

ST. VINCENT PEDIATRIC PULMONARY FUNCTIONS

- Spirometry: (94060 and 94640)**
Spirometry (if obstructed repeat with bronchodilator) or
*Spirometry with Airway Resistance (if technique is questionable)
(94060, 94640, 94360, 94150 and 94260)
*If testing normal, Bronchial Provocation Study may be required.
- Complete Pulmonary Functions**
Spirometry (if obstructed repeat with bronchodilator) (94060 and 94640)
Lung Volumes (N2 wash out or Plethysmography) (94150, 94260 and or 94240)
DLCO Diffusion (94720) Airway Resistance/ Conductivity (94360)
*Testing may be modified due to patient's mobility and effort.
- Pulmonary Exercise Testing: (93005, 94620 and 94640)**
Suspect Exercise Induced Asthma in patients who develop cough, wheezing or shortness of breath during or after exercising.
- Exhaled Nitric Oxide: (95012)**
Used for the evaluation of airway inflammation and tailoring medication dosage. .
- Methacholine Provocation Testing: (94070, 95070, and 94640)**
(Requires a normal Spirometry prior to test)
Used for the evaluation airway hyper –reactivity. In this test the patient inhales an aerosol of various concentrations of methacholine and performs spirometry after each dose until there is a 20% drop in lung functions or until all doses have been given. Physician is readily available during this test.
- Resting Basal Metabolic Expenditure Evaluation (94690)**
Evaluation to determine patient energy (caloric) requirements
 - Protocol 1 –simple basal metabolic expenditure with nutritional consult to evaluate and treat.
 - Protocol 2- basal metabolic expenditure for nutritional markers with nutritional consult to evaluate and treat.
 - Protocol 3- basal metabolic expenditure for obesity evaluation with nutritional consult to evaluate and treat.

Note that there are other tests and services provided by that laboratory. Please call for a complete list of tests and services.

Please check testing protocol desired and fax back. Please check with the patient's insurance to see if a precertification or prior authorization is required. Fax 317-338-6628, Phone 317-338-2788

Patient Name: _____ Date: _____

DOB: _____ Diagnosis: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Referring MD: _____ Phone #: _____ Fax: _____