



Medica Central Coverage Policy

Policy Name: Radiofrequency Volumetric Tissue Reduction (RFVTR) for Obstructive Sleep Apnea MP9751

Effective Date: 10/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Radiofrequency volumetric tissue reduction for obstructive sleep apnea is investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Radiofrequency volumetric tissue reduction (RFVTR) uses low-intensity radiofrequency energy to reduce tissue from the uvula, soft palate, tongue, tonsils and/or nasal turbinates by heating and scarring these tissues. The low temperature is purported to result in a localized thermal lesion, followed by resorption of the treated tissue, with minimal injury to surrounding tissue. Multiple sessions may be required to achieve the therapeutic effect.

- RFVTR of the *soft palate and tongue base* is intended to stiffen and shorten the tissue by resorbing the scarred tissue. This is intended to reduce vibration.
- In reducing *tonsil* size, RFVTR delivers energy at lower temperatures than either laser or electrocautery methods, and it is purported to limit tissue desiccation and protein denaturation. This in turn is intended to reduce edema, pain, and risk of hemorrhage.

These approaches purport to reduce the symptoms of snoring or sleep disorders, including obstructive sleep apnea, by increasing intraoral space through tissue reduction.

RFVTR is performed in an outpatient setting using local anesthesia and is intended for use by physicians who have received training in electrosurgical techniques. The procedure usually takes 30 to 40 minutes and the patient can resume normal activities immediately following treatment.



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FDA Approval

Many radiofrequency ablation (RFA) systems for surgery have been cleared for marketing through the FDA 510(k) process, but not all of them are indicated for soft tissue ablation for the treatment of OSA and/or snoring. Devices that have received approval for soft tissue coagulation in the head and neck include the Somnoplasty® System (Somnus Medical Technologies, Inc., a subsidiary of Gyrus ENT, LLC) and the Somnoplasty® Generator and Model 2420 Tissue Coagulating Electrode (Gyrus ENT, LLC). These devices are intended for use by qualified medical personnel trained in the use of electrosurgery.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **41530** - Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session

Document	Committee/Source	Date(s)
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