

Fetal Magnetic Cardiac Signal, Medical 297

Table of Content

- [Purpose](#)
- [Description & Definitions](#)
- [Criteria](#)
- [Coding](#)
- [Document History](#)
- [References](#)
- [Special Notes](#)
- [Keywords](#)

<u>Effective Date</u>	2/2019
<u>Next Review Date</u>	6/2025
<u>Coverage Policy</u>	Medical 297
<u>Version</u>	4

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)
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:

- 2024: June – codes updated references updated
- 2023: June
- 2022: June
- 2021: June
- 2020: July

Effective Date:

- February 2019

References:

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Special Notes: *

This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. 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.

Keywords:

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

