

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 14.6
TITLE: ELECTRONIC FETAL MONITORING

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(xii)

TRICARE POLICY MANUAL: Chapter 3, Section 13.5

I. EFFECTIVE DATE

April 19, 1983

II. PROCEDURE CODE(S)

59020; 59025; 59050-59051

III. POLICY

A. Current Procedural Terminology (CPT) codes 59020; 59025. Antepartum electronic fetal monitoring may be cost shared when medically necessary to differentiate the at-risk fetus who is tolerating the in utero environment without distress from the at-risk fetus who is tolerating its in utero environment poorly and is truly distressed.

B. CPT 59050 and 59051. Fetal monitoring during labor by consulting physician (i.e., non-attending physician) with written report (separate procedure); supervision and interpretation may be cost shared when medically necessary to avoid intrapartum fetal loss and prevent intrapartum fetal brain damage.

IV. POLICY CONSIDERATIONS

A. Cost share determination for technical component of tests and extraordinary professional services apply (see [Chapter 3, Section 2.1, Cost Share](#)).

B. Acceptable documentation of at-risk status is contemporary medical record entries of clinical risk assessment and scoring techniques performed at the first antenatal visit and as problems develop during gestation.

C. Procedures rendered under the following circumstances must receive second level review concurrence on medical necessity for cost share to be allowed.

1. Any test prior to the 28th week of gestation.
2. CPT 59025. Fetal non-stress test; (NST) more frequently than once each seven days.
3. CPT 59020. Fetal oxytocin stress test; also termed contractions stress test associated with:

- a. no documentation of a previous nonreactive NST;
- b. erythroblastosis fetalis; and
- c. the following clinical situations.

(1.) Strong contraindications.

- (a.) Known/suspected placenta previa.
- (b.) Previous classic cesarean section.
- (c.) Ruptured chorioamnion.

(2.) Relative contraindications.

- (a.) Hydramnios.
- (b.) Incompetent cervix.
- (c.) Multiple gestation.
- (d.) Placenta previa.
- (e.) Polyhydramnios.
- (f.) Premature labor, previous.
- (g.) Ruptured membranes.
- (h.) Uterine bleeding, undiagnosed.

D. CPT 59020 associated with the following active conditions may be routinely cost shared.

1. Chronic hypertension.
2. Cyanotic maternal cardiac disease.
3. Diabetes mellitus.

4. Gravida beyond age 40.
5. Heart disease, organic.
6. Homozygous (or doubly heterozygous).
7. Hemoglobinopathies.
8. Intrauterine growth retardation.
9. Meconium-stained amniotic fluid.
10. Narcotic addiction.
11. Nonreactive non-stressed test.
12. Oligohydramnios.
13. Preeclampsia.
14. Prolonged/post-term pregnancy.
15. Pulmonary insufficiency, chronic.
16. Renal disease, chronic.
17. Rhesus sensitization.
18. Sickle cell hemoglobinopathy.
19. Stillbirth, previous unexplained.

END OF POLICY