



NHS MEDICAL POLICY

Pulmonary Function Testing Procedure 2014-015

Pulmonary Function Testing may be indicated when ONE of the following is present:

1	Symptom evaluation (e.g. cough, wheezing, dyspnea, chest tightness, chest pain)
2	To assess the presence of lung disease in a patient with known risk factors, such as smoking or environmental exposure
3	Known or suspected Asthma or COPD
4	To evaluate the effect of bronchodilator therapy
5	Known or suspected restrictive lung disease (e.g. interstitial lung disease, pneumonitis, bronchiolitis, lung neoplasm, other extrinsic compression of lungs, neuromuscular disorders)
6	To assess the perioperative risk of patients with a history of lung disease or pulmonary symptoms prior to surgery (e.g. thoracic surgery, cardiac surgery, abdominal surgery, orthopedic surgery or transplantation)
7	To evaluate the effect of exposure to smoke, dusts, chemicals or medications with potential pulmonary toxicity
8	As an objective assessment of baseline lung function prior to a planned treatment that has potential pulmonary toxicity (e.g. chemotherapy)
9	As an objective assessment of impairment or disability

SOURCES

1. UpToDate.com was accessed Oct 21, 2014.
2. van der Molen T, Østrem A, Stallberg B, et al. International Primary Care Respiratory Group (IPCRG) Guidelines: management of asthma. *Prim Care Respir J* 2006; 15:35.
3. Ferguson GT, Enright PL, Buist AS, Higgins MW. Office spirometry for lung health assessment in adults: A consensus statement from the National Lung Health Education Program. *Chest* 2000; 117:1146.
4. Qaseem A, Wilt TJ, Weinberger SE, et al. Diagnosis and management of stable chronic obstructive pulmonary disease: a clinical practice guideline update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society. *Ann Intern Med* 2011; 155:179.
5. Miller MR, Quanjer PH, Swanney MP, et al. Interpreting lung function data using 80% predicted and fixed thresholds misclassifies more than 20% of patients. *Chest* 2011; 139:52.
6. Swanney MP, Ruppel G, Enright PL, et al. Using the lower limit of normal for the FEV1/FVC ratio reduces the misclassification of airway obstruction. *Thorax* 2008; 63:1046.
7. Dykstra BJ, Scanlon PD, Kester MM, et al. Lung volumes in 4,774 patients with obstructive lung disease. *Chest* 1999; 115:68.
8. Scanlon PD, Connett JE, Waller LA, et al. Smoking cessation and lung function in mild-to-moderate chronic obstructive pulmonary disease. The Lung Health Study. *Am J Respir Crit Care Med* 2000; 161:381.
9. Vestbo J, Prescott E, Lange P. Association of chronic mucus hypersecretion with FEV1 decline and chronic obstructive pulmonary disease morbidity. Copenhagen City Heart Study Group. *Am J Respir Crit Care Med* 1996; 153:1530.
10. Boros PW, Enright PL, Quanjer PH, et al. Impaired lung compliance and DL,CO but no restrictive ventilatory defect in sarcoidosis. *Eur Respir J* 2010; 36:1315.
11. Hadeli KO, Siegel EM, Sherrill DL, et al. Predictors of oxygen desaturation during submaximal exercise in 8,000 patients. *Chest* 2001; 120:88.
12. Zibrak JD, O'Donnell CR, Marton K. Indications for pulmonary function testing. *Ann Intern Med* 1990; 112:763.
13. Olsen GN. The evolving role of exercise testing prior to lung resection. *Chest* 1989; 95:218.
14. Evaluation of impairment/disability secondary to respiratory disorders. American Thoracic Society. *Am Rev Respir Dis* 1986; 133:1205.
15. Harber, P, Rothenberg, LS. Controversial aspects of respiratory disability determination. *Semin Respir Med* 1986; 7:257.
16. Spieler EA, Barth PS, Burton JF Jr, et al. Recommendations to guide revision of the Guides to the Evaluation of Permanent Impairment. American Medical Association. *JAMA* 2000; 283:519.
17. Social Security Administration (SSA). Technical revisions to medical criteria for determinations of disability. Final rules. *Fed Regist* 2002; 67:20018.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

CPT: 90460, 94010, 94200, 94620, 94621, 94726, 94727, 94729
82803 and other codes for blood gasses are ancillary

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/2015	Annual review and approval by UM Committee
06/16/2016	Added Code: 82803 and other codes for blood gasses are ancillary
06/14/2017	Annual review and approval by UM Committee
06/13/2018	Annual review and approval by UM Committee
09/12/2018	Added CPT codes 94620, 94621
09/12/2019	Annual review and approval by UM Committee
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee