

Fetal Magnetic Cardiac Signal, Medical 297

Table of Content

Description & Definitions

Criteria

Document History

Coding

Special Notes

References

Keywords

Effective Date 9/1/2025

Next Review Date 6/2026

Coverage Policy Medical 297

<u>Version</u> 5

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.*.

Description & Definitions:

Fetal magnetocardiography (fMCG) is a noninvasive way to record electrical activity of the fetal heart using magnetic fields.

Criteria:

NA

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Document History:

Revised Dates:

• 2024: June – codes updated references updated

Reviewed Dates:

- 2025: June Implementation date of September 1, 2025. No changes references updated.
- 2023: June
- 2022: June
- 2021: June
- 2020: July

Origination Date: February 2019

Medical 297 Page 1 of 4

Coding:	
Medically necessary with criteria:	
Coding	Description
	None
Considered Not Medically Necessary:	
Coding	Description
93799	Unlisted cardiovascular service or procedure

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Medical 297 Page 2 of 4

Special Notes: *

- Coverage:
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
 - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
 - · Pre-certification by the Plan is required.
- Special Notes:
 - Medicaid
 - 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 by 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.
 - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested

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).

§ 870.2300 Cardiac monitor (including cardiotachometer and rate alarm). (2008, Jun 23). Retrieved May 16, 2025, from Code of Federal Regulations: https://www.ecfr.gov/current/title-21/section-870.2300

(2024, Mar 14). Retrieved May 14, 2025, from MCG 28th Edition: https://careweb.careguidelines.com/ed28/index.html

Medical 297 Page 3 of 4

(2025). Retrieved May 14, 2025, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/no-search-results-found/

(2025). Retrieved May 14, 2025, from Virginia Department of Medical Assistance Services: <a href="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.g=Fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.g=fetal%20magnetic%20cardiac%20signal&gsc.sort="https://vamedicaid.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals-library#gsc.gov/manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provider-manuals/provide

(2025). Retrieved May 14, 2025, from Centers for Medicare and Medicaid Services: <a href="https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Fetal%20Magnetic%20Cardiac&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance

(2025). Retrieved May 14, 2025, from Hayes - a symplr company: <a href="https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522magnetocardiography%2522,%2522title=%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%25

Guidelines and Recommendations for Performance of the Fetal Echocardiogram: An Update from the American Society of Echocardiography. (2023). Retrieved May 16, 2025, from American Society for Echocardiography: https://onlinejase.com/article/S0894-7317(23)00206-7/fulltext

Levine, J., & Alexander, M. (2024, May 14). Fetal arrhythmias. Retrieved May 14, 2025, from UpToDate: https://www.uptodate.com/contents/fetal-arrhythmias?search=magnetocardiography&source=search_result&selectedTitle=1~2&usage_type=default&display_rank=1#H1125817939

Model 621/624 Biomagnetometer. (2016, Mar 15). Retrieved May 16, 2025, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/cdrh docs/pdf15/k151135.pdf

Keywords:

SHP Fetal Magnetic Cardiac Signal, SHP Imaging 57, Fetal magnetocardiography, fMCG, electrical activity, fetal heart, magnetic fields

Medical 297 Page 4 of 4