



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 09/28/06
LAST REVIEW DATE: 01/22/19
LAST CRITERIA REVISION DATE: 12/16/08
ARCHIVE DATE:

NASAL AIRWAY EVALUATION

- Acoustic Reflex Technology
- Acoustic Rhinometry
- Optical Rhinometry
- Rhinomanometry
- Sleep Sonography

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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NASAL AIRWAY EVALUATION (cont.)

Description:

The following methods have been investigated to evaluate the nasal airways:

Rhinomanometry:

Test of nasal function that measures air pressure and the rate of airflow in the nasal airway during respiration to calculate nasal airway resistance. Intended to be an objective quantification of nasal airway patency.

Acoustic Rhinometry:

Analysis of sound waves reflected from the nasal cavities to determine the dimensions of the nasal airways. Used to assess the geometry of the nasal cavity and nasopharynx and to evaluate nasal obstruction.

Acoustic Reflex Technology:

A form of acoustic rhinometry that has been investigated in the evaluation of Sleep Disorders Dentistry, sleep disordered breathing (SDB) and the evaluation of Obstructive Sleep Apnea (OSA). Eccovision® Acoustic Rhinometer is a diagnostic system that uses acoustic reflection technology with a combination of a pharyngometer to map the oral airways and a rhinometer to map the nasal passages.

Optical Rhinometry:

Emitter and detector placed at opposite sides of the nose detect relative change in nasal congestion by the change in transmitted light.

Sleep Sonography:

Sleep apnea and snoring analysis (SNAP) is a home system that uses a microphone cannula device placed on the upper lip during sleep to record snoring and nasal airflow. Data are sent to SNAP laboratories where they are analyzed to determine the presence of apnea or hypopnea.

Criteria:

- Nasal airway evaluation by rhinomanometry, acoustic rhinometry, acoustic reflex technology, optical rhinometry or sleep sonography is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.



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NASAL AIRWAY EVALUATION (cont.)

Resources:

Literature reviewed 02/06/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 02/24/15 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 2.01.08 BCBS Association Medical Policy Reference Manual. Rhinomanometry and Acoustic/Optical Rhinometry. Re-issue date 03/11/2010, issue date 12/01/1995.
2. Isaac A, Major M, Witmans M, et al. Correlations between acoustic rhinometry, subjective symptoms, and endoscopic findings in symptomatic children with nasal obstruction. *JAMA otolaryngology-- head & neck surgery*. Jun 2015;141(6):550-555.
3. Kahraman E, Cil Y, Incesulu A. The Effect of Nasal Obstruction after Different Nasal Surgeries Using Acoustic Rhinometry and Nasal Obstruction Symptom Evaluation Scale. *World journal of plastic surgery*. Sep 2016;5(3):236-243.
4. Kendzerska T, Grewal M, Ryan CM. Utility of Acoustic Pharyngometry for the Diagnosis of Obstructive Sleep Apnea. *Annals of the American Thoracic Society*. Nov 2016;13(11):2019-2026.
5. Krzych-Falta E, Samolinski B. Optical rhinometry - new challenges and possibilities of rhinitis diagnostics and not only. *Otolaryngologia polska = The Polish otolaryngology*. Oct 31 2016;70(5):31-34.
6. Lai D, Qin G, Pu J, Liu L, Yang Y. Pre- and post-operative application of acoustic rhinometry in children with otitis media with effusion and with or without adenoid hypertrophy-a retrospective analysis. *International journal of pediatric otorhinolaryngology*. Dec 2017;103:51-54.
7. Li F, Wang H, Chen Y, Wu W. Acoustic Rhinometry for Evaluation of Velopharyngeal Function in Preschool Children Post Palatoplasty. *Journal of oral and maxillofacial surgery : official journal of the American Association of Oral and Maxillofacial Surgeons*. Oct 2017;75(10):2184-2190.
8. UpToDate.com. Clinical presentation, diagnosis, and treatment of nasal obstruction. 05/10/2017, 11/17/2014.



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NASAL AIRWAY EVALUATION (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hólo díí t'áa hazaad'ehjí háká a'doowolgo bee haz'á doo baqah ilínigóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

