Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

**Description:**
Rhinomanometry is a method of measuring nasal resistance/obstruction of air through the nasal passage. Nasal resistance is calculated using the measurement of the flow of air through the nose and the pressure of force required to cause the airflow.

There are two methods to measure rhinomanometry. In each test, a face mask is placed over the nose and mouth in order to measure the flow of air through the nose. The patient closes his mouth and breathes gently through his nose for a few minutes.

1. Anterior rhinomanometry - The probe is attached to a small amount of tape placed on the tip of the nostril. The air pressure is measured, one nostril at a time, by placing a pressure sensor at the tip of the nostril.
2. Posterior rhinomanometry - A pressure sensor is placed at the back of the nasal cavity.

Neither test is uncomfortable, but in order for the posterior rhinomanometry test to work, the patient’s tongue must not cover the tube.

Although this early work suggests that optical rhinometry may provide a quantitative measurement that is more similar to patient’s assessment of nasal congestion than rhinomanometry, information on the clinical utility of these measurements is lacking. The impact of this technology on health outcomes is uncertain. Therefore, rhinomanometry and acoustic/optical rhinometry are considered **not medically necessary**.

**Medical Criteria:**
Not applicable.

**Policy:**
Rhinomanometry is considered **not medically necessary** due to lack of studies demonstrating clinical efficacy.
Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet for applicable "Not Medically Necessary" services.

Coding:
92512

Also known as:
Not applicable

Related topics:
Not applicable

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Policy Update, January 2003
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Provider Update, September 2008
Provider Update, August 2009
Provider Update, Mar 2011
Provider Update, Dec 2011

References:


Wilson A M, Orr L C, Sims E J, Lipworth B J. "Effects of monotherapy with intra-nasal corticosteroid or combined oral histamine and leukotriene receptor antagonists in seasonal allergic rhinitis." Clinical and Experimental Allergy; 2001; 31:61-68.

Zambetti G, Filiaci F, Romeo R, Soldo P. "Assessment of Cottle's areas through the application of a mathematical model deriving from acoustic rhinometry and rhinomanometric data." Clinical Otolaryngology; April 2005; 30; 2; 128-134.

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