

Electrical Bioimpedance

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses the medical necessity of Electrical Bioimpedance.

Description & Definitions:

Electrical bioimpedance is a noninvasive measurement tool designed to measure cardiac output. It uses electrical current to measure the opposition to the current's flow through tissues.

Impedance plethysmography is a noninvasive way to measure the volume of blood flow resistance by using low level electrical currents.

Spectroscopy is a noninvasive way to measure the volume of fluid in various parts of the body using low level electrical currents.

Criteria:

Electrical Bioimpedance is considered not medically necessary for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
93701	Bioimpedance-derived physiologic cardiovascular analysis
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2021: November
- 2020: November
- 2015: March
- 2013: March
- 2012: March
- 2010: March

Reviewed Dates:

- 2022: September
- 2019: November
- 2018: August
- 2017: December
- 2016: March
- 2014: March
- 2011: March
- 2009: March

Effective Date:

- March 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure with Reduced Ejection Fraction. (2021, Feb). Retrieved Aug 22, 2022, from American College of Cardiology (ACC): <https://www.jacc.org/doi/epdf/10.1016/j.jacc.2020.11.022>

(2022). Retrieved Aug 22, 2022, from Literature Search:

https://www.google.com/search?q=impedance+plethysmography+definition&safe=strict&rlz=1C1GCEA_enUS1019US1019&biw=1386&bih=708&ei=y58DY8-xHfK3qtsPze2CuA8&oq=Impedance+plethysmography&gs_lcp=Cgdnd3Mtd2I6EAEYAjIFCAAQgAQyBQgAEIAEMgU

21CFR PART 870.2770 Impedance plethysmograph. (2022, Mar 29). Retrieved Aug 22, 2022, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=870.2770>

Bioelectrical Impedance (Bioimpedance) Analysis for Assessment of Lymphedema. (22, Aug 18). Retrieved Aug 22, 2022, from Hayes 2: <https://evidence.hayesinc.com/report/dir.bioelectrical1879>

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Novel tools for hemodynamic monitoring in critically ill patients with shock. (2020, Sept 28). Retrieved Aug 22, 2022, from UpToDate: https://www.uptodate.com/contents/novel-tools-for-hemodynamic-monitoring-in-critically-ill-patients-with-shock?search=Electrical%20bioimpedance§ionRank=1&usage_type=default&anchor=H1190957363&source=machineLearning&selectedTitle=1~10&display_rank=1#H1

Procedure Fee Files & CPT Codes. (2022). Retrieved Aug 22, 2022, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Electrical Bioimpedance, SHP Medical 118, atrioventricular sequential pacemaker, continuous inotropic therapy, terminal congestive heart failure, heart transplant rejection, acute dyspnea, Thoracic electrical BIOIMPEDANCE, TEB, Impedance plethysmography, bioimpedance spectroscopy, BIS, Impedance cardiography, transthoracic bioimpedance

