JOHNS HOPKINS HEALTHCARE

Medical Policy: Bronchial Thermoplasty
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy
☒ Revising Policy Number: CMS02.13
☐ Superseding Policy Number
☐ Archiving Policy Number
☐ Retiring Policy Number

Effective Date: 03/15/2012
Review Dates: 10/22/03, 10/22/04, 10/21/05, 05/30/06, 10/13/06, 03/02/09, 06/04/10, 08/23/11, 03/07/14, 12/05/14, 12/02/16, 12/01/17

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 to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

SCOPE:

This policy addresses bronchial thermoplasty in the treatment of patients with a diagnosis of asthma.

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008 Surgery Chapter 4 Section 8.1

For Advantage MD:
Medicare does not have a Local Coverage Determination (LCD) for Bronchial Thermoplasty. (Accessed September 2016).
Medicare does not have a National Coverage Determination (NCD) for Bronchial Thermoplasty

I. When benefits are provided under the member’s contract, JHHC considers Bronchial Thermoplasty medically necessary when ALL of the following criteria are met:
   1. Member is 18 years of age or older with severe persistent asthma, 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, anti cholinergic, or leukotriene antagonist (or a combination) for at least three consecutive months;
II. 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) #2-5.

1. Repeat bronchial thermoplasty after completing a *full course of treatment* (see definitions below)
2. Children <= 18 years of age

Definitions:

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

**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 2017). 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).
CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

PRE-AUTHORIZATION REQUIRED

*Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits*

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP) <strong>See Specific Summary Plan Description (SPD)</strong></th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply 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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<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>31660</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe</td>
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<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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ICD10 CODES ARE FOR INFORMATIONAL PURPOSES ONLY

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<thead>
<tr>
<th>ICD10 Codes</th>
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<td>J45-J45.998</td>
<td>Asthma</td>
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<tr>
<th>Revenue Codes</th>
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<tr>
<td>0361</td>
<td>Operating Room Services-Minor Surgery; Hospital; outpatient</td>
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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. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

REFERENCES:


