



Making the case for Bronchial Thermoplasty

Proper documentation demonstrating medical necessity for Bronchial Thermoplasty (BT) treatment is critical. Below is a checklist of the key components to consider including in a pre-determination request to payers for coverage of BT for a patient. Please note, the request should include all the “minimum” criteria listed below. Including additional information from the “best” section allows for a complete evaluation of the essential elements of the patient’s history.

CLINICAL CHECKLIST

	Diagnosis	Patient Controller Medications	Asthma Impairment
MINIMUM	<ul style="list-style-type: none"> <input type="checkbox"/> Documented history of severe persistent asthma, at your office, or patient history as recorded by another physician <input type="checkbox"/> Physical findings consistent with severe persistent asthma 	<ul style="list-style-type: none"> <input type="checkbox"/> Documented inhaled corticosteroid (ICS) and long-acting beta-agonist (LABA) combination <input type="checkbox"/> List other patient medications such as maintenance oral corticosteroids for asthma 	<ul style="list-style-type: none"> <input type="checkbox"/> Evidence of persistent symptoms demonstrating that patient is not well controlled on current medication, such as daily rescue medication use, nighttime awakenings, recent exacerbations, unscheduled office visits, ER visits or hospitalizations
BEST	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical notes differentiating other disorders from severe asthma (COPD [particularly if former smoker], bronchiectasis, vocal cord dysfunction, obstructive sleep apnea) <input type="checkbox"/> Pulmonary function test (PFT) report <input type="checkbox"/> Detailed history demonstrating that comorbidities, if present, have been managed (allergic rhinitis, sinusitis, gastroesophageal reflux disease) 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical history demonstrating prescribed medication represents “maximum medical therapy” <input type="checkbox"/> Evidence of patient adherence to medication <input type="checkbox"/> Rationale for not prescribing a certain medication (ie, Xolair™) or rationale for reducing medication dose due to side effects, if applicable (eg, obesity, diabetes, interference to quality of life) 	<ul style="list-style-type: none"> <input type="checkbox"/> Exhaustive patient history of asthma (6 months minimum) with diagnosis of severe persistent asthma <input type="checkbox"/> Difficult/extreme/remarkable circumstances patient endures due to disease, particularly as it relates to employment <input type="checkbox"/> What may happen to this patient if BT is not approved?

For any appeal, it is important to include new clinical information, if available.

Although it is not mandatory in all cases, and we do not recommend delaying an appeal to await new information, updated information may strengthen the case for your patient.