Medical Policy
Acute and Maintenance Tocolysis

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Policy Number: 518
BCBSA Reference Number: 5.01.07

Related Policies
- Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies, #552

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue℠ and Medicare PPO Blue℠ Members
Acute tocolytic therapy with calcium channel blockers, magnesium sulfate, prostaglandin inhibitors, and parenteral terbutaline may be **MEDICALLY NECESSARY** for the induction of tocolysis in patients with preterm (<37 weeks’ gestational age) labor. Maintenance (beyond 48-72 hours) tocolytic therapy administered via home infusion with any medication is **INVESTIGATIONAL**.

Authorization Information
Commercial Members: Managed Care (HMO and POS)
- Prior authorization is required for acute tocolytic therapy in an **inpatient** setting.
- Prior authorization is **NOT** required for acute tocolytic therapy in an **outpatient** hospital setting (i.e., observation).

Commercial Members: PPO, and Indemnity
- Prior authorization is required for acute tocolytic therapy in an **inpatient** setting.
- Prior authorization is **NOT** required for acute tocolytic therapy in an **outpatient** hospital setting (i.e., observation).

Medicare Members: HMO Blue℠
- Prior authorization is required for acute tocolytic therapy in an **inpatient** setting.
- Prior authorization is **NOT** required for acute tocolytic therapy in an **outpatient** hospital setting (i.e., observation).

Medicare Members: PPO Blue℠
- Prior authorization is required for acute tocolytic therapy in an **inpatient** setting.
• Prior authorization is **NOT** required for acute tocolytic therapy in an *outpatient* hospital setting (i.e., observation).

### CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

#### CPT Codes

There is no specific CPT code for this service.

#### HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3105</td>
<td>Injection, terbutaline sulfate, up to 1 mg</td>
</tr>
<tr>
<td>J3475</td>
<td>Injection, magnesium sulfate, per 500 mg</td>
</tr>
<tr>
<td>S9349</td>
<td>Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem</td>
</tr>
</tbody>
</table>

#### ICD-9 Diagnosis Coding

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>644.00</td>
<td>Threatened premature labor, unspecified as to episode of care or not applicable</td>
</tr>
<tr>
<td>644.03</td>
<td>Threatened premature labor, antepartum condition or complication</td>
</tr>
</tbody>
</table>

#### ICD-9 Procedure Codes

When the following ICD 9 procedure codes are associated with the service(s) described in this document coverage for the service(s) is aligned with the policy statement.

<table>
<thead>
<tr>
<th>ICD-9-CM procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.29</td>
<td>Injection or infusion of other therapeutic or prophylactic substance</td>
</tr>
</tbody>
</table>

#### ICD-10-CM Diagnosis Coding

<table>
<thead>
<tr>
<th>ICD-10-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O60.00</td>
<td>Preterm labor without delivery, unspecified trimester</td>
</tr>
<tr>
<td>O60.02</td>
<td>Preterm labor without delivery, second trimester</td>
</tr>
<tr>
<td>O60.03</td>
<td>Preterm labor without delivery, third trimester</td>
</tr>
</tbody>
</table>

#### ICD-10-PCS Diagnosis Coding

<table>
<thead>
<tr>
<th>ICD-10-PCS diagnosis codes:</th>
<th>Code Description</th>
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</table>
**Description**

Tocolysis refers to the suppression of preterm labor to delay delivery. General indications for tocolysis include continued regular uterine contractions associated with cervical changes in a pregnant woman at less than 37 weeks’ gestation. Successful delay of preterm delivery allows further fetal development and precludes the complications of preterm delivery, especially neonatal respiratory distress syndrome. If successful acute tocolysis is achieved, patients may continue to receive pharmacologic therapy for maintenance.

A variety of agents have been used for tocolysis. The only FDA-approved tocolytic drug is ritodrine, a beta-sympathomimetic. Ritodrine is no longer available in the United States and thus only off-label medications are available. Terbutaline, also a beta-sympathomimetic, is an alternative to ritodrine, for acute and maintenance tocolysis. Other tocolytic drugs include calcium channel blockers (e.g., nifedipine), magnesium sulfate, oxytocin receptor antagonists (e.g., atosiban), prostaglandin inhibitors (e.g., indomethacin), and nitrates (e.g., nitroglycerin).

**Summary**

There is sufficient evidence that the commonly used tocolytic agents presented here are effective at inducing tocolysis in patients with preterm labor or threatened preterm labor. Thus, these agents are considered medically necessary for the acute prevention of preterm delivery. There are data suggesting that oral terbutaline is associated with more adverse events than parenteral terbutaline for acute tocolysis. Each medication has a different risk/benefit profile, and there is no clear first-line tocolytic agent. There are fewer studies on medications to maintain tocolysis. The available evidence does not suggest that maintenance tocolysis improves health outcomes, and therefore maintenance tocolysis is considered investigational.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>7/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>12/2013</td>
<td>New references from BCBSA National medical policy.</td>
</tr>
</tbody>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines
References
2. FDA drug safety communication: New warnings against use of terbutaline to treat preterm labor.; February 17, 2011.