



UM-CDG-035 Bronchial Thermoplasty

Approved By:  
Director, Health Services

Effective Date:  
10/22/2025

*This Policy applies to all SECUR affiliates, associates, and subsidiaries.*

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## PURPOSE

This coverage determination guideline serves to address bronchial thermoplasty, a procedure alleged to treat severe asthma in adults whose asthma is not well controlled with standard medical therapy. This treatment is designed to reduce, debulk, or partially eliminate excess smooth muscle tissue in the central and peripheral airways to decrease the number of severe asthma attacks.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## DEFINITIONS

None

## POLICY

SECUR Health Plan considers bronchial thermoplasty as not medically necessary because there is insufficient evidence to determine that this service is a standard medical treatment. There is an absence of current, widely used treatment guidelines or acceptable clinical literature examining the long term benefits and clinical outcomes for this service.

## References:

1. Agency for Healthcare Research and Quality (AHRQ). Comparative Effectiveness Review. Effectiveness and safety of bronchial thermoplasty in management of asthma. <https://www.ahrq.gov>. Published December 2017.
2. American College of Chest Physicians (ACCP). Position Statement. Coverage and payment for bronchial thermoplasty for severe persistent asthma. <https://www.chestnet.org>. Published May 12, 2014.
3. American College of Chest Physicians (ACCP). Quantitative imaging and bronchial thermoplasty. Technically impressive but clinically uncertain. <https://www.chestnet.org>. Published April 2024.
4. American Thoracic Society (ATS). International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. <https://www.thoracic.org>. Published 2014.
5. ECRI Institute. Clinical Evidence Assessment. Alair bronchial thermoplasty system (Boston Scientific, Inc.) for treating asthma. <https://www.ecri.org>. Published April 30, 2007. Updated May 28, 2020.

6. Global Initiative for Asthma (GINA). Global strategy for asthma management and prevention. <https://www.ginasthma.org>. Published 2024.
7. Hayes, Inc. Health Technology Assessment. Bronchial thermoplasty for treatment of asthma in adults. <https://evidence.hayesinc.com>. Published July 5, 2022. Updated July 9, 2024.
8. National Heart, Lung and Blood Institute (NHLBI). 2020 focused updates to the asthma management guidelines: a report from the National Asthma education and prevention program coordinating committee expert panel working group. <https://www.nhlbi.nih.gov>. Updated July 5, 2021.
9. UpToDate, Inc. Treatment of severe asthma in adolescents and adults. <https://www.uptodate.com>. Updated August 2024.
10. US Food & Drug Administration (FDA). Summary of safety and effectiveness data: Alair bronchial thermoplasty system. <https://www.fda.gov>. Published April 27, 2010.