically (i.e., claims submitted using billing software or via a clearinghouse), Webportal, or on paper. After logging in, doulas will need to select "Claims Entry", and then "CMS 1500/Medicare Part B" with the Medicaid ID of the client and the NPI of the doula. After accessing the Claims Entry form, doulas will then need to enter the appropriate billing code and modifier.	Options for electronic and manual claims entry are located here: Claims and Billing	Claims are submitted electronically here: MedStar Family Choice DC | Providers | Electronic Claims Submission	Claims are submitted electronically via their clearinghouse, Optum Relay Exchange. For more information, refer to their website here: Claims and Billing | Health Providers | Health Services for Children with Special Needs, Inc. (HSCSN)
For support, contact For questions about registration or portal access, or if you have not received your PIN letter, contact DCEDI@gainwelltechnologies.com. Please include your provider's name, Medicaid ID or NPI, and your service address in the body of the email. You may also call the Contact Center at (844) 366-4237, available Monday - Friday, 8 a.m. - 5 p.m. EST.	**For support, contact:** Provider Services: **202-408-2237** or **1-888-656-2383**	**For support, contact:** 855-798-4244 mfcdc-providerrelations@medstar.net.	**For support, contact:** hscsn-provideraffair@hschealth.org For more specific provider issues, find the right point of contact here: HSCSN Provider Affairs Team | Health Providers | HSC Health Care System

Where to file claims:

Diagnosis Code: A diagnosis code is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes

.

What are some common diagnosis codes for patients seen by doulas?

Diagnosis code	Description	When to use
Z33.1	Pregnant state, gestational carrier	Patient is currently pregnant
Z32.2	Encounter for childbirth instruction	When patient is giving birth
Z39.2	Routine postpartum follow up care	When supporting patient postpartum
Z3A.09	9 weeks gestation of pregnancy	Supporting patient who is 9 weeks pregnant
Z3A.28	28 weeks gestation of pregnancy	Supporting patient who is 28 weeks pregnant
O47.1	False labor	Specifies a diagnosis of false labor at or after 37 weeks of gestation
O80	Full-term uncomplicated delivery	Can be used to bill for a vaginal birth with no complications

CPT Codes for Doula Services:

CPT Code	Description of service	Modifier
99600	Prenatal doula visit – telehealth provided other than in the patient's home	HD
99600	Prenatal doula visit – in a doctor's office with patient	HD
99600	Prenatal doula visit – in patient's home	HD
99600	Prenatal doula visit – in community (e.g.	HD
59400	Accompanying client during labor/delivery in a birth center	HD
59400	Accompanying client during labor/delivery in a hospital (vaginal birth)	HD
59514	Accompanying client during labor/delivery in a hospital (c-section birth)	HD
59612	Accompanying client at birth in a hospital (v-bac birth)	HD

Doula Services Codes: The place of service code specifies where the services were rendered. Below are some common places of service for doula services. Full list here.

Place of Service Code	Place of Service Name	Place of Service Description

02	Telehealth Provided Other than in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
10	Telehealth Provided in Patient's Home	The location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
20	Urgent care facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

4) ADDITIONAL RESOURCES

For provider portal registration, trainings, provider forms, further billing manuals, and provider contact information, please visit the DC Medicaid Online Portal.

For more information, please contact dhcf.maternalhealth@dc.gov