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SHP Fetal Magnetic Cardiac Signal

AUTH: SHP Medical 297 v3 (AC)

Link to Codes

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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

Exceptions and Limitations

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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.

Clinical Indications for Procedure

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• NA

Document History

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- Revised Dates:
- Reviewed Dates:
 - 2022: June
 - 2021: June
 - 2020: July
- Effective Date: February 2019

Coding Information

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· CPT/HCPCS codes covered if policy criteria is met:

None

- · CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 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
 - CPT 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
 - · CPT 0477T Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result

 CPT 0478T - Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional

References

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References used include but are not limited to the following:

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Codes

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