



## 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 Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> 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 <b>not</b> a covered service.
Commercial PPO and Indemnity	This is <b>not</b> a covered service.
Medicare HMO Blue <sup>SM</sup>	This is <b>not</b> a covered service.
Medicare PPO Blue <sup>SM</sup>	This is <b>not</b> 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](#)

## References

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