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Coverage and Payment for Bronchial Thermoplasty for Severe Persistent Asthma

The American College of Chest Physicians (CHEST) is an 18,700 member non-profit organization and the global leader in advancing best patient outcomes through innovative chest medicine education, clinical research, and team-based care.

CHEST believes that based on the strength of the clinical evidence, bronchial thermoplasty offers an important treatment option for adult patients with severe asthma who continue to be symptomatic despite maximal medical treatment and, therefore should not be considered experimental. Randomized controlled clinical trials of bronchial thermoplasty for severe asthma have shown a reduction in the rate of severe exacerbations, emergency department visits, and days lost from school or work. Additionally, data published in December, 2013 demonstrates the persistence of the reduction in asthma symptoms achieved by bronchial thermoplasty for at least 5 years. We also note that the California Technology Assessment Forum reviewed available evidence and found that the use of bronchial thermoplasty for the treatment of severe, refractory asthma meets CTAF TA Criterion 1 through 5 for safety, effectiveness, and improvement in net health outcomes.¹ In May of 2014, the Global Initiative for Asthma (GINA) updated their evidence-based report on prevention and management of asthma and recommended consideration of bronchial thermoplasty for selected adult patients with uncontrolled asthma despite use of recommended therapeutic regimens (Evidence B). CHEST has issued this statement because many of the currently published coverage policies and treatment guidelines were finalized prior to the publication of the five year follow-up data from the Asthma in Research 2 (AIR2) study. As a result, bronchial thermoplasty is characterized as “experimental,” or as requiring additional research in such coverage policies and guidelines. We believe that, given the extensive body of evidence demonstrating safety, effectiveness, and durability, bronchial thermoplasty is not experimental and should not be withheld from patients pending additional clinical trials.

Denying bronchial thermoplasty to those carefully selected patients with severe persistent asthma can leave them with continued asthma exacerbations, frequent hospitalizations, and missed school or work days. The cumulative cost associated with continued exacerbations far exceeds that of the bronchial thermoplasty intervention.

CHEST therefore recommends that all public and private insurers provide coverage and payment for bronchial thermoplasty (reported with Category I CPT codes 31660 [single lobe] and 31661 [double lobe]) for those adult patients with severe persistent, poorly-controlled asthma who continue to experience asthma exacerbations, emergency department visits and hospitalizations despite maximal medical treatment. Doing so will provide physicians and patients with a safe and effective treatment option and allow the medical and payer community to develop utilization and outcomes data in their own populations.

¹ Bronchial thermoplasty for the treatment of severe asthma. California Technology Assessment Forum website: ctaf.org/sites/default/files/assessments/1381_file_BTSevereAsthma_W4.pdf. Accessed March 20, 2013.