Overview
The purpose of this document is to describe the guidelines AllWays Health Partners 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/HCPCS Codes

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>31660</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; w/ bronchial thermoplasty, 1 lobe</td>
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<tr>
<td>31661</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; w/ bronchial thermoplasty, 2 or more lobes</td>
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**Effective**


August 2019: Effective date.

**References**


