



Medical Policy

Rhinomanometry and Acoustic/Optical Rhinometry

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Policy Number: 586

BCBSA Reference Number: 2.01.08A (For Plan internal use only)
 NCD/LCD: N/A

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Rhinomanometry and acoustic/optical rhinometry are **INVESTIGATIONAL**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| | Outpatient |
|---------------------------------------|---------------------------------------|
| Commercial Managed Care (HMO and POS) | This is not a covered service. |
| Commercial PPO and Indemnity | This is not a covered service. |
| Medicare HMO Blue SM | This is not a covered service. |
| Medicare PPO Blue SM | This is not a covered service. |

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

| CPT codes: | Code Description |
|------------|---------------------------------------------|
| 92512 | Nasal function studies (eg, rhinomanometry) |

Description

Rhinomanometry, acoustic rhinometry and optical rhinometry are techniques to objectively measure nasal patency. Several clinical applications are proposed including allergy testing, evaluation of obstructive sleep apnea and patient assessment prior to nasal surgery.

Nasal patency is a complex clinical issue that can involve mucosal, structural and psychological factors. The perception of nasal obstruction is subjective and does not always correlate with clinical examination of the nasal cavity, making it difficult to determine which therapy might be most likely to restore satisfactory nasal breathing. Therefore, procedures that objectively measure nasal patency have been sought. Three techniques that could potentially be useful in measuring nasal patency are as follows:

1. Rhinomanometry is a test of nasal function that measures air pressure and the rate of airflow in the nasal airway during respiration. These findings are used to calculate nasal airway resistance. Rhinomanometry is intended to be an objective quantification of nasal airway patency,
2. Acoustic rhinometry is a technique intended for assessment of the geometry of the nasal cavity and nasopharynx and for evaluating nasal obstruction. The technique is based on an analysis of sound waves reflected from the nasal cavities, and
3. Optical rhinometry uses an emitter and a detector placed at opposite sides of the nose and can detect relative changes in nasal congestion by the change in transmitted light. This technique is based on the absorption of red/near-infrared light by hemoglobin and the endonasal swelling-associated increase in local blood volume.

Examples of rhinomanometers or acoustic rhinometers to measure nasal patency include device/test/procedure names. All rhinomanometers or acoustic rhinometers to measure nasal patency are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

Overall, the scientific evidence does not permit conclusions about the effect of rhinomanometry, acoustic rhinometry or optical rhinometry on net health outcome. To date, no studies have been published that evaluate the clinical utility of these tests. That is, none of the studies identified have prospectively compared patient outcomes with and without the use of one or more of these tests for any clinical condition. Therefore, the technologies are considered investigational.

Policy History

| Date | Action |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 11/2022 | Annual policy review. Policy updated with literature review through October 2022. No references added. Policy statements unchanged. |
| 4/2020 | Policy updated with literature review through March 20, 2020, no references added. Policy statements unchanged. |
| 11/2011-4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |
| 12/2011 | Annual policy review. No changes to policy statements. |
| 3/2011 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 6/2010 | Annual policy review. No changes to policy statements. |
| 3/2010 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 3/2009 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy |

| | |
|--------|----------------------------------------------------------------------------------------------------|
| | statements. |
| 9/2008 | Annual policy review. No changes to policy statements. |
| 3/2008 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 3/2007 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 4/2007 | Annual policy review. No changes to policy statements. |

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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