

Doula: Submitting claims and member eligibility

UnitedHealthcare Community Plan of New Jersey

Verifying member eligibility

It's important that you check member eligibility on or before the date of service to help ensure that they're enrolled and their coverage is active. Call UnitedHealthcare Provider Services to verify member eligibility at **888-362-3368**, 8 a.m.–6 p.m. ET, Monday–Friday.

You'll need the member's:

- Name
- UnitedHealthcare ID number
- Date of birth

If the member is not eligible or enrolled on the date of service, you won't be reimbursed for services.

Out of network: Submitting claims

Doulas who have not successfully completed the contracting process with UnitedHealthcare Community Plan of New Jersey may submit claims by mail using a CMS-1500 form to:

UnitedHealthcare Community Plan
P.O. Box 5250
Kingston, NY 12402-5250

Read our [instructions for out-of-network claims with a printable copy of the CMS-1500 form](#).

In network: Submitting claims

Doulas who have successfully completed the contracting process with UnitedHealthcare Community Plan of New Jersey may submit claims electronically.

- Submit your claims using the Claims tool in the UnitedHealthcare Provider Portal at [UHCprovider.com](#)
- If you need access, go to [UHCprovider.com](#), click on **New User & User Access** in the top-right corner and follow the steps to create an account
- Take our [Claims Submission Training](#)

CPT Codes for Claims Submission

You'll use CPT® codes for the services rendered when you submit claims for reimbursement. The State of New Jersey Department of Human Services (DHS) Division of Medical Assistance & Health Services (DMAHS) [Doula Care page](#) has information on the appropriate CPT codes to submit for claims reimbursement.

Billing procedures chart		
Code	Description	Maximum reimbursable duration within FFS (+Units of 15 minutes)
99600 HD U7	Initial prenatal visit service	6 units+ (90 minutes)
99600 HD	Prenatal service visits	4 units+ (60 minutes)
59409 HD	Attendance at delivery (vaginal)	1 unit (flat rate)
59514 HD	Attendance at delivery (cesarean)	1 unit (flat rate)
99199 HD	Postpartum service visit	4 units+ (60 minutes)
99199 HD U8	Incentive payment	1 unit (flat rate)
For Enhanced Care Delivery , for billing of additional four (4) visits if applicable:		
99600 HD 22	Prenatal service visits	4 units+ (60 minutes)
99199 HD 22	Postpartum service visit	4 units+ (60 minutes)



We're here to help

For claim or contracting questions, email us at uhccpnj@uhc.com. For questions about other service-related issues, like referrals to or from care management, please call Member Services at **800-941-4647**.

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