OVERVIEW
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.

MEDICAL CRITERIA
None

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare
Rhinomanometry and acoustic/optical rhinometry are considered not covered as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

Commercial Products
Rhinomanometry and acoustic/optical rhinometry are considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable medically necessary benefits/coverage.

BACKGROUND
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.

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.

Overall, the scientific evidence does not permit conclusions about the effect of rhinomanometry, acoustic rhinometry, or optical rhinometry on health outcomes. To date, no studies have been published that evaluate the clinical utility of these tests. 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 not medically necessary as there is no proven efficacy.

**CODING**

**BlueCHiP for Medicare and Commercial Products**

The following code is considered not medically necessary:

**92512**  Nasal function studies (e.g., rhinomanometry)

**RELATED POLICIES**

None

**PUBLISHED**

Provider Update, January 2020
Provider Update, May 2018
Provider Update, April 2017
Provider Update, June 2016
Provider Update, December 2015
Provider Update, January 2015
Provider Update, August 2013
Provider Update, August 2012
Provider Update, December 2011
Provider Update, March 2019

**REFERENCES**


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.