Policy Name: Bronchial Thermoplasty for Treatment of Asthma
Effective Date: 10/19/2020

Important Information – Please Read Before Using This Policy
These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 and Minnesota Health Care Programs, this policy will apply unless those 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

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

Coverage Policy
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.

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

Original Effective Date: 11/1/2011

Re-Review Date(s):
- 8/20/2014
- 8/16/2017
- 7/23/2019 – administrative update; title change
- 2/10/2020 – administrative update; format
- 7/28/2020