

Pediatric Specialty Care Center – Pulmonary Function Lab
Phone (559) 459-BEAR (2327), Fax (559) 459-1539

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City/State/Zip Code: _____

Patient Phone Number: _____ Mobile Phone Number: _____

Referring Physician (Print Name): _____ Phone Number: _____

Diagnosis (specific): _____ ICD-10 Code: _____

Please include current demographics and insurance/authorizations with referral.

Mark the boxes that apply (*American Thoracic Society procedure names):

A. Complete Pulmonary Function Test

Tests are for patients greater than or equal to 8 years old and developmentally appropriate.

- 1. Complete Pulmonary Function with Bronchodilator** (CPT's 94060, 94726, 94727, 94729, 94799)
- **Spirometry* with Bronchodilator Response Testing** (Spirometry – Pre and Post): With Albuterol Inhaler 90mcg/puff, 2 puffs; Forced and Slow Vital Capacity* and Maximal Voluntary Ventilation*
 - **Measurement of Lung Volumes*** (Functional Residual Capacity) by Plethysmography or Nitrogen Washout
 - **Airway Resistance [RAW]*** by Plethysmography (Air Flow Resistance)
 - **Single-Breath Carbon Monoxide Uptake in the Lung*** (Carbon Monoxide Diffusing Capacity – DLCO with Spirometry)
 - **Maximum Respiratory Pressures*** (Maximum Inspiratory/Expiratory Pressure* [MIP/MEP])
- 2. Complete Pulmonary Function without Bronchodilator** (CPT's 94010, 94726, 94727, 94729, 94799)
- **Spirometry* without Bronchodilator Response Testing** (Spirometry – Simple): With Forced and Slow Vital Capacity* and Maximal Voluntary Ventilation*
 - **Measurement of Lung Volumes*** (Functional Residual Capacity) by Plethysmography or Nitrogen Washout
 - **Airway Resistance [RAW]*** by Plethysmography (Air low Resistance)
 - **Single-Breath Carbon Monoxide Uptake in the Lung*** (Carbon Monoxide Diffusing Capacity – DLCO with Spirometry)
 - **Maximum Respiratory Pressures*** (Maximum Inspiratory/Expiratory Pressure* [MIP/MEP])

B. Spirometry and Oscillometry (CPT's 94728, 94010, 94060)

Tests are for patients greater than or equal to 3 years old. Test performed will depend on patient's ability.

- 1. Spirometry and Oscillometry* with Bronchodilator Response Testing** (Spirometry – Pre and Post or Airway Resistance by Oscillometry – Pre & Post): With Albuterol Inhaler 90mcg/puff, 2 puffs
- 2. Spirometry and Oscillometry* without Bronchodilator Response Testing** (Spirometry – Simple or Airway Resistance by Oscillometry – Simple)

C. Specialty Testing

- 1. High Altitude Simulation Testing (HAST)*** (CPT's 94452, 94453)
 Simulates 8,000 feet: If SpO2 drops to less than or equal to 90%, O2 will be titrated to keep an SpO2 of at least 92% or _____%.
- 2. For assessment and ordering of Cardiopulmonary Exercise Test [CPET]*, 6-Minute-Walk Test*, and Bronchial Provocation Test*, Indirect Calorimetry*;** a referral (CPT 99243) to either of the clinics below is required: Pediatric Pulmonology Pediatric Cardiology Pediatric Gastroenterology

Date _____ Time _____ Physician Signature _____ Physician ID# _____

Respiratory Therapy

Pediatric Pulmonary Function Test Referral Form

