

How to complete and submit the Doula Visit Detail Log


Blue Shield Promise asks all contracted doulas to send a Doula Visit Detail Log (Log) for each member served, every month.

- Submit **one Log per member** you served per month.
 - Example: A member named Chris had three visits in February. Submit one Log detailing in March detailing these visits.
- Send Logs **by the 12th day of the next month**.
 - Example: A Log for services in February 2026 must be sent by March 12, 2026.
- Fill out **all sections** of the Log.
- Make sure the Log is **typed or easy to read**.

Email completed Logs to:

BSCPromiseDoula@blueshieldca.com

4. VISIT DETAILS



Medi-Cal Doula Visit Detail Log

Blue Shield of California Promise Health Plan

Blue Shield Promise requests that all contracted doulas provide detailed documentation of services rendered to Blue Shield Promise members each month. This documentation must be submitted by the twelfth (12th) day of the following month. (For example, services provided in February 2026 should be submitted by March 12, 2026.) **Please submit one form per member served** and ensure all sections below are completed and that the form is either typed or printed clearly.

Submit documentation via email to: BSCPromiseDoula@blueshieldca.com


1. DOULA GROUP PROVIDER / INDIVIDUAL DOULA INFORMATION	
Doula Group Name (If Applicable):	National Provider Identifier (NPI):
Individual Doula Name:	National Provider Identifier (NPI):
2. MEMBER INFORMATION	
Member's Full Name:	Member's Subscriber ID:
Member's DOB:	Member's Race/Ethnicity:
Member's Expected Due Date:	Pregnancy Outcome:
Date of Delivery: (00/00/0000)	Delivery Type: (vaginal, C-section, etc)
3. Please indicate whether this is the initial set of visits or additional recommended visits.* (An additional recommendation must be submitted prior to the 2 nd set of visits.)	
1) Initial Set of Visits <input type="checkbox"/>	
2) Additional Recommended Visits <input type="checkbox"/>	

*The initial set of visits includes one initial visit, up to 8 visits that may be any combination of prenatal and postnatal visits, support during labor and delivery (or abortion or miscarriage), and up to two extended three-hour postpartum visits. The additional recommended visits include up to 9 more visits within 12 months of delivery.

blueshieldca.com/promise

		Covered Service: (add Procedure Code)
		Time of Visit:
Video <input type="checkbox"/>		Duration of Visit:

		Covered Service (add Procedure Code):
		Time of Visit:
Video <input type="checkbox"/>		Duration of Visit:


1

How to complete and submit the Doula Visit Detail Log

For Doula Organizations - Section 1:

- Enter the **doula group name** and **group NPI**.
- Enter the **name** and **Individual NPI** of the doula who delivered services on the submitted dates of service.

For Individual Doulas - Section 1:

Enter only the **doula's name** and **Individual NPI**.


Section 2:

Complete every field in this area. Leave these three fields blank until after the birth or pregnancy outcome:

- ❖ **Pregnancy Outcome** - Options: abortion, live birth, miscarriage, or stillbirth.
- ❖ **Date of Delivery** - If miscarriage or abortion, enter "N/A" for not applicable instead of a date.
- ❖ **Delivery Type** - Options: vaginal, VBAC, caesarian section, or "N/A" if miscarriage or abortion.

Section 3:

Check **Initial Set of Visits** or **Additional Recommended Visits** box.



Medi-Cal Doula Visit Detail Log Blue Shield of California Promise Health Plan

Blue Shield Promise requests that all contracted doulas provide detailed documentation of services rendered to Blue Shield Promise members each month. This documentation must be submitted by the twelfth (12th) day of the following month. (For example, services provided in February 2026 should be submitted by March 12, 2026.) **Please submit one form per member served** and ensure all sections below are completed and that the form is either typed or printed clearly.

Submit documentation via email to: BSCPromiseDoula@blueshieldca.com

1. DOULA GROUP PROVIDER / INDIVIDUAL DOULA INFORMATION	
Doula Group Name (If Applicable):	National Provider Identifier (NPI):
Individual Doula Name:	National Provider Identifier (NPI):
2. MEMBER INFORMATION	
Member's Full Name:	Member's Subscriber ID:
Member's DOB:	Member's Race/Ethnicity:
Member's Expected Due Date:	Pregnancy Outcome:
Date of Delivery: (00/00/0000)	Delivery Type: (vaginal, C-section, etc)
3. Please indicate whether this is the initial set of visits or additional recommended visits.* (An additional recommendation must be submitted prior to the 2 nd set of visits.)	
1) Initial Set of Visits <input type="checkbox"/>	
2) Additional Recommended Visits <input type="checkbox"/>	

*The initial set of visits includes one initial visit, up to 8 visits that may be any combination of prenatal and postnatal visits, support during labor and delivery (or abortion or miscarriage), and up to two extended three-hour postpartum visits. The additional recommended visits include up to 9 more visits within 12 months of delivery.

blueshieldca.com/promise

How to complete and submit the Doula Visit Detail Log

4. VISIT DETAILS	
Date of Service:	Covered Service: (add Procedure Code)
Visit Method: In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video <input type="checkbox"/>	Time of Visit: Duration of Visit:
Description of Service:	
Date of Service:	Covered Service: (add Procedure Code)
Visit Method: In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video <input type="checkbox"/>	Time of Visit: Duration of Visit:
Description of Service:	
Date of Service:	Covered Service: (add Procedure Code)
Visit Method: In Person <input type="checkbox"/> Phone <input type="checkbox"/> Video <input type="checkbox"/>	Time of Visit: Duration of Visit:
Description of Service:	

Section 4:

- For each doula visit with this member during the month, enter each **date of service** (visit date).
- Check one **visit method** box for in person, by phone, or via video.
- Enter the **start time of each visit** (Pacific Standard Time).
- Enter the **duration of each visit** (how many hours and minutes).

For each doula visit with this member, enter the **covered service** provided as a **procedure code**. Enter only **one code per box** and **one code per visit**.

- Initial Visit - Z1032
- Prenatal Visit - Z1034
- Postpartum Visit - Z1038
- Labor and Delivery - Vaginal - 59409
- Labor and Delivery - Vaginal Delivery after Caesarian Section - 59612
- Labor and Delivery Caesarian Section - 59620
- Miscarriage Support - HCPCS T1033
- Abortion Support - CPT 59840
- Extended Postpartum Visit - HCPCS T1032
- Additional Postpartum Visit (2nd Recommendation) - HCPCS Z1038

Description of Services: Describe what you did during the visit and how long it took. For example: "Discussed childbirth education with the member and discussed and developed a birth plan for one hour."

If more than three visits with this member during the month, fill out an additional Log for the member.