blue of california

Medical Policy

Tocolysis with Intravenous or Subcutaneous Terbutaline	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Medicine
Original Policy Date: September 13, 1989	**Effective Date:** October 1, 2010

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Tocolysis is the suppression of preterm labor. Preterm labor is defined as regular contractions occurring before 37 weeks of gestation along with cervical changes. Preterm labor is the most common cause of antenatal hospitalization. About one of every 10 babies born in the United States is born preterm. Preterm births are responsible for three-quarters of neonatal mortality and one-half of long-term neurological impairments in children (American College of Obstetrics and

Gynecology (ACOG, 2008)). There are various tocolytic medications that inhibit uterine contractions; however, this policy only addresses the use of intravenous and subcutaneous terbutaline.

Policy

Intravenous or subcutaneous terbutaline therapy is considered **medically necessary** in the acute care setting for induction of tocolysis in preterm labor < 37 weeks gestation

Intravenous or subcutaneous terbutaline therapy is considered **investigational** in the home or outpatient setting for maintenance tocolytic therapy.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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