

Fetal Magnetic Cardiac Signal, Medical 297

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Effective Date 9/1/2025

Next Review Date 6/2026

Coverage Policy Medical 297

<u>Version</u> 5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

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

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Coding:

Medically necessary with criteria:

Coding	Desc	cription
	None	е

Considered Not Medically Necessary:

Coding	Description
93799	Unlisted cardiovascular service or procedure

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

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

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

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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

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