	POLICIES AND PROCEDURES
Policy #: 404-1721	Lead Department: Utilization Management
Title: Antepartum Fetal Surveillance	
Original Date: 01/01/2007	Date Published: 06/11/2024
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To describe Central California Alliance for Health's (the Alliance) policy of reviewing requests for Antenatal Fetal Surveillance.

Policy:

The Alliance considers in-office and in-hospital antepartum fetal surveillance with non-stress tests (NST), contraction stress tests (CST), biophysical profile (BPP), and modified BPP medically necessary. This consideration is consistent with the American College of Obstetricians and Gynecologists Clinical Guideline on Antepartum Fetal Surveillance.

Definitions:


Antepartum Fetal Surveillance: Tests used to assess the risk of adverse perinatal outcomes associated with utero-placental insufficiency, and recommended for pregnancies that are at risk for hypoxia and stillbirth. Common tests include fetal movement assessment, non-stress test (NST), contraction stress test (CST), Biophysical Profile (BPP), and modified BPP. Some of the conditions under which antepartum fetal surveillance may be appropriate include the following:

Maternal conditions:

1. Anti-phospholipid syndrome
2. Hyperthyroidism (poorly controlled)
3. Hemoglobinopathies (hemoglobin SS, SC, or S-thalassemia)
4. Cyanotic heart disease
5. Systemic lupus erythematosus
6. Chronic renal disease
7. Type 1 diabetes mellitus
8. Hypertensive disorders.

Pregnancy-related conditions:

1. Pregnancy-induced hypertension
2. Decreased fetal movement
3. Oligohydramnios
4. Polyhydramnios
5. Intrauterine growth restriction

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6. Post term pregnancy (greater than 41 weeks gestation)
7. Isoimmunization (moderate to severe)
8. Previous fetal demise (unexplained or recurrent risk)
9. Multiple gestation (with significant growth discrepancy)

Biophysical Profile: BPP is comprised of five components:

1. Non-stress test
2. Fetal breathing movements
3. Fetal movement
4. Fetal tone
5. Amniotic fluid index (determination of the amniotic fluid volume).

Each component is assigned two points, resulting in a score ranging from 0 to 10, with scores from 8-10 considered normal, 6 considered borderline, and below 6 considered problematic.


Contraction Stress Test (CST): The CST measures the response of the fetal heart rate to uterine contractions. It relies on the premise that fetal oxygenation will be transiently worsened by uterine contractions. This test is rarely used in clinical practice at this time.

To perform CST, the fetal heart rate and uterine contractions are simultaneously recorded with an external fetal monitor. The test lasts until the mother has had three moderate strength contractions within a ten-minute period. If contractions are not happening on their own, they may be induced using an intravenous dose of oxytocin.

Fetal Movement Assessment: A decrease in the maternal perception of fetal movement often but not invariably precedes fetal death, in some cases by several days. This observation provides the rationale for fetal movement assessment by the mother ("kick counts") as a means of antepartum fetal surveillance.

Non-Stress Test (NST): The NST is based on the premise that the heart rate of a fetus that is not acidotic or neurologically depressed will temporarily accelerate with fetal movement. Heart rate reactivity is thought to be a good indicator of normal fetal autonomic function. Loss of reactivity is associated most commonly with the fetal sleep cycle but may result from any cause of central nervous system depression, including fetal acidosis and some medications.

To perform NST, the mother is asked to denote when the fetus moves. The fetal heart rate tracing is then evaluated for accelerations of the fetal heart rate corresponding with fetal movement.

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Alternatively, acoustic stimulation is applied to the maternal abdomen for 1-2 seconds and the fetal heart rate is recorded. The acoustic stimulation may be repeated up to three times, each time for progressively longer durations (up to 3 seconds), to elicit fetal heart rate accelerations.

Modified Biophysical Profile: Modified BPP combines the NST (with the option of acoustic stimulation), as a short-term indicator of fetal acid-base status, with the amniotic fluid index as an indicator of long-term placental function.

Procedures:

The following medical necessity guidelines apply:

1. Antepartum fetal surveillance using NST, CST, BPP, or modified BPP is considered medically necessary for women with risk factors for stillbirth due to utero-placental insufficiency. Accepted guidelines state that fetal testing should not begin until interventions can be undertaken. For most pregnancies at increased risk of stillbirth due to utero-placental insufficiency, testing is considered appropriate beginning at 32-34 weeks of gestation. Testing is considered medically necessary beginning at 26 weeks gestation for pregnancies with multiple or high-risk conditions, as noted above.
2. If the clinical condition that has prompted testing persists, repeat testing (either weekly or twice weekly, depending on the test used and the presence of certain high-risk conditions) is considered medically necessary until delivery. Repeat testing is also considered medically necessary for any significant deterioration in the maternal medical status or any acute diminution in fetal activity, regardless of the amount of time that has elapsed since the last test.
3. A CST or full BPP is considered medically necessary following an abnormal NST or modified BPP. (Subsequent management should then be predicated on the results of the CST or BPP, the gestational age, the degree of oligohydramnios (if assessed), and the maternal condition.)
4. Recent, normal antepartum fetal test results should not preclude the determination that intrapartum fetal monitoring is medically necessary.


References:

Alliance Policies:

404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests

Impacted Departments:

Claims
Member Services
Provider Services

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Regulatory:

Legislative:

Contractual (Previous Contract):

DHCS Medi-Cal contract, Exhibit A, Attachment 10, Provision 7

DHCS Medi-Cal Contract, Exhibit A, Attachment 18, Provision 10D

DHCS Medi-Cal Contract, Exhibit E, Attachment 3, Provision 5

Contractual (2024 Contract):

DHCS APL or Policy Letter:

NCQA:

Supersedes:

Other References:

American College of Obstetricians and Gynecologists: Clinical Guideline on Antepartum Fetal Surveillance, Number 145, July 2014

Attachments:

Lines of Business This Policy Applies To

- ☐ DSNP
☒ Medi-Cal
☐ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)
(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
03/20/2018	03/20/2018	Kathy Dean, RN UM Manager, Prior Auth	UMWG
03/19/2019	03/19/2019	Tammy Brass, RN UM Manager, Prior Auth	UMWG
06/26/2020	06/26/2020	Lorna Metzger, RN Prior Auth Supervisor	UMWG
06/03/2022	06/03/2022	Tisa Llamas, RN Prior Auth Supervisor	UMWG
04/29/2024	04/29/2024	Lorna Metzger Prior Auth Supervisor	UMWG