Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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Category: Other Medical Services

Title: Acoustic Rhinometry and Rhinomanometry

Procedure Code(s): 92512

Description / Background

It is often difficult to correlate a patient's subjective sensation of restricted breathing with objective findings of nasal obstruction. Even more difficult is assessing the relative contribution of anatomic abnormalities of the nose (septal deviation, etc.) and reversible turbinate congestion (due to allergy or other forms of rhinitis). The most common objective rhinometric measurement methods used in modern rhinology are acoustic rhinometry, rhinomanometry, and nasal peak expiratory flow (PEF) rate.

In acoustic rhinometry, sound waves are passed into the nose. It measures air pressure and the rate of airflow in the nasal airway during respiration. These reflected waves are picked up by a microphone, and a computer analyzes the data to calculate the cross-sectional area of the nose at a number of points. The test is painless, the actual measurements are done in a matter of seconds, and the entire test may be completed in a few minutes. The result is a tracing which indicates areas of obstruction. Both sides are tested and may be compared. The test may be repeated after the application of a topical decongestant, to assess the degree to which reversible turbinate congestion contributes to nasal obstruction. Acoustic rhinometry has also been employed to evaluate the effect of different kinds of nasal surgery. The permanent record is stored in the computer but may also be printed so that the tracing can become a part of the patient's medical record, providing an objective record of the nasal obstruction, its degree, and its likely causes.

Rhinomanometry measures air pressure and the rate of airflow in the nasal airway during respiration (nasal function). These findings are used to calculate nasal airway resistance. Rhinomanometry is intended to be an objective quantification of nasal airway patency.

CPT / HCPCS Level II Codes and Description

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

Diagnoses / Medical Conditions'

N/A

Medical Policy Statement

The safety and effectiveness of rhinomanometry and acoustic rhinometry have been established. They can be considered useful diagnostic tools for determining the type and extent of nasal obstruction.

Rationale

Acoustic rhinometry together with rhinomanometry measurements give good functional data. These methods of evaluation give the rhinologist detailed information about a patient's nasal pathology. Acoustic rhinometry and rhinomanometry measurements have been widely accepted and used as an objective method to assess nasal patency for more than two decades. Acoustic rhinometry reliably describes the volumetric geometry of the nasal cavity and the site of any obstruction in the nasal cavity, while rhinomanometry provides valuable information regarding the function of the nose.

Since the introduction of the acoustic reflection technique in the nose, more that 250 papers evaluating the technique have been published. Most of the papers find the technique valuable for evaluation of nasal patency. However, these nasal function studies, despite their usefulness in research, have not been routinely used by physicians in the daily management of their patients with nasal obstruction.

Medical Policy Position Summary (Non-clinical summary statement for customer use)

The safety and effectiveness of rhinomanometry and acoustic rhinometry have been established. They can be considered useful diagnostic tools for determining the type and extent of nasal obstruction.

Inclusive and Exclusive Clinical Criteria (e.g., Clinical-based inclusions / exclusions, Preauthorization, Individual Consideration)

N/A

Hyperlink (Audit criteria)

Related Policies

N/A

Hyperlink

BCBSM/BCN Medical Policies are developed to provide general information about Blue Cross Blue Shield and Blue Care Network of Michigan medical policies. This policy is not intended to offer coverage or medical advice. This policy may be updated and is therefore subject to change.

Medicare Information

There is no national or local medical review policy for Medicare regarding acoustic manometry. Procedure code 92512 is payable for Medicare. Medicare has an established RVU for rhinomanometry:

92512 ..... Nasal function studies ..... RVU = 1.08

Medicaid follows Medicare payment guidelines.

(The above Medicare information is current as of the review date for this policy. However, since Medicare coverage issues and policies may be updated or revised by Centers for Medicare & Medicare Services (CMS, formerly HCFA) on a frequent basis, the most current information may not be contained in this document. For the most current information, you should contact an official source.

References

- Blue Cross Blue Shield Association Medical Policy # 2.01.09, "Rhinomanometry and Acoustic Rhinometry", last reviewed 7/12/02 (based on a 1987 TEC Assessment).
- Hirschberg, A., "Rhinomanometry: an Update", ORL J Otorhinolaryngol Relat Spec, 2002, July-Aug: 64.
- Numminen, J. et al, "Correlation between rhinometric measurement methods in healthy young adults", Am J Rhinol 2002, July-Aug: 16 (4): 203-8.
- Hilberg, O., "Objective Measurement of Nasal Airway Dimensions Using Acoustic Rhinometry: Methodological and Clinical Aspects", Allergy 2002; 57 Suppl 70: 5-39.
- Larivee, Yarnick, MD et al, "Evaluation of the Nasal Response to Histamine Provocation with Acoustic Rhinometry", The Journal of Otolaryngology, Volume 30, number 6, 2001.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through March 6, 2003, the date the research was completed

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