

## Rhinomanometry

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 03/01/2023
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

### POLICY POSITION

Prior authorization is required.

Nasal resistance can be calculated on the basis of the pressure gradients formed in the nose during inspiration. Rhinomanometry (RM) measures nasal airway resistance and airflow. It has two phases, passive and active, and it can be divided into anterior and posterior. Active RM requires the patient to generate airflow through inspiration. Passive RM utilizes external generation of airflow through the nose at a constant pressure. Anterior RM may reflect the status of the nares, nasal valves, and nasal cycling, and utilizes a device inserted into the nares. Posterior RM, in turn, utilizes a sensor inserted into the

mouth which measures the nasopharynx, hence requiring substantial patient co-operation. These tests are also usually performed before and after the administration of nasal decongestants.

Rhinomanometry may be considered medically necessary as an assessment tool for soft palate function in cleft palate individuals. This assessment will be utilized for decisions regarding cleft palate surgery when ALL of the following conditions are met;

- Rhinomanometry is utilized as an adjunct to clinical assessment when nasendoscopy is not available; and
- Rhinomanometry is not a replacement for nasendoscopy; and
- Must be documented in the medical record.

Rhinomanometry not meeting the criteria as indicated in this policy is considered not medically necessary.

#### ELIGIBLE PROCEDURE CODE

CPT code	Description
92512	Nasal Function Studies, E.g., Rhinomanometry.

#### ELIGIBLE DIAGNOSIS CODES

Codes						
Q35.1	Q35.3	Q35.5	Q37.0	Q37.1	Q37.2	Q37.3
Q37.4	Q37.5					

#### References

Peroz R, Holmstrom M, Mani M. Can objective measurements of the nasal form and function represent the clinical picture in unilateral cleft lip and palate. *JPRAS*. 2017;70(5):653–658.

Mohan S, Fuller J, Ford S, Lindsay R. Diagnostic and therapeutic management of nasal airway obstruction; Advances in diagnosis and treatment. *JAMA Facial Plast Surg*. 2018;20(5):409-418.

PendolinaA, Nardello E, Lund VJ, et al. Comparison between unilateral PNIF and rhinomanometry in evaluation of nasal cycle. *Rhinology*. 2018;56(2):122-126.

Cillufo G, Zicari A, Ferrante G, Malizia V, et al. Assessing repeatability and reproducibility of anterior active rhinomanometry (AAR) in children. *BMC Med Res Methodol*. 2020; 20:86.

Ansari E, Rogister F, Lefebvre P, Tombu S. Responsiveness of acoustic rhinometry to septorhinoplasty by comparison with rhinomanometry and subjective instruments. *Clin Otolaryngol*. 2019; 44:778–783.

Hsu H.C., Tan C.D., Chang CW et al. Evaluation of nasal patency by visual analogue scale/nasal obstruction symptom evaluation questionnaires and anterior active rhinomanometry after septoplasty: A retrospective one-year follow-up cohort study. *Clin Otolaryngol*. 2017; 42:53–59.

Chen I, Lin Yu, Hsu J, Liu Y Wu J, Dai Z. Nasal airflow measured by rhinomanometry correlates with FeNO in children with asthma. *Plos One*. 2016;11(10)

**POLICY UPDATE HISTORY**

10/26/2022	Approved in Medical Policy Committee
11/2022	Approved in QI/UM