

PULMONARY FUNCTION LAB ORDER FORM

744 52nd St., Room 5300, Oakland, CA 94609
Phone (510) 428-3311 • Fax (510) 450-5857

**ALL SECTIONS MUST BE FILLED OUT IN ORDER FOR STUDIES TO BE ORDERED.
FAX THIS FORM TO 510-450-5857.**

Today's Date _____

INSTRUCTIONS FOR ORDERING STUDIES

- Complete this form.
- Ordering tests: On pages 2-3, check all tests that apply.**
- Obtain authorization for the desired tests with all CPT Codes that are required for the test.
- Once authorization is complete, FAX completed order to the Pulmonary Function Laboratory at 510-450-5857.
POLICY: No Auth = No test; No ICD10 = No test
- Please send copy of insurance card and last clinic visit notes.

Prior to submitting request for studies please get the CPT codes authorized by the insurance company. Include the following for ALL studies requested. Profee Portion 94016

PATIENT INFORMATION

Patient's First Name _____
Last Name _____
MR# _____ DOB ____/____/____
Parent/Guardian Name _____
Phone (_____) _____
Patient Home Address _____
City _____ State _____ Zip _____
Interpreter needed? No Yes Language _____

ORDERING MD CONTACT INFORMATION

Ordering MD Name (print) _____
Phone (_____) _____
Fax (_____) _____
Authorization # (required) _____
Please note: **No authorization = No test**

MEDICAL INFORMATION

Diagnosis _____

ICD 10 Code (required) _____
Please note: **No code=No test**
Name of insurance company covering appointment _____

Insurance authorization valid from _____ to _____
For VERBAL and NO Auth. REQUIRED, please give person's name

Reason for testing _____

How soon is appointment needed?
 Urgent (1-2 weeks)
 Routine (1-2 months)

Patient Name _____ MR# _____ DOB _____

To determine which pulmonary function test to order, use the following criteria:

(Please call one of our PFT Techs if you have ANY questions: (510) 428-3311)

SIMPLE PULMONARY FUNCTION

Use for an initial assessment for a patient with Asthma, RAD, Cough or difficulty breathing:

- 94728 Impulse Oscillometry (IOS)
- 94728 Impulse Oscillometry (IOS) pre & post bronchodilator (must order Albuterol) Albuterol 0.5% dose: 0.5 mL in 1 mL NS via inhalation x 1
- OR
- 94010 Spirometry (FVL) (child > 6 years)
- 94060 Flow Volume Loop (FVL) pre & post bronchodilator (must order Albuterol) Albuterol 0.5% dose: 0.5 mL in 1 mL NS via inhalation x 1

PULMONARY FUNCTION TESTING – INCLUDE ALL THESE TESTS

Make pre-operative assessment of patients with compromised lung function or impairment in oxygen transfer.

Because testing is exhausting, child must be at least 6 years and up, and must be able to do flow volume loop:

- 94010 Spirometry
- 94060 Flow Volume Loop pre & post bronchodilator (must order Albuterol)
 Albuterol 0.5% dose: 0.5 mL in 1 mL NS via inhalation x 1
- 94726 Plethysmography (Pleth or Body Box) includes total lung capacity
- 94727 Lung Volumes (nitrogen washout)
- 94729 Diffusing Capacity (DLCO)
- 94760 Pulse Oximetry (SpO2)

RESPIRATORY MUSCLE STRENGTH TEST

- 95831 MIP/MEP Testing (NPO 2 hours prior to test) tests respiratory muscle strength

SIMPLE OR COMPLETE PULMONARY FUNCTION WITH EXERCISE TEST

Vocal Cord Dysfunction or Exercise Induced Bronchospasm a simple test is fine. Order a complete test to cover all the questions you may have.

Simple Exercise

- 94617 Simple Exercise Study
- 94761 Pulse Oximetry With Exercise
- 94060 FVL pre & post bronchodilator (must order Albuterol)
 Albuterol 0.5% dose: 0.5 mL in 1 mL NS via inhalation x 1
- 94010 FVL (serial flow loops 5)

Complete Exercise

- 94617 Simple Exercise Study
- 94761 Pulse Oximetry With Exercise
- 94060 FVL pre & post bronchodilator (must order Albuterol)
 Albuterol 0.5% dose: 0.5 mL in 1 mL inh x 1
- 94010 Spirometry (series flow loops 5)
- 94726 Plethysmography
- 94729 Diffusing Capacity (DLCO)

SIMPLE OR COMPLETE PULMONARY FUNCTION TESTS MAY BE ORDERED WITH OTHER TYPES OF EXERCISE TESTING, WHICH INCLUDE:

- 94618 6 Minute Walk Test (includes oximetry) (five years and up – must be cooperative)
- 94621 Metabolic Exercise (requires exercising with a mouthpiece in place) Information on endurance levels and physical conditioning (pulmonary vs. cardiac). Includes O2 consumption and anaerobic threshold

For 94621 Metabolic Exercise also order:

- 94200 MVV (maximum voluntary ventilation)
- 94010 Spirometry (FVL)

Ordering MD Signature _____ Date _____ Time _____

Patient Name _____ MR# _____ DOB _____

To determine which pulmonary function test to order, use the following criteria:

(Please call one of our PFT Techs if you have ANY questions: (510) 428-3311)

MEDICATED AEROSOL THERAPIES

Prophylactic treatment of the lung for certain types of therapies being administered.

Dosing: <5 years old = 8mg/kg

>5 years old = 300mg

____ 94642 Pentamidine Treatment (must order Pentamidine)

Pentamidine

____ 300 mg in 6 mL sterile water via inhalation x 1

____ 8 mg/kg in 6 mL sterile water via inhalation x 1

____ 94640 Aerosol Therapy Out/Pt (must order Albuterol) Albuterol 0.5% dose: 0.5 mL in 1 mL NS via inhalation x 1

____ 94760 Pulse Oximetry

Hypertonic Saline Challenge (includes all components)

____ 94060 Flow Volume Loop - pre and post bronchodilator (must order Albuterol) Albuterol 0.5% dose: 0.5 mL in 1 mL NS via inhalation x1

____ 94640 Hypertonic Saline Challenge (must order concentration)

____ 4 mL of 3% Hypertonic Saline via inhalation x 1

____ 4 mL of 7% Hypertonic Saline via inhalation x 1

____ 94664 Hypertonic Administration Teaching

____ 94760 Pulse Oximetry

RESTING METABOLIC STUDY - UNDER CANOPY

Allows for complete metabolic/nutritional assessment for patients who are NOT gaining weight, or may have an excessive weight problem.

Requires at least 30 minutes of quiet/No movement/NPO after midnight.

____ 94250 Resting Metabolic Study

____ 94760 Pulse Oximetry

ALTITUDE STUDIES

A study for children who may require oxygen at high altitude.

____ 94452 High Altitude Simulation Test (HAST)

____ 94453 High Altitude Simulation Test w/O2 titration

____ Administer O2 to maintain SpO2> _____ %

Ordering MD Signature _____ Date _____ Time _____