



INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Fetal Echocardiogram

Coverage Policy:

IEHP considers fetal echocardiogram to be medically necessary for specific maternal and fetal indications

Coverage Criteria

IEHP considers fetal echocardiography (“fetal echo”) to be medically necessary for all of the conditions listed in the Tables below:

Maternal Indication for Fetal Echo (AIUM, 2013; ACOG, 2016)
Autoimmune antibodies (e.g., anti-Ro or SSA, anti-La or SSB – may be seen in cases of Lupus/Sjogren’s syndrome)
Familial inherited disorders affecting fetal cardiac development (e.g., 22q11.2 deletion syndrome, tuberous sclerosis, Noonan syndrome, DiGeorge/velocardiofacial syndrome, Beckwith-Wiedemann syndrome, Meckel-Gruber syndrome)
Use of in vitro fertilization in the current pregnancy
Pregestational diabetes mellitus (Type 1 or Type 2)
Phenylketonuria
Exposure to teratogens affecting fetal cardiac development (e.g., systemic retinoids or vitamin A analogues, lithium, paroxetine, alcohol, ACE inhibitors, NSAIDs in the third trimester)
Methylene tetrahydrofolate reductase enzyme deficiency
Rubella exposure during pregnancy

Fetal Indication for Fetal Echo (AIUM, 2013; ACOG, 2016)
Abnormal cardiac screening examination
First-degree relative of fetus with congenital heart disease
Abnormal heart rate or rhythm
Fetal chromosomal anomaly
Extracardiac anomaly (e.g., omphalocele, gastroschisis, duodenal atresia, spina bifida, cleft lip/palate, single umbilical artery, unilateral/bilateral renal agenesis, horseshoe kidney, isolated hydrocephalus, agenesis of the corpus callosum, tracheoesophageal fistula, jejuna/ileal atresia, imperforate anus, congenital diaphragmatic hernia) (Small and Copel, 2004)
Hydrops
Increased nuchal translucency
Monochorionic twins

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Repeat Fetal Echocardiography may be indicated for any of the following:

1. Ductus arteriosus dependent lesion;
2. Tachycardia other than sinus tachycardia or heart block;
3. Structural heart disease with a suggestion of hemodynamic compromise.

Coverage Limitations and Exclusions

Fetal Echocardiography is not medically necessary when:

1. It is used for routine screening for congenital heart disease in the absence of risk factors listed above; or
2. The pregnancy is low risk and there are normal anatomic findings on ultrasound examination

CPT Codes that are not authorized with a request for fetal echo 93320 (ACOG, 2016)

Fetal echocardiograms are considered experimental and investigational for all other indications (Aetna, 2017).

Additional Information

- A. Aetna considers fetal echocardiograms, Doppler and color flow mapping medically necessary for *any* of the following conditions:
 1. A mother with insulin dependent diabetes mellitus or systemic lupus erythematosus;
 2. As a screening study in families with a first degree relative with a history of congenital heart disease;
 3. Fetal nuchal translucency measurement of 3.5 mm or greater in the first trimester; or
 4. Following an abnormal or incomplete cardiac evaluation on an anatomic scan, 4-chamber study. (Note: When the 4-chambered view is adequate and there are no other indications of a cardiac abnormality, a fetal echocardiogram is not considered medically necessary); or
 5. For ductus arteriosus dependent lesions and/or with other known complex congenital heart disease; or
 6. For pregnancies conceived by in vitro fertilization (IVF) or intra-cytoplasmic sperm injection (ICSI); or
 7. In cases of single umbilical artery; or
 8. In cases of suspected or known fetal chromosomal abnormalities; or
 9. In suspected or documented fetal arrhythmia: to define the rhythm and its significance, to identify structural heart disease and cardiac function; or
 10. In members with autoimmune antibodies associated with congenital cardiac anomalies [anti-Ro (SSA)/anti-La (SSB)]; or
 11. In members with familial inherited disorders associated with congenital cardiac abnormalities (e.g. Marfan syndrome); or
 12. In cases with monozygotic twins or multiple gestation and suspicion of twin-twin transfusion syndrome; or
 13. Members with seizure disorders, even if they are not presently taking anti-seizure medication; or
 14. Non-immune fetal hydrops or unexplained severe polyhydramnios; or

- 15. When members' fetuses have been exposed to drugs known to increase the risk of congenital cardiac abnormalities including but not limited to: Lithium, anti-seizure medications, excessive alcohol intake, or Paroxetine (Paxil), Retinoids; or
- 16. When other structural abnormalities are found on ultrasound
- B. Repeat studies of fetal echocardiograms are considered medically necessary by Aetna when the initial screening study indicates any of the following:
 - 1. A ductus arteriosus dependent lesion; or
 - 2. Tachycardia other than sinus tachycardia or heart block; or
 - 3. Structural heart disease with a suggestion of hemodynamic compromise.
- C. Fetal echocardiograms are considered experimental and investigational for all other indications (Aetna, 2017).
- D. Coverage for Pregnancy: Early Care and Diagnostic Services (Medi-Cal, 2017)

<u>CPT Code</u>	<u>Description</u>
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	Follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Follow-up or repeat study

Effective Date: *May 27, 2009*

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Revised:	
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References:

1. Aetna Clinical Policy Bulletin Number 0106: Fetal Echocardiography and Magnetocardiography, Last reviewed 9/21/2017. Accessed on 11/27/2017 at: http://www.aetna.com/cpb/medical/data/100_199/0106.
2. American College of Obstetricians and Gynecologists (ACOG). Practice Bulletin Number 175: Ultrasound in Pregnancy. Obstetrics and Gynecology. 2016; 128(6): e241-56. <http://journals.lww.com/greenjournal/pages/articleviewer.aspx?year=2016&issue=12000&article=00053&type=Fulltext>
3. American Institute of Ultrasound in Medicine (AIUM) Practice Parameter for the Performance of Fetal Echocardiography. 2013. Accessed September 28, 2017 at: <http://www.aium.org/resources/guidelines/fetalecho.pdf>.
4. Medi-Cal Provider Manual. Pregnancy: Early Care and Diagnostic Services (preg early). June 2017. Accessed 11/28/2017.

5. Small M and Copel JA. Indications for Fetal Echocardiography. *Pediatric Cardiology*. 2004; 25: 210-22.
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