Subject: Bronchial Thermoplasty*

Effective Date: June 14, 2011

Department(s): Utilization Management

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 will be denied as investigational. There is no specific CPT code for bronchial thermoplasty.

References


Drafted By/Date: M McNeil MD 05/16/11
Approved By/Date: QMC, 6.14.11

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