

# **Fetal Magnetic Cardiac Signal**

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Effective Date 2/2019

Next Review Date 6/15/2024

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 \*.

## Purpose:

This policy addresses the medical necessity of Fetal Magnetic Cardiac Signal.

## **Description & Definitions:**

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

### Criteria:

Fetal magnetocardiography (fMCG) is considered not medically necessary for any indication.

## Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
93799	Unlisted cardiovascular service or procedure
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional (deleted 1/1/2023)
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage (deleted 1/1/2023)
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; (deleted 1/1/2023)

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0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation,
	report by physician or other qualified health care professional (deleted 1/1/2023)

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

# **Document History:**

#### **Revised Dates:**

N/A

#### **Reviewed Dates:**

2023: June2022: June2021: June2020: July

#### Effective Date:

February 2019

#### References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved June 9, 2023, from MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

(2023). Retrieved June 9, 2023, from HAYES:

https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Fetal%2520Magnetocardiography%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522

(2023). Retrieved June 9, 2023, from Carelon Medical Benefits Management: <a href="https://guidelines.carelonmedicalbenefitsmanagement.com/?s=Fetal+magnetocardiography&et\_pb\_searchform\_submit=et\_search\_process&et\_pb\_search\_cat=11%2C1%2C96&et\_pb\_include\_posts=yes</a>

(2023). Retrieved June 9, 2023, from CMS: <a href="https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=fetal+magnetic+cardiac+signal&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all</a>

Fetal arrhythmias. (2022, May 11). Retrieved June 9, 2023, from UpToDate: <a href="https://www.uptodate.com/contents/fetal-arrhythmias?search=Fetal%20magnetocardiography&source=search\_result&selectedTitle=1~150&usage\_type=default&display\_rank=1">https://www.uptodate.com/contents/fetal-arrhythmias?search=Fetal%20magnetocardiography&source=search\_result&selectedTitle=1~150&usage\_type=default&display\_rank=1</a>

Procedure Fee Files & CPT Codes. (2023). Retrieved June 9, 2023, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/ & https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/

Contribution of Fetal Magnetocardiography to Diagnosis, Risk Assessment, and Treatment of Fetal Arrhythmia. (2022, Aug 2). Retrieved June 9, 2023, from American Heart Association (AHA): <a href="https://www.ahajournals.org/doi/10.1161/JAHA.121.025224">https://www.ahajournals.org/doi/10.1161/JAHA.121.025224</a>

Low-Cost Fetal Magnetocardiography: A Comparison of Superconducting Quantum Interference Device and Optically Pumped Magnetometers. (2019, Aug). Retrieved May 8, 2022, from Journal of the American Heart Association: <a href="https://www.ahajournals.org/doi/10.1161/JAHA.119.013436">https://www.ahajournals.org/doi/10.1161/JAHA.119.013436</a>

Medical imaging. (2022, Jan 6). Retrieved May 8, 2022, from FDA: <a href="https://www.fda.gov/radiation-emitting-products/radiation-emitting-products-and-procedures/medical-imaging">https://www.fda.gov/radiation-emitting-products-and-procedures/medical-imaging</a>

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Mobile Fetal Magnetocardiography. (2022, Apr 28). Retrieved May 11, 2022, from Sudden Arrhythmia Death Syndromes (SADS) Foundation:

https://www.sads.org/?s=Fetal+magnetocardiography&et\_pb\_searchform\_submit=et\_search\_proccess&et\_pb\_include\_p osts=yes&et\_pb\_include\_pages=yes

# Special Notes: \*

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.

## **Keywords:**

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

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