

Fetal Magnetic Cardiac Signal

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Effective Date 2/2019
Next Review Date 6/15/2024
Coverage Policy Medical 297
Version 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) |
| 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: 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