IEHP UM Subcommittee Approved Authorization Guidelines

Fetal Echocardiogram

Policy:
IEHP considers fetal echocardiography to be a covered benefit for the following conditions:

Maternal indications:
Specific Metabolic disorders (Diabetes), Autoimmune disease (SLE, Sjogren’s), anti-Ro (SSA)/anti-La (SSB), Rubella infection, Pregnancy conceived by in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI), inherited disorders associated with cardiac anomalies (22q11.2 deletion syndrome, Marfan’s syndrome) and Exposure to specific teratogens known to increase the risk of cardiac abnormalities such as Lithium, Alcohol, Anti-seizure medication, Paxil (Paroxetine), and Retinoids.

Fetal indications:
Family history of Congenital Heart Disease: first degree relative of fetus with a history of congenital heart disease, Abnormal cardiac screening or major organ abnormality, Chromosomal abnormality, Arrhythmia, Increased first trimester nuchal translucency, Abnormal Non-Invasive Prenatal Testing (NIPT), Multiple gestation and suspicion of twin-twin transfusion syndrome, Hydrops, and Polyhydramnios.

Repeat Fetal Echocardiography (may be indicated for the following):
A. Ductus arteriosus dependent lesion;
B. Tachycardia other than sinus tachycardia or heart block;
C. Structural heart disease with a suggestion of hemodynamic compromise.

Fetal Echocardiography is not medically necessary when:
A. it is used for routine screening for congenital heart disease in the absence of risk factors listed above; or
B. the pregnancy is low risk and there are normal anatomic findings on ultrasound examination; or

CPT codes covered if selection criteria are met {2,3,5,6}:
Initial study 76825, 76827, 93325
If repeat study indicated 76826, 76828, 93325
CPT Codes that are not authorized with a request for fetal echo \{2,5,6\}: 93320

**Background:**
Members should be referred for fetal echocardiography because of an abnormality of structure or rhythm noted on ultrasound examination or because the patient is in a high-risk group for fetal heart disease. The optimal timing for performance of a comprehensive transabdominal fetal echocardiogram is 18 to 22 weeks gestation.

**Journal of the American Society of Echocardiography (2004) \{1\}:**
Indications for fetal echocardiography:

<table>
<thead>
<tr>
<th>Maternal Indications</th>
<th>Fetal Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of CHD</td>
<td>Abnormal obstetrical ultrasound screen</td>
</tr>
<tr>
<td>Metabolic disorders (e.g., diabetes, PKU)</td>
<td>Chromosomal abnormality</td>
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<tr>
<td>Autoimmune disease (e.g., SLE, Sjogren’s)</td>
<td>Arrhythmia</td>
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<tr>
<td>Rubella infection</td>
<td>Increased first trimester nuchal translucency</td>
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<tr>
<td>Exposure to teratogens (Lithium)</td>
<td>Multiple gestation and suspicion of twin-twin transfusion syndrome</td>
</tr>
<tr>
<td>In vitro fertilization</td>
<td>Hydrops</td>
</tr>
<tr>
<td>Exposure to prostaglandin synthetase inhibitors (e.g., ibuprofen, salicylic acid, indomethacin)</td>
<td></td>
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<tr>
<td>Familial inherited disorders</td>
<td></td>
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</tbody>
</table>

**American College of Obstetrics and Gynecologist Compendium (2008) \{4\}:**
The ACOG Committee Opinion on the treatment with SSRI’s during pregnancy (2006) & ACOG Practice Bulletin (2007) The Use of Psychiatric Medications during Pregnancy and Lactation, November 2007; noted that paroxetine use among pregnant women and women planning pregnancy should be avoided, if possible. Fetal echocardiography should be considered for women who were exposed to paroxetine in early pregnancy.

**American Institute of Ultrasound in Medicine (2013):**

<table>
<thead>
<tr>
<th>Maternal Indications</th>
<th>Fetal Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoimmune antigbodies, anti-Ro (SSA)/anti-La (SSB);</td>
<td>Abnormal cardiac screening examination;</td>
</tr>
<tr>
<td>Familial inherited disorders (eg, 22q11.2 deletion sydrome);</td>
<td>First degree relative of fetus with congenital heart disease;</td>
</tr>
<tr>
<td>Invitro fertilization;</td>
<td>Abnormal heart rate or rhythm;</td>
</tr>
<tr>
<td>Metabolic disease (eg, diabetes mellitus and phenlyketonuria); and</td>
<td>Fetal chromosomal abnormality;</td>
</tr>
<tr>
<td></td>
<td>Extracardiac anomaly;</td>
</tr>
<tr>
<td></td>
<td>Hydrops;</td>
</tr>
</tbody>
</table>
● Teratogen exposure (eg, retinoids and lithium).

● Increased nuchal translucency;

● Monochorionic twins.

**Aetna (04/17/2015)**:

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 case 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 monochorionic 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
B. When other structural abnormalities are found on ultrasound, Aetna considers repeat studies of fetal echocardiograms medically necessary 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. Aetna considers fetal echocardiograms experimental and investigational for all other indications.

**Medi-Cal’s Pregnancy: Early Care and Diagnostic Services {3}**:  

<table>
<thead>
<tr>
<th>CPT-4 Code</th>
<th>Description</th>
<th>Diagnosis Restriction</th>
<th>Frequency Restrictions/Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>76825</td>
<td>Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;</td>
<td>648.00 – 648.03 Diabetes Mellitus</td>
<td>Once in 180 days, same provider.</td>
</tr>
<tr>
<td>76826</td>
<td>Follow-up or repeat study.</td>
<td>648.50 – 648.53 Congenital cardiovascular disorders</td>
<td>Five per day maximum when billing for a pregnancy with multiple gestation. Providers must document the number of fetuses in the Remarks field (Box 80)/Additional Claim Information field (Box 19).</td>
</tr>
<tr>
<td>76827</td>
<td>Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete</td>
<td>648.80 – 648.83 Abnormal glucose tolerance</td>
<td></td>
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<tr>
<td>76828</td>
<td>Follow-up or repeat study</td>
<td>655.00 – 655.93 Known or suspected fetal abnormality affecting management of mother</td>
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<tr>
<td></td>
<td></td>
<td>659.73 Abnormality in fetal heart rate or rhythm</td>
<td></td>
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</tbody>
</table>

**Medical Coding and Compliance Solutions, LLC (MCCS) and Practice Management Information Corporation’s CPT Plus**:  

93320 Doppler echocardiography, pulse wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete (Use 93320 in conjunction with 93303, 93304, 93312, 93314, 93315, 93317, 93350, 93351)  
93325 Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiographic imaging); (Use 93325 in conjunction with 76825, 76826, 76827, 76828, 93303, 93304, 93312, 93314, 93315, 93317, 93350, and 93351).
Effective Date: May 27, 2009                      Reviewed Annually: November 11, 2015

Revised:
February 11, 2015
August 19, 2015
August 23, 2015
November 11, 2015

Bibliography:

6. Medical Coding and Compliance Solutions, LLC (MCCS) Flashcode 2009.


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