

Medical Policy



Rhinomanometry & Acoustic – Optical Rhinometry

Policy Number: PG0045

Last Review: 07/01/2022

HMO AND PPO

ELITE (MEDICARE ADVANTAGE)

MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional

☐ Facility

DESCRIPTION:

Rhinomanometry, acoustic rhinometry and optical rhinometry are techniques to objectively measure nasal patency. Several clinical applications are proposed including for use in allergy testing, comparing decongestive action of antihistamines and corticosteroids, for evaluation of obstructive sleep apnea, and for assessment of the patient prior to nasal surgery.

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.

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.

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.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- Rhinomanometry and Acoustic/Optical Rhinometry (92512) are non-covered services

Related Medical Policies:

PG0207 Sleep Study Testing

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Rhinomanometry and Acoustic/Optical Rhinometry (92512) are non-covered services for there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes.

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.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

92512	Nasal function studies (e.g., rhinomanometry)
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REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 02/15/2006

Date	Explanation & Changes
01/01/2007	<ul style="list-style-type: none"> No change
01/01/2008	<ul style="list-style-type: none"> No change
12/15/2008	<ul style="list-style-type: none"> Updated references
04/01/2010	<ul style="list-style-type: none"> Updated verbiage
01/15/2014	<ul style="list-style-type: none"> Rhinomanometry and Acoustic/Optical Rhinometry (92512) may be now covered services with prior authorization for Advantage members per The Ohio Department of Medicaid Changed name of policy from Acoustic Rhinometry (Rhinomanometry) to Rhinomanometry and Acoustic-Optical Rhinometry Policy reviewed by The Technology Assessment Working Group (TAWG) and updated to reflect most current clinical evidence
05/13/2014	<ul style="list-style-type: none"> Approved by Medical Policy Steering Committee as revised
01/23/2015	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
01/22/2016	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
01/27/2016	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/14/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
02/01/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
07/01/2023	<ul style="list-style-type: none"> Medical Policy reviewed and updated to reflect the most current clinical evidence. No changes to policy statement.
02/01/2024	<ul style="list-style-type: none"> Medical Policy placed on the new Paramount Medical Policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review

POLICY – HISTORY

Paramount Commercial Insurance Plans & Medicare Advantage Plans

- Rhinomanometry and Acoustic/Optical Rhinometry (92512) are non-covered services

Paramount Advantage Medicaid

- Rhinomanometry and Acoustic/Optical Rhinometry (92512) requires prior authorization

Related Medical Policies:

- PG0207 Sleep Study Testing

COVERAGE CRITERIA

Paramount Commercial Insurance Plans and Medicare Advantage Plans

Rhinomanometry and Acoustic/Optical Rhinometry (92512) are non-covered services for there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes.

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Paramount Advantage Medicaid

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of Rhinomanometry and Acoustic/Optical Rhinometry (92512), The Ohio Department of Medicaid requires this procedure be reviewed for medical necessity. Therefore, it may be covered with a prior authorization for Advantage members.