

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Bronchial Thermoplasty for Treatment of Asthma

MP9693

Covered Service: No

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Bronchial thermoplasty (BT) for treatment of asthma is considered experimental and investigational, and therefore not medically necessary.

	Committee/Source	Date(s)
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