

Medical Coverage Policy | Bronchial Thermoplasty



EFFECTIVE DATE: 02|03|2015
POLICY LAST UPDATED: 02|03|2015

OVERVIEW

Bronchial thermoplasty is a 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 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.

The uncertain degree of benefit and the presence of substantial adverse events leave a large degree of uncertainty about the impact of bronchial thermoplasty on the net health outcome. In clinical input obtained in 2014, there was not consensus support for this procedure among clinicians. As a result, bronchial thermoplasty is considered not medically necessary as a treatment for asthma.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

CODING

BlueCHiP for Medicare and Commercial

The following codes are not medically necessary:

31660, 31661

RELATED POLICIES

Not applicable.

PUBLISHED

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|-----------------|----------|
| Provider Update | Apr 2015 |
| Provider Update | Apr 2014 |
| Provider Update | Feb 2013 |
| Provider Update | Mar 2012 |

REFERENCES

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2. National Heart Lung and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3). 2007. Available online at: <http://www.nhlbi.nih.gov/guidelines/asthma>. Last accessed March, 2014.
3. Pavord ID, Cox G, Thomson NC et al. Safety and efficacy of bronchial thermoplasty in symptomatic, severe asthma. *Am J Respir Crit Care Med* 2007; 176(12):1185-91.
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5. Cox G, Thomson NC, Rubin AS et al. Asthma control during the year after bronchial thermoplasty. *N Engl J Med* 2007; 356(13):1327-37.
6. Thomson NC, Rubin AS, Niven RM et al. Long-term (5 year) safety of bronchial thermoplasty: Asthma Intervention Research (AIR) trial. *BMC Pulm Med* 2011; 11:8.

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