



## Medica Central Coverage Policy

**Policy Name:**      **Bronchial Thermoplasty for Treatment of Asthma MP9693**

**Effective Date:**      **09/01/2024**

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

**Note:** This policy is no longer scheduled for routine review of the scientific literature.

Bronchial thermoplasty (BT) for treatment of asthma is investigative unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

### Description

Bronchial thermoplasty (BT), also known as bronchothermoplasty or radiofrequency ablation of bronchial airway smooth muscle, is a minimally invasive outpatient procedure used to treat adults with severe asthma who have been unresponsive to standard medical therapy. BT uses thermal radiofrequency energy designed to reduce or partially eliminate excess smooth muscle tissue in the distal airways. This is thought to reduce airway obstruction, which may reduce the severity and frequency of asthma symptoms and attacks.

A pulmonologist inserts a flexible bronchoscope into the patient's lungs via the mouth or nose. The thermoplasty catheter is introduced through a channel within the bronchoscope. Once in place, the catheter tip expands to allow the electrodes to make contact with the airway wall during which thermal energy is applied to thin/reduce the excess smooth muscle tissue. While general anesthesia may be used, patients typically receive an intravenous sedative and remain conscious during the procedure, which takes less than one hour. Three sessions are usually required at a minimum of three-week intervals to treat all accessible airways in both lungs.

### FDA Approval

The Alair® Bronchial Thermoplasty System (Boston Scientific Corp.) received PMA approval April 2010.



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### Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

#### CPT Codes:

- **31660** - Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
- **31661**- Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes

	Committee/Source	Date(s)
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	December 20, 2023
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