DRAFT Medical Coverage Policy | Radiofrequency Volumetric Tissue Reduction for Nasal Obstruction

EFFECTIVE DATE: 12|01|2026
POLICY LAST REVIEWED: 08|06|2026

OVERVIEW

Nasal obstruction is defined clinically as a patient symptom that presents as a sensation of reduced or insufficient airflow through the nose. Nasal valve collapse (NVC) is a readily identifiable cause of nasal obstruction. Specifically, the internal nasal valve represents the narrowest portion of the nasal airway with the upper lateral nasal cartilages present as supporting structures. The external nasal valve is an area of potential dynamic collapse that is supported by the lower lateral cartilages. Damaged or weakened cartilage will further decrease airway capacity and increase airflow resistance and may be associated with symptoms of obstruction. Patients with NVC may be treated with nonsurgical interventions in an attempt to increase the airway capacity but severe symptoms and anatomic distortion are treated with surgical cartilage graft procedures. The application of radiofrequency volumetric tissue reduction for nasal obstruction has been proposed as a less invasive means to treat nasal obstruction due to internal NVC. By utilizing RF energy, the treatment aims to provide relief with reduced recovery times and fewer complications compared to traditional surgical methods.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

Radiofrequency Volumetric Tissue Reduction for Nasal Obstruction is considered not covered as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Commercial Products

Radiofrequency Volumetric Tissue Reduction for Nasal Obstruction is considered not medically necessary as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

Nasal Obstruction

Nasal obstruction is defined clinically as a patient symptom that presents as a sensation of reduced or insufficient airflow through the nose. Commonly, patients will feel that they have nasal congestion or stuffiness. In adults, clinicians focus on the evaluation of important features of the history provided by the patient such as whether symptoms are unilateral or bilateral. Unilateral symptoms are more suggestive of structural causes of nasal obstruction. A history of trauma or previous nasal surgery, especially septoplasty or rhinoplasty, is also important. Diurnal or seasonal variation in symptoms is associated with allergic conditions.

Nasal valve collapse (NVC) is a is a readily identifiable cause of nasal obstruction.1,2, The internal nasal valve is the narrowest part of the nasal passage and is supported by the upper lateral nasal cartilages (see pathophysiology below). On the other hand, the external nasal valve, also known as the nasal entrance, is prone

to dynamic collapse and is supported by the lower lateral cartilages. When cartilage is damaged or weakened, it can reduce airway capacity, increase airflow resistance, and lead to symptoms of obstruction. While nonsurgical treatments aim to enhance airway capacity in patients with NVC, severe symptoms and significant anatomical distortion typically require surgical cartilage graft procedures.

For individuals with symptomatic nasal obstruction due to internal nasal valve collapse who receive radiofrequency volumetric tissue reduction (RFVTR), the evidence includes systematic reviews and a randomized controlled trial (RCT) with 12-month and 24-month uncontrolled follow-up phases. Relevant outcomes are symptoms, change in disease status, treatment-related morbidity, functional outcomes, and quality of life. Systematic reviews have generally shown improvements in nasal obstruction scores. In the RCT, follow-up at 3 months revealed a statistically significant improvement in response with the RFVTR procedure compared to the sham group. However, these results are limited by the small study size, lack of diversity, short duration, and failure to control for confounding factors such as medication or nasal dilator use. Moreover, the trial's results may not fully represent the potential effect of RFVTR since treatment was limited to lateral nasal wall repair, not addressing soft tissues like septal swell bodies and inferior turbinates. A significant and durable effect on nasal obstruction post-RFVTR treatment was reported up to 36 months during the uncontrolled crossover phase of the trial. Additional RCTs with extended follow-up periods, larger and more diverse populations, and comparisons of RFVTR to other treatments (medications, nasal dilators, and rhinoplasty) are necessary to confirm the procedure's efficacy for nasal obstruction. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

CODING

Medicare Advantage Plans and Commercial Products

The following code is not covered for Medicare Advantage Plans and not medically necessary for Commercial Products:

30469 Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling

RELATED POLICIES

None

PUBLISHED

Provider Update, October 2026

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