

ELECTRONIC FETAL MONITORING

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I. PROCEDURE CODES

59020; 59025; 59050-59051

II. POLICY

A. Procedures 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. Procedures 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.

III. POLICY CONSIDERATIONS

A. Cost-share determination for technical component of tests and extraordinary professional services apply. See [Chapter 13, Section 3.8](#) (PROFESSIONAL SERVICES: OBSTETRICAL CARE).

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. Procedure 59025 (fetal non-stress test; NST) more frequently than once each seven days.
3. Procedure 59020 (fetal oxytocin stress test; also termed contractions stress test) associated with:

- a. No documentation of a previous nonreactive non-stressed test (NST).
 - b. Erythroblastosis fetalis.
 - 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. Clinical conditions not listed in (d) below.
- D. Procedure 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.

E. Contractor recommendations for additions or deletions to this list of conditions for which procedure 59020 is routinely indicated should be forwarded, along with a supporting statement of clinical rationale, including literature citations, to the TRICARE Management Activity (TMA).

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