

Subject: Bronchial Thermoplasty

Background: Bronchial thermoplasty is a minimally invasive treatment that uses heat to weaken and partially destroy the smooth muscle in the lungs that constricts the airway during asthma attacks.

Authorization: Prior authorization is required for all bronchial thermoplasty treatment requested for members enrolled in commercial (HMO, POS, or PPO) products.

- A complete bronchial thermoplasty procedure is performed in three treatment sessions with a recovery period of 3 weeks or longer between sessions. One prior authorization will allow for 3 treatment sessions.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here](#).) Members may access these materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

Policy and Coverage Criteria:

The Plan may authorize elective bronchial thermoplasty for Members 18 years of age or older with a confirmed diagnosis of asthma and when documentation confirms all of the following:

- Member has severe persistent asthma (symptoms throughout the day, symptoms most nights, normal activities are extremely limited by disease) with FEV1 \geq 60% predicted; AND
- Asthma is poorly controlled despite adherence to maximum tolerated doses of inhaled corticosteroids (ICS) and long-acting beta antagonists (LABA) for at least 3 months with two or more exacerbations in the past 12 months as documented by One or more of the following:
 - Two or more courses of oral systemic corticosteroid use (\geq 3 days each) required in a year or daily maintenance corticosteroid use due to respiratory symptoms
 - Emergency Department visit or Hospital Observation/Admission
- Member is a non-smoker \geq 1 year; AND
- The requesting physician is a pulmonologist who has completed a bronchial thermoplasty training curriculum and treatment will take place in a facility that is equipped to perform bronchoscopy and to handle respiratory emergencies.
- Note: Authorization is limited to 3 treatment sessions with a recovery period of 3 weeks or longer between sessions. Requests for reauthorization, beyond the initial 3 treatments sessions, are considered experimental/investigational and unproven because the safety and efficacy of repeat procedures is not supported by published peer-reviewed literature.

Exclusions: The Plan considers bronchial thermoplasty as experimental and investigational for all other indications. In addition, bronchial thermoplasty is contraindicated for Members with the following conditions:

- The presence of a pacemaker, internal defibrillator, or other implantable electronic device
- Known sensitivity to medications required to perform bronchoscopy, including lidocaine, atropine and benzodiazepines
- No conditions associated with increased risk for adverse events associated with the procedure, such as active respiratory infection, pregnancy, insulin dependent diabetes, epilepsy or other significant comorbidities
- History of life-threatening asthma requiring intubation
- Asthma exacerbation or changing dose of systemic corticosteroids for asthma (up or down) in the past 14 days
- Known coagulopathy condition
- Previously treated prior to full course of bronchial thermoplasty (i.e., no more than 3 treatment treatments)

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Codes	Description
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

Billing Guidelines:

Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. American College of Chest Physicians (ACCP). Position Statement for Coverage and Payment for Bronchial Thermoplasty. 2014; <https://www.chestnet.org/-/media/chesnetorg/Guidelines-and-Resources/Documents/Payment-Practice-and-Quality/BronchialThermoplastyNEW.ashx>. Accessed September 17, 2022.
2. Aftab GM, Rehman S, Ahmad M, Akram A, Bukhari A. Bronchial Thermoplasty in Patients with Severe Persistent Asthma: A Literature Review. J Community Hosp Intern Med Perspect. 2021;11(4):518-522. Published 2021 Jun 21. doi:10.1080/20009666.2021.1936951.
3. Boston Scientific website. Available at: Bronchial Thermoplasty – Who is it for - Boston Scientific. Accessed July 20, 2022.
4. Bonta PI, Chanez P, Annema JT, Shah PL, Niven R. Bronchial Thermoplasty in Severe Asthma: Best Practice Recommendations from an Expert Panel. Respiration. 2018;95(5):289-300. doi:10.1159/000488291.
5. Castro M, Rubin AS, Laviolette M, et al. Effectiveness and safety of bronchial thermoplasty in the treatment of severe asthma: a multicenter, randomized, double-blind, sham-controlled clinical trial. Am J Respir Crit Care Med. Jan 15 2010;181(2):116-124. PMID 19815809

6. Chaudhuri R, Rubin A, Sumino K, et al. Safety and effectiveness of bronchial thermoplasty after 10 years in patients with persistent asthma (BT10+): a follow-up of three randomized controlled trials. *Lancet Respir Med.* 2021;9(5):457-466. doi:10.1016/S2213-2600(20)30408-2
7. D'Anci KE, Lynch MP, Leas BF, et al. Effectiveness and Safety of Bronchial Thermoplasty in Management of Asthma. Rockville (MD): Agency for Healthcare Research and Quality (US); December 2017.
8. Duhamel DR, Hales JB. Bronchial thermoplasty: a novel therapeutic approach to severe asthma. *J Vis Exp.* 2010;(45):2428. Published 2010 Nov 4. doi:10.3791/2428.
9. Expert Panel Working Group of the National Heart, Lung, and Blood Institute (NHLBI) administered and coordinated National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC), Cloutier MM, Baptist AP, et al. 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group [published correction appears in *J Allergy Clin Immunol.* 2021 Apr;147(4):1528-1530]. *J Allergy Clin Immunol.* 2020;146(6):1217-1270. doi:10.1016/j.jaci.2020.10.003.
10. Global Initiative for Asthma (GINA). A GINA Pocket Guide for Health Professionals. Difficult-to-Treat & Severe Asthma in Adolescents and Patients: Diagnosis and Management [V2.0]. April 2019; <https://ginasthma.org/wp-content/uploads/2019/04/GINA-2019-main-Pocket-Guide-wms.pdf>. Accessed August 11, 2022.
11. Louis R, Satia I, Ojanguren I, Schleich F, Bonini M, Tonia T, Rigau D, Ten Brinke A, Buhl R, Loukides S, Kocks JWH, Boulet LP, Bourdin A, Coleman C, Needham K, Thomas M, Idzko M, Papi A, Porsbjerg C, Schuermans D, Soriano JB, Usmani OS. European Respiratory Society Guidelines for the Diagnosis of Asthma in Adults. *Eur Respir J.* 2022 Feb 15:2101585. doi: 10.1183/13993003.01585-2021. Epub ahead of print. PMID: 35169025.
12. Forma Pavord ID, Thomson NC, Niven RM, et al. Safety of bronchial thermoplasty in patients with severe refractory asthma. *Ann Allergy Asthma Immunol.* 2013;111(5):402-407. doi:10.1016/j.anaai.2013.05.002.
13. Singh SK, Tiwari KK. Bronchial thermoplasty: a non-pharmacological approach. *Clin Respir J.* 2017;11(1):13-20. doi:10.1111/crj.12315.
14. Torrego A, Solà I, Munoz AM, et al. Bronchial thermoplasty for moderate or severe persistent asthma in adults. *Cochrane Database Syst Rev.* 2014;2014(3):CD009910. Published 2014 Mar 3. doi:10.1002/14651858.CD009910.pub2.
15. UpToDate. Treatment of severe asthma in adolescents and adults. July 20, 2022, [UpToDate.com/login](https://www.uptodate.com/login) [via subscription only]. Accessed August 11, 2022.

Summary of Changes

Date	Change
6/23	Annual review; no changes
8/22	Criteria updated for integration purposes with Tufts Health Plan (THP)
7/22	Annual review no changes
7/21	Annual review; no changes
8/20	Annual review; no changes
9/19	Annual review; no changes
4/19	No changes; Policy automated through InterQual®
2/18	Annual review; policy coverage criteria refined
2/17	Policy coverage criteria revised from non-coverage to medically necessary.

Approved by Medical Policy Committee: 6/21/23

Approved by Clinical Policy Operational Committee: 2/17; 2/18; 4/19; 9/19; 8/20; 7/21; 9/22; 7/23

Policy Effective Date: 8/1/23

Initiated: 2/17