

Medical Coverage Policy | Bronchial Thermoplasty



EFFECTIVE DATE: 12|20|2011
POLICY LAST UPDATED: 02|04|2014

OVERVIEW

Bronchial thermoplasty is a newly available potential treatment option for patients with severe persistent asthma. It consists of radiofrequency energy delivered to the distal airways with the aim of decreasing smooth muscle mass believed to be associated with airway inflammation.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Bronchial thermoplasty for the treatment of asthma is considered **not medically necessary** for all BCBSRI products because there is a lack of conclusive evidence confirming long-term efficacy.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Bronchial thermoplasty is a proposed treatment option for patients with severe persistent asthma. The therapy is based on the premise that patients with asthma have an increased amount of smooth muscle in the airway and that contraction of this smooth muscle is a major cause of airway constriction. The thermal energy delivered via bronchial thermoplasty aims to reduce the amount of smooth muscle and thereby decrease muscle-mediated bronchoconstriction with the ultimate goal of reducing asthma-related morbidity. Bronchial thermoplasty is intended as a supplemental treatment for patients with severe persistent asthma (i.e., steps 5 and 6 in the stepwise approach to care).

Bronchial thermoplasty procedures are performed on an outpatient basis and each session lasts approximately 1 hour. During the procedure, a standard flexible bronchoscope is placed through the patient's mouth or nose into the most distal targeted airway and a catheter is inserted into the working channel of the bronchoscope. After placement, the electrode array in the top of the catheter is expanded, and radiofrequency energy is delivered from a proprietary controller and used to heat tissue to 65 degrees Centigrade over a 5 mm area. The positioning of the catheter and application of thermal energy is repeated several times in contiguous areas along the accessible length of the airway. At the end of the treatment session, the catheter and bronchoscope are removed. A course of treatment consists of 3 separate procedures in different regions of the lung scheduled about 3 weeks apart.

Long-term safety data and clinical outcomes are not yet available, therefore the technology is considered not medically necessary.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable diagnostic test benefits/coverage.

CODING

BlueCHiP for Medicare and Commercial

The following codes are not medically necessary:

31660, 31661

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Apr 2014
Provider Update	Feb 2013
Provider Update	Mar 2012

REFERENCES

1. BlueCross BlueShield Association. Medical Policy Reference Manual. Policy # 7.01.127 Bronchial Thermoplasty. Accessed 11/22/11.
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2. Thompson, N. C., et al. Biomed Central Pulmonary Medicine. 2011, 11:8. Long-term (5 year) safety of bronchial thermoplasty: Asthma Intervention Research (AIR) trial. Accessed 11/22/11.
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3. Cox, M.B., et al. N Engl J Med 2007; 356:1327-1337. Asthma Control during the Year after Bronchial Thermoplasty. Accessed 11/22/11.
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