



**Subject:** **Bronchial Thermoplasty\***

**Effective Date:** **June 14, 2011**

**Department(s):** **Utilization Management**

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**Policy:** Bronchial thermoplasty, a bronchoscopic procedure that utilizes the application of radiofrequency energy to reduce airway smooth muscle mass in poorly controlled asthma, is considered investigational as the long-term safety and effectiveness of this intervention is not established and is not reimbursable under Plans administered by QualCare, Inc.

**Objective:** To ensure proper and consistent reimbursement and to limit reimbursement to modalities for which there is adequate support in peer-reviewed literature.

**Procedure:** Requests for prior authorization for bronchial Thermoplasty [CPT 31660, 31661] will be denied as investigational.

References

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.