



KAISER PERMANENTE[®]
Mid-Atlantic States

**Fetal Echocardiogram
Medical Coverage Policy**

Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
 - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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I. Specialties: OB/GYN, Maternal Fetal Medicine, Genetics

II. Procedure: Fetal Echocardiograms

This medical coverage policy aligns with current American Society of Echocardiography (ASE) guidelines. Future changes to the ASE guidelines, which are not included here, are also applicable during utilization review of fetal echocardiogram care requests.

- A.** The optimal timing for performance of a comprehensive transabdominal fetal echocardiogram is between 18 to 22 weeks' gestation.
- B.** Repeat fetal echocardiograms are indicated for those fetuses identified with diseases that can be progressive or a suboptimal scan or any patient with fetal arrhythmia.

III. Diagnoses/Indications

Fetal echocardiograms are indicated for the following diagnoses and conditions:

A. Maternal Indications

1. Autoimmune antibodies/ anti-Ro (SSA)/anti-La(SSB); SSA/SSB autoantibodies in current pregnancy or history of previous child with congenital heart block/neonatal lupus;
2. Familial inherited disorders (e.g., Marfan's syndrome);
3. First degree relative of the fetus with congenital heart disease (parent, sibling);
4. Metabolic Disorder
 - a. Maternal Diabetes diagnosed before pregnancy;
 - b. High suspicion of Maternal Diabetes NOT diagnosed prior to pregnancy (gestational maternal diabetes is NOT an indication); or
 - c. Phenylketonuria
5. Teratogen exposure (e.g., retinoid, lithium, anticonvulsives); or
6. Rubella infection in pregnancy.

B. Fetal Indications

1. Abnormal cardiac screening examination: any abnormal cardiac finding on a screening sonogram;
2. Abnormal heart rate or rhythm;
3. Fetal chromosomal anomaly;
4. Extracardiac anomaly;
5. Fetal hydrops;
6. Elevated (>3mm) nuchal translucency measurement in first trimester;
7. Monochorionic twins; or
8. Unexplained severe polyhydramnios as manifested with AFI>30; **or**
9. Suspicion of twin-twin transfusion syndrome

IV. Restrictions

All other indications not listed in section III, require review by Maternal Fetal Medicine/ Perinatology for medical necessity.

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Approval History

Date approved by RUMC*	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
03/28/2016	03/30/2016	04/11/2016

Approval History

Effective June 01, 2016, state filing no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

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*The Regional Utilization Management Committee received **delegated authority** to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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