

## Fetal Magnetic Cardiac Signal, Medical 297

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**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

**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.

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.

### 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 Medicare products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medicare:
    - This medical policy expresses Sentara Health Plan's determination of medically 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.

### 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 cardiometer 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>

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

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

(2025). Retrieved May 14, 2025, from Hayes - a symplr company:

<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%2522>

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](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](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](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