

Medical Policy

Bronchial Thermoplasty

Policy Number: 012

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
Authorization not required		
Not covered		

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for bronchial thermoplasty to treat asthma. The treating specialist must request prior authorization for the procedure.

Coverage Guidelines

Bronchial thermoplasty may be considered medically necessary when the request meets the medical necessity criteria indicated below:

1. The member is 18 years of age or older;
2. The member has a clinical diagnosis of severe, chronic asthma, resulting in persistent symptoms including coughing, wheezing, shortness of breath, and frequent nighttime awakenings.
3. The member's symptoms are limiting normal daily physical activities
4. The member's symptoms have failed to respond to inhaled corticosteroids or long acting beta agonists for a minimum of 3 months, with two or more asthma exacerbations in the past 12 months
5. The member is a non-smoker
6. Requesting physician must be a pulmonologist

Documentation Requirements

All member requests require an explicit order from the authorized treating pulmonologist including diagnosis and clinical indications.

Exclusions

1. The member has a pacemaker, internal defibrillator, or other implantable electronic device
2. The member has sensitivity to medications required to perform bronchoscopy, including lidocaine, atropine, and benzodiazepines
3. The member has known coagulopathy
4. The member has an activity respiratory infection

Definitions

Bronchial Thermoplasty: A technique of applying heat (via a device that delivers localized controlled radiofrequency waves) to the airways during bronchoscopy, which reduces the increased mass of airway smooth muscle associated with asthma.

CPT/HCPC Codes

Authorized CPT/HCPCS Codes	Code Description

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

Effective

April 2022: Annual review. References updated.

April 2021: Annual review.

March 2020: Annual review. References updated.

August 2019: Effective date.

References

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