Keywords: Bronchial, Bronchial Thermoplasty, Thermoplasty

Table of Contents

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. ACTION</td>
<td>1</td>
</tr>
<tr>
<td>II. POLICY DISCLAIMER</td>
<td>1</td>
</tr>
<tr>
<td>III. POLICY</td>
<td>1</td>
</tr>
<tr>
<td>IV. POLICY CRITERIA</td>
<td>2</td>
</tr>
<tr>
<td>V. DEFINITIONS</td>
<td>2</td>
</tr>
<tr>
<td>VI. BACKGROUND</td>
<td>2</td>
</tr>
<tr>
<td>VII. CODING DISCLAIMER</td>
<td>3</td>
</tr>
<tr>
<td>VIII. CODING INFORMATION</td>
<td>3</td>
</tr>
<tr>
<td>IX. REFERENCE STATEMENT</td>
<td>3</td>
</tr>
<tr>
<td>X. REFERENCES</td>
<td>4</td>
</tr>
<tr>
<td>XI. APPROVALS</td>
<td>5</td>
</tr>
</tbody>
</table>

I. ACTION

- New Policy
- X Revising Policy Number: CMS02.13
- Superseding Policy Number
- Archiving Policy Number
- Retiring Policy Number

II. POLICY DISCLAIMER

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted first to know what benefits are available for coverage.

Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

III. POLICY

For Advantage MD, refer to: Medicare Coverage Database

- No Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) for Bronchial Thermoplasty identified, (Accessed November 4, 2019)

For Employer Health Programs (EHP) refer to:

- Plan specific Summary Plan Descriptions (SPD’s)
For Priority Partners, (PPMCO), refer to: Code of Maryland Regulations

- No specific information located in COMAR 10.67.01-10.67.13 (Accessed November 4, 2019)

For US Family Health Plan (USFHP) refer to: Tricare Policy Manuals

- TRICARE Policy Manual 6010.60-M, April 1, 2015, Chapter 4, Section 8.1 Respiratory System

IV. POLICY CRITERIA
A. When benefits are provided under the member’s contract, JHHC considers Bronchial Thermoplasty medically necessary for the treatment of severe persistent asthma when all of the following criteria are met:
   1. Member is 18 years of age or older, AND;
   2. Member is a current non-smoker, AND;
   3. Managed by an asthma specialist (pulmonologist, allergist) for at least 6 months, AND;
   4. Has ongoing symptoms despite recommended therapy as defined by the following:
      a. Documented current use of an inhaled corticosteroid for at least three consecutive months, AND;
      b. Documented current use or intolerance of a long-acting beta agonist, anticholinergic, or leukotriene antagonist (or a combination) for at least three consecutive months;

B. Unless specific benefits are provided under the member’s contract, JHHC considers bronchial thermoplasty experimental and investigational for all other indications, including but not limited to the following, as it does not meet Technology Evaluation Criteria (TEC)
   1. Repeat bronchial thermoplasty after completing a full course of treatment* (Refer to Definitions)
   2. Children < 18 years of age

V. DEFINITIONS
*Bronchial Thermoplasty: A full course of treatment is defined as three (3) applications over a 2-3 month period.

VI. BACKGROUND
According to The American Academy of Allergy, Asthma, and Immunology, bronchial thermoplasty (BT) is an FDA-approved procedure for severe asthmatics whose asthma is not well controlled with both inhaled corticosteroids and long-acting beta-agonists (AAAAI, 2016). Bronchial thermoplasty is considered a minimally invasive procedure.

BT delivers thermal energy to the lung’s airways which decreases the amount of smooth muscle in the lungs. As a result, the airways are less likely to constrict and the potential for future asthma attacks are diminished (Castro, 2010). It takes approximately three outpatient visits to complete the treatment and patients are under light/moderate sedation.

The Global Initiative for Asthma recommends a stepwise approach to asthma therapy to obtain symptom control using the minimum required therapy (GINA 2019). The guidelines outline a 5 step approach to treatment intensity based on ongoing uncontrolled symptoms. Bronchial thermoplasty is one of a number of treatment options for patients that remain uncontrolled at step 5, to be evaluated in conjunction with an asthma specialist.

Numerous studies support BT as a treatment for patients with severe asthma refractory to standard therapy. One study concluded that while there is a short-term increase in asthma-related morbidity with BT, there is preliminary evidence that BT improves asthma control in the long-term (Pavord, 2007). In a randomized clinical trial made up of 288 subjects, 190 patients treated with BT were compared to those undergoing a sham procedure (Castro 2010). The study reported a significant reduction in the number of severe exacerbations, and days lost from school/work in the individuals who were treated with
BT compared to sham-treated subjects over 1 year. A follow-up study followed the BT–treated patients out to 5 years and found decreased severe exacerbations and ED visits compared with prior to treatment, without an increase in adverse events (Wechsler 2013).

VII. CODING DISCLAIMER

CPT Copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code (s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member’s specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

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<tr>
<th>Employer Health Programs (EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria.</th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines then apply the Medical Policy criteria.</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria.</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria.</th>
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</table>

VIII. CODING INFORMATION

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>31660</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe</td>
</tr>
<tr>
<td>31661</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes</td>
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<tr>
<th>ICD10 CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>J45.20 J45.998</td>
<td>Asthma</td>
</tr>
</tbody>
</table>

IX. REFERENCE STATEMENT

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy
Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

X. REFERENCES


XI. APPROVALS

