



**BT.**

Because your world  
is bigger  
than your asthma.

Boston  
Scientific

## **BT 1 ▶ 2 ▶ 3**

SUPPORT PROGRAM

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Working with your  
doctor and health plan  
to secure coverage for  
Bronchial Thermoplasty

**NOW AVAILABLE from Boston Scientific**  
for the treatment of severe asthma in adults



**Bronchial  
Thermoplasty**

# You and your doctor have decided that BT is right for you.

Because Bronchial Thermoplasty (BT) is a relatively new procedure, not all health plans currently cover it. This is normal for a procedure like BT. Even if your insurance company has stated that BT is not covered by your plan, it is possible to request coverage if your doctor considers BT a medical necessity because your asthma is severe and all other options have been exhausted.

Here are some actions you can take to help get the approval you need to move forward with your BT procedure.

## 1. Request for Coverage

**YOUR DOCTOR'S OFFICE** will submit a letter of medical necessity to your health plan.

**YOU** should provide your doctor's office with the following information for them to include in this letter. Accurate, detailed information will strengthen your request.

- Describe the impact your asthma has on your quality of life:
  - Do you experience severe asthma attacks?
  - Do you make trips to the emergency room or are you ever hospitalized for asthma symptoms?
  - Do you miss time from work or school due to asthma?
  - Does your asthma give you problems when you perform daily activities such as exercising, walking, or sleeping?

## 2. Health Plan Response

**YOU** should **give your doctor's office a copy of the decision letter or any communication you receive from your insurance company. Discuss appeal options with your doctor if the original request has been denied.**

## 3. Appeals Process

A written appeal is a common next step if your first Request for Coverage is denied. This appeal, submitted by either you or your doctor, will reinforce your need for BT and will address the reasons that coverage for the procedure was denied by your insurer. **Note that Member Appeals (appeals submitted by you) are often more effective than Provider Appeals.**

**YOUR DOCTOR'S OFFICE** will help you decide how to proceed with additional appeals, and will provide you with information, such as medical records, that you may need for your appeal.

**YOU** or your doctor must submit your appeal.  
Note: In many cases there is a deadline.

Be patient. Your doctor's office will be a valuable partner as you pursue coverage from your insurance company.

- Be prepared for possible multiple appeals
- Work with your doctor's office to try every available option




Visit **BTforAsthma.com** today for more  
information and to connect to the  
**BT 1-2-3 Support Program.**

**Brief Statement of Relevant Indications for Use, Contraindications, Warnings, and Adverse Events:** The Alair™ Bronchial Thermoplasty System is indicated for the treatment of severe persistent asthma in patients 18 years and older whose asthma is not well controlled with inhaled corticosteroids and long-acting beta-agonists. The Alair System is not for use in patients with an active implantable electronic device or known sensitivity to medications used in bronchoscopy. Previously treated airways of the lung should not be retreated with the Alair System. Patients should be stable and suitable to undergo bronchoscopy. The most common adverse event of BT is an expected transient increase in the frequency and worsening of respiratory-related symptoms. Rx only.

**CAUTION:** Law restricts this device to sale by or on the order of a physician. Indications, contraindications, precautions, and warnings can be found with product labeling.

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 **Bronchial  
Thermoplasty**

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