

## Clinical Policy: Pulmonary Function Testing

Reference Number: WNC.CP.274

Last Review Date: 11/2023

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

**Note:** When state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

---

### Description

Pulmonary function tests (PFTs), also known as lung function tests, include a variety of tests to check how well the lungs are working. This policy describes the medical necessity guidelines for pulmonary function testing.

### Policy/Criteria

- I. It is the policy of WellCare of North Carolina® that pulmonary function testing is **medically necessary** for members aged three years and above when meeting the following:
  - A. Spirometry, one of the following:
    1. Evaluation of symptoms, signs of impaired lung function or abnormal laboratory tests, including any of the following:
      - a. Symptoms: unexplained dyspnea, wheezing, orthopnea, cough or phlegm production;
      - b. Signs: unexplained decreased breath sounds, over-inflation, cyanosis, chest deformity, wheezing or unexplained adventitial sounds;
      - c. Abnormal laboratory tests: hypoxemia, hypercapnia, polycythemia or abnormal chest radiographs;
    2. Indirect assessment of the effect of systemic disease on pulmonary function (e.g., neuromuscular disease and connective tissue disease);
    3. Assessment of preoperative risk in those with history of known or suspected airway dysfunction;
    4. Assessment of prognosis (lung transplant, etc.);
    5. Assessment of therapeutic interventions, any of the following:
      - a. Bronchodilator therapy;
      - b. Steroid treatment for asthma, interstitial lung disease, etc.;
      - c. Other, such as the utility of antibiotics in cystic fibrosis or screening for graft vs. host disease in an organ transplant patient;
      - d. Monitoring for adverse reactions to drugs with known pulmonary toxicity;
    6. Post-bronchodilator spirometry studies when at least one of the following conditions is present and documented in the medical record:
      - a. Signs or symptoms that may be explained by bronchospasm;
      - b. Spirometry without bronchodilator is abnormal;
      - c. Reversibility of bronchospasm in response to bronchodilator therapy, or lack thereof, has not yet been demonstrated;

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

- B. Lung volume tests for any of the following:
  - 1. Evaluation of the pulmonary patient, including the type and degree of dysfunction, especially during the initial evaluation;
  - 2. Distinguishing restrictive disease from chronic obstructive pulmonary disease (COPD), or assessing for the presence of concurrent restrictive and obstructive disease;
  - 3. Evaluating bullous diseases and interpreting the data from other lung function tests;
  - 4. Assessment of response to therapeutic interventions, such as lobectomy or chemotherapy;
- C. Diffusion capacity of the lungs for carbon monoxide (DLCO) tests for any of the following
  - 1. Distinguishing between an intrinsic pulmonary process, such as interstitial lung disease or emphysema, and an extrapulmonary process, such as chest wall disorders or neuromuscular disorders;
  - 2. Assessment of pulmonary vascular disease and interstitial disease, even if vital capacity is normal;
- D. Lung compliance studies when all other PFTs give equivocal results or results which must be confirmed by additional lung compliance testing
- E. Pulmonary studies during exercise testing, one of the following:
  - 1. Simple pulmonary stress testing for one of the following:
    - a. Measuring the degree of hypoxemia or desaturation that occurs with exertion;
    - b. Optimizing titration of supplemental oxygen for the correction of hypoxemia;
  - 2. Complex pulmonary studies during exercise testing protocol for any of the following:
    - a. Distinguishing between cardiac and pulmonary causes for dyspnea;
    - b. Determination of the need for and dose of ambulatory oxygen;
    - c. Assisting in developing a safe exercise prescription for patients with cardiovascular or pulmonary disease;
    - d. Predicting the morbidity of lung resection;
    - e. Titration of optimal settings in selected patients who have physiologic pacemakers.

**Background**

Pulmonary function tests (PFTs) are indicated for evaluation of respiratory symptoms such as cough, wheezing, dyspnea, and chest pain, response to bronchodilator therapy, effect of workplace exposure to dust or chemicals, and pulmonary disability. They can also be used to assess severity and progression of lung diseases, such as asthma, and chronic obstructive lung disease.<sup>2</sup> PFTs can measure obstructive, restrictive, and diffusion defects and respiratory muscle function as well as aid in preoperative assessment or monitoring of disease progression and prognosis.<sup>3</sup> Normal test values are calculated based on age, height and gender.<sup>1</sup>

Common terminology pertaining to PFTs includes the following:<sup>2</sup>

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

- **Vital capacity (VC):** The maximum volume of air exhaled after maximum inspiration. VC can be measured during forced exhalation (FVC) or slow exhalation (SVC);
- **Functional residual capacity (FRC):** The volume of air remaining in chest at the end of a tidal volume breath;
- **Residual volume (RV):** The volume of air remaining in chest after maximal exhalation.
- **Expiratory reserve volume (ERV):** The volume of air exhaled from end-tidal volume (FRC) to point of maximal exhalation (RV), thus  $RV + ERV = FRC$ ;
- **Inspiratory capacity (IC):** The maximum inspiration from end-tidal volume (FRC) to total lung capacity;
- **Inspiratory reserve volume (IRV):** The volume of air inhaled during tidal breathing from end-inhalation to total lung capacity;
- **Total lung capacity (TLC):** volume of air in lungs at end of maximal inspiration (usually calculated by  $RV + VC$  or  $FRC + IC$ ).

The main types of pulmonary function tests include spirometry, spirometry before and after bronchodilator, lung volumes, and diffusing capacity. Additional tests include flow-volume loops, lung compliance tests, and pulmonary studies during exercise testing.<sup>4,5</sup>

***Spirometry***

Spirometry is the most readily available pulmonary function test. It measures lung volumes by measuring the amount of exhaled air at specific time points during forceful and complete exhalation and is a key determinant when diagnosing and monitoring asthma, COPD, chronic cough, neuromuscular diseases affecting breathing, and other causes of airflow obstruction.<sup>2</sup>

Spirometry can be performed before and after bronchodilator use to determine the degree of reversibility of airflow restriction. Administration of albuterol by a metered-dose inhaler is indicated if baseline spirometry demonstrates airway obstruction or if asthma or COPD is suspected.<sup>2</sup>

***Lung volume tests***

Lung volume tests are more precise than spirometry as they are able to measure the total amount of air in the lungs, including the air that remains at the end of a normal breath.<sup>1</sup> Body plethysmography is considered the gold standard for lung volume measurements, particularly in the setting of significant airflow obstruction. Additional testing methods include helium dilution, nitrogen washout, and measurements based on chest imaging.<sup>2</sup>

***Diffusion capacity tests***

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

A diffusing capacity of the lungs for carbon monoxide (DLCO) test measures how easily oxygen enters the bloodstream.<sup>1</sup> This test is useful in the evaluation of restrictive and obstructive lung disease, as well as pulmonary vascular disease.<sup>2</sup>

***Flow volume loops***

A flow-volume loop is a plot of inspiratory and expiratory flow (on the Y-axis) against volume (on the X-axis) during the performance of maximally forced inspiratory and expiratory maneuvers.<sup>8</sup> This test is useful in the presence of stridor and when evaluating unexplained dyspnea. Airway obstruction located in the pharynx, larynx, or trachea can be difficult to detect from standard FVC maneuvers and changes in the contour of the test’s loop can aid in the diagnosis and localization of airway obstruction.<sup>2,8</sup>

***Pulmonary studies during exercise testing***

Pulmonary studies during exercise testing help to evaluate the causes of shortness of breath. Testing is often conducted in a pulmonary function laboratory and does not require the resources needed for a maximal cardiopulmonary exercise test. Three commonly used tests are the six-minute walk test, the incremental shuttle walk test, and the endurance shuttle walk test.<sup>2</sup>

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<b>CPT®* Codes<sup>6-7</sup></b>	<b>Description</b>
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administration of agents (e.g., antigen[s], cold air, methacholine)
94200	Maximum breathing capacity, maximal voluntary ventilation
94375	Respiratory flow volume loop
94450	Breathing response to hypoxia (hypoxia response curve)
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)
94618	Pulmonary stress testing (e.g., 6-minute walk test) including measurement of heart rate, oximetry, and oxygen titration, when performed

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>CPT®* Codes<sup>6-7</sup></b>	<b>Description</b>
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO <sub>2</sub> production, O <sub>2</sub> uptake, and electrocardiographic recordings
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681	Oxygen uptake, expired gas analysis; including CO <sub>2</sub> output, percentage oxygen extracted
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
94728	Airway resistance by oscillometry
+94729	Diffusing capacity (e.g., carbon monoxide, membrane)

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

**ICD-10 Table 1** The following ICD-10-CM codes support medical necessity for CPT codes: 94010, 94060, 94200, 94375, 94450, 94617, 94618, 94619, 94621, 94680, 94681, 94690, 94726, 94727, 94728 and 94729:

<b>ICD-10- CM CODE</b>	<b>Description</b>
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A15.9	Respiratory tuberculosis unspecified
A31.0	Pulmonary mycobacterial infection
A42.0	Pulmonary actinomycosis
A43.0	Pulmonary nocardiosis
A80.39	Other acute paralytic poliomyelitis
B37.1	Pulmonary candidiasis
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.2	Pulmonary coccidioidomycosis, unspecified
B39.1	Chronic pulmonary histoplasmosis capsulati
B39.2	Pulmonary histoplasmosis capsulati, unspecified
B40.0	Acute pulmonary blastomycosis
B40.1	Chronic pulmonary blastomycosis

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
B40.2	Pulmonary blastomycosis, unspecified
B40.7	Disseminated blastomycosis
B40.89	Other forms of blastomycosis
B42.0	Pulmonary sporotrichosis
B42.7	Disseminated sporotrichosis
B42.89	Other forms of sporotrichosis
B44.81	Allergic bronchopulmonary aspergillosis
B45.0	Pulmonary cryptococcosis
B45.7	Disseminated cryptococcosis
B45.8	Other forms of cryptococcosis
B46.0	Pulmonary mucormycosis
B46.4	Disseminated mucormycosis
B47.1	Actinomycetoma
B58.3	Pulmonary toxoplasmosis
B59	Pneumocystosis
B67.1	Echinococcus granulosus infection of lung
B77.81	Ascariasis pneumonia
B90.9	Sequelae of respiratory and unspecified tuberculosis
B91	Sequelae of poliomyelitis
B95.3	Streptococcus pneumoniae as the cause of diseases classified elsewhere
B96.0	Mycoplasma pneumoniae [m. Pneumoniae] as the cause of diseases classified elsewhere
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum



**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C45.0	Mesothelioma of pleura
C45.2	Mesothelioma of pericardium
C45.9	Mesothelioma, unspecified
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.39	Secondary malignant neoplasm of other respiratory organs
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C82.02	Follicular lymphoma grade i, intrathoracic lymph nodes
C82.12	Follicular lymphoma grade ii, intrathoracic lymph nodes
C82.22	Follicular lymphoma grade iii, unspecified, intrathoracic lymph nodes
C82.32	Follicular lymphoma grade iiia, intrathoracic lymph nodes
C82.42	Follicular lymphoma grade iiib, intrathoracic lymph nodes
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C83.02	Small cell b-cell lymphoma, intrathoracic lymph nodes
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.32	Diffuse large b-cell lymphoma, intrathoracic lymph nodes
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.12	Sezary disease, intrathoracic lymph nodes

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.A2	Cutaneous t-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C88.0	Waldenstrom macroglobulinemia
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D14.2	Benign neoplasm of trachea
D14.30	Benign neoplasm of unspecified bronchus and lung
D14.31	Benign neoplasm of right bronchus and lung
D14.32	Benign neoplasm of left bronchus and lung
D15.0	Benign neoplasm of thymus
D15.2	Benign neoplasm of mediastinum
D18.1	Lymphangioma, any site
D19.0	Benign neoplasm of mesothelial tissue of pleura
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D49.1	Neoplasm of unspecified behavior of respiratory system
D57.1	Sickle-cell disease without crisis
D68.61	Antiphospholipid syndrome
D75.1	Secondary polycythemia
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.85	Sarcoid myocarditis
D86.87	Sarcoid myositis
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified



**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
E66.01	Morbid (severe) obesity due to excess calories
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E74.02	Pompe disease
E84.0	Cystic fibrosis with pulmonary manifestations
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
E85.4	Organ-limited amyloidosis
E88.89	Other specified metabolic disorders
F51.8	Other sleep disorders not due to a substance or known physiological condition
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Post polio syndrome
G61.0	Guillain-Barre syndrome
G65.0	Sequelae of Guillain-Barre syndrome
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
G70.80	Lambert-Eaton syndrome, unspecified
G70.81	Lambert-Eaton syndrome in disease classified elsewhere
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.29	Other congenital myopathy
G73.1	Lambert-Eaton syndrome in neoplastic disease
G80.9	Cerebral palsy, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.81	Brown-Sequard syndrome
G83.82	Anterior cord syndrome
G83.83	Posterior cord syndrome

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
G83.84	Todd's paralysis (post epileptic)
G83.89	Other specified paralytic syndromes
I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I27.0	Primary pulmonary hypertension
I27.1	Kyphoscoliotic heart disease
I27.20	Pulmonary hypertension, unspecified
I27.21	Secondary pulmonary arterial hypertension
I27.22	Pulmonary hypertension due to left heart disease
I27.23	Pulmonary hypertension due to lung diseases and hypoxia
I27.24	Chronic thromboembolic pulmonary hypertension
I27.29	Other secondary pulmonary hypertension
I27.81	Cor pulmonale (chronic)
I27.82	Chronic pulmonary embolism
I27.83	Eisenmenger's syndrome
I27.89	Other specified pulmonary heart diseases
I27.9	Pulmonary heart disease, unspecified
I28.1	Aneurysm of pulmonary artery
I28.8	Other diseases of pulmonary vessels
I34.0	Nonrheumatic mitral (valve) insufficiency
I34.2	Nonrheumatic mitral (valve) stenosis
I35.0	Nonrheumatic aortic (valve) stenosis
I35.1	Nonrheumatic aortic (valve) insufficiency
I35.8	Other nonrheumatic aortic valve disorders
I36.1	Nonrheumatic tricuspid (valve) insufficiency
I37.0	Nonrheumatic pulmonary valve stenosis
I37.1	Nonrheumatic pulmonary valve insufficiency
I37.2	Nonrheumatic pulmonary valve stenosis with insufficiency
I37.8	Other nonrheumatic pulmonary valve disorders
I37.9	Nonrheumatic pulmonary valve disorder, unspecified
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Chronic right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
J12.81	Pneumonia due to sars-associated coronavirus
J12.82	Pneumonia due to coronavirus disease 2019
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J13	Pneumonia due to streptococcus pneumoniae
J15.1	Pneumonia due to pseudomonas
J15.6	Pneumonia due to other gram-negative bacteria
J15.7	Pneumonia due to mycoplasma pneumoniae
J15.8	Pneumonia due to other specified bacteria
J15.9	Unspecified bacterial pneumonia
J16.0	Chlamydial pneumonia
J16.8	Pneumonia due to other specified infectious organisms
J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism
J18.2	Hypostatic pneumonia, unspecified organism

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J20.0	Acute bronchitis due to mycoplasma pneumoniae
J20.1	Acute bronchitis due to Hemophilus influenzae
J20.2	Acute bronchitis due to streptococcus
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J20.7	Acute bronchitis due to echovirus
J20.8	Acute bronchitis due to other specified organisms
J20.9	Acute bronchitis, unspecified
J21.0	Acute bronchiolitis due to respiratory syncytial virus
J21.1	Acute bronchiolitis due to human metapneumovirus
J21.8	Acute bronchiolitis due to other specified organisms
J21.9	Acute bronchiolitis, unspecified
J22	Unspecified acute lower respiratory infection
J39.8	Other specified diseases of upper respiratory tract
J39.9	Disease of upper respiratory tract, unspecified
J40	Bronchitis, not specified as acute or chronic
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1	Pan lobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9	Bronchiectasis, uncomplicated
J60	Coal worker's pneumoconiosis
J61	Pneumoconiosis due to asbestos and other mineral fibers
J62.0	Pneumoconiosis due to talc dust
J62.8	Pneumoconiosis due to other dust containing silica
J63.0	Aluminosis (of lung)
J63.1	Bauxite fibrosis (of lung)
J63.2	Berylliosis
J63.3	Graphite fibrosis (of lung)
J63.4	Siderosis
J63.5	Stannosis
J63.6	Pneumoconiosis due to other specified inorganic dusts
J64	Unspecified pneumoconiosis
J65	Pneumoconiosis associated with tuberculosis
J66.0	Byssinosis
J66.1	Flax-dressers' disease
J66.2	Cannabinosis
J66.8	Airway disease due to other specific organic dusts
J67.0	Farmer's lung
J67.1	Bagassosis
J67.2	Bird fancier's lung
J67.3	Suberosis
J67.4	Malt worker's lung
J67.5	Mushroom-worker's lung
J67.6	Maple-bark-stripper's lung
J67.7	Air conditioner and humidifier lung
J67.8	Hypersensitivity pneumonitis due to other organic dusts
J67.9	Hypersensitivity pneumonitis due to unspecified organic dust
J68.0	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors
J68.1	Pulmonary edema due to chemicals, gases, fumes and vapors
J68.2	Upper respiratory inflammation due to chemicals, gases, fumes and vapors, not elsewhere classified

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
J68.3	Other acute and subacute respiratory conditions due to chemicals, gases, fumes and vapors
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J68.8	Other respiratory conditions due to chemicals, gases, fumes and vapors
J68.9	Unspecified respiratory condition due to chemicals, gases, fumes and vapors
J69.0	Pneumonitis due to inhalation of food and vomit
J69.1	Pneumonitis due to inhalation of oils and essences
J69.8	Pneumonitis due to inhalation of other solids and liquids
J70.0	Acute pulmonary manifestations due to radiation
J70.1	Chronic and other pulmonary manifestations due to radiation
J70.2	Acute drug-induced interstitial lung disorders
J70.3	Chronic drug-induced interstitial lung disorders
J70.4	Drug-induced interstitial lung disorders, unspecified
J70.5	Respiratory conditions due to smoke inhalation
J70.8	Respiratory conditions due to other specified external agents
J70.9	Respiratory conditions due to unspecified external agent
J80	Acute respiratory distress syndrome
J81.0	Acute pulmonary edema
J81.1	Chronic pulmonary edema
J82.81	Chronic eosinophilic pneumonia
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified
J84.01	Alveolar proteinosis
J84.02	Pulmonary alveolar microlithiasis
J84.03	Idiopathic pulmonary hemosiderosis
J84.09	Other alveolar and parieto-alveolar conditions
J84.10	Pulmonary fibrosis, unspecified
J84.111	Idiopathic interstitial pneumonia, not otherwise specified
J84.112	Idiopathic pulmonary fibrosis
J84.113	Idiopathic non-specific interstitial pneumonitis
J84.114	Acute interstitial pneumonitis
J84.115	Respiratory bronchiolitis interstitial lung disease
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.2	Lymphoid interstitial pneumonia
J84.81	Lymphangioleiomyomatosis
J84.82	Adult pulmonary Langerhans cell histiocytosis
J84.83	Surfactant mutations of the lung



**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
J84.842	Pulmonary interstitial glycogenosis
J84.843	Alveolar capillary dysplasia with vein misalignment
J84.848	Other interstitial lung diseases of childhood
J84.89	Other specified interstitial pulmonary diseases
J84.9	Interstitial pulmonary disease, unspecified
J85.0	Gangrene and necrosis of lung
J85.1	Abscess of lung with pneumonia
J85.2	Abscess of lung without pneumonia
J85.3	Abscess of mediastinum
J86.0	Pyothorax with fistula
J86.9	Pyothorax without fistula
J90	Pleural effusion, not elsewhere classified
J91.0	Malignant pleural effusion
J91.8	Pleural effusion in other conditions classified elsewhere
J92.0	Pleural plaque with presence of asbestos
J92.9	Pleural plaque without asbestos
J94.0	Chylous effusion
J94.1	Fibrothorax
J94.2	Hemothorax
J94.8	Other specified pleural conditions
J94.9	Pleural condition, unspecified
J95.02	Infection of tracheostomy stoma
J95.1	Acute pulmonary insufficiency following thoracic surgery
J95.2	Acute pulmonary insufficiency following nonthoracic surgery
J95.3	Chronic pulmonary insufficiency following surgery
J95.4	Chemical pneumonitis due to anesthesia
J95.5	Postprocedural subglottic stenosis
J95.84	Transfusion-related acute lung injury (TRALI)
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.10	Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.11	Chronic respiratory failure with hypoxia
J96.12	Chronic respiratory failure with hypercapnia
J96.20	Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.21	Acute and chronic respiratory failure with hypoxia
J96.22	Acute respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J96.91	Respiratory failure, unspecified with hypoxia
J96.92	Respiratory failure, unspecified with hypercapnia
J98.01	Acute bronchospasm

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
J98.09	Other diseases of bronchus, not elsewhere classified
J98.11	Atelectasis
J98.19	Other pulmonary collapse
J98.2	Interstitial emphysema
J98.3	Compensatory emphysema
J98.4	Other disorders of lung
J98.59	Other diseases of mediastinum, not elsewhere classified
J98.6	Disorders of diaphragm
J98.8	Other specified respiratory disorders
J99	Respiratory disorders in diseases classified elsewhere
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
M06.1	Adult-onset still's disease
M06.39	Rheumatoid nodule, multiple sites
M08.1	Juvenile ankylosing spondylitis
M30.0	Polyarteritis nodosa
M30.1	Polyarteritis with lung involvement [Churg Strauss]
M31.0	Hypersensitivity angiitis
M31.2	Lethal midline granuloma
M31.30	Wegener's granulomatosis without renal involvement
M31.31	Wegener's granulomatosis with renal involvement
M31.8	Other specified necrotizing vasculopathies
M31.9	Necrotizing vasculopathy, unspecified
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.13	Lung involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.11	Other dermatomyositis with respiratory involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M34.1	CR(E)ST syndrome
M34.81	Systemic sclerosis with lung involvement
M34.9	Systemic sclerosis, unspecified
M35.00	Sjogren syndrome, unspecified
M35.02	Sjogren syndrome with lung involvement
M35.1	Other overlap syndromes
M35.89	Other specified systemic involvement of connective tissue
M35.9	Systemic involvement of connective tissue, unspecified
M36.0	Dermato(poly)myositis in neoplastic disease
M40.03	Postural kyphosis, cervicothoracic region
M40.04	Postural kyphosis, thoracic region
M40.05	Postural kyphosis, thoracolumbar region
M40.292	Other kyphosis, cervical region
M40.293	Other kyphosis, cervicothoracic region
M40.294	Other kyphosis, thoracic region
M40.295	Other kyphosis, thoracolumbar region
M40.30	Flatback syndrome, site unspecified
M40.35	Flatback syndrome, thoracolumbar region
M40.45	Postural lordosis, thoracolumbar region
M41.112	Juvenile idiopathic scoliosis, cervical region
M41.113	Juvenile idiopathic scoliosis, cervicothoracic region
M41.114	Juvenile idiopathic scoliosis, thoracic region
M41.115	Juvenile idiopathic scoliosis, thoracolumbar region
M41.116	Juvenile idiopathic scoliosis, lumbar region
M41.117	Juvenile idiopathic scoliosis, lumbosacral region
M41.122	Adolescent idiopathic scoliosis, cervical region
M41.123	Adolescent idiopathic scoliosis, cervicothoracic region
M41.124	Adolescent idiopathic scoliosis, thoracic region
M41.125	Adolescent idiopathic scoliosis, thoracolumbar region
M41.126	Adolescent idiopathic scoliosis, lumbar region
M41.127	Adolescent idiopathic scoliosis, lumbosacral region
M41.22	Other idiopathic scoliosis, cervical region
M41.23	Other idiopathic scoliosis, cervicothoracic region
M41.24	Other idiopathic scoliosis, thoracic region
M41.25	Other idiopathic scoliosis, thoracolumbar region
M41.26	Other idiopathic scoliosis, lumbar region

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.34	Thoracogenic scoliosis, thoracic region
M41.35	Thoracogenic scoliosis, thoracolumbar region
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
O29.011	Aspiration pneumonitis due to anesthesia during pregnancy, first trimester
O29.012	Aspiration pneumonitis due to anesthesia during pregnancy, second trimester
O29.013	Aspiration pneumonitis due to anesthesia during pregnancy, third trimester
O29.019	Aspiration pneumonitis due to anesthesia during pregnancy, unspecified trimester
O29.021	Pressure collapse of lung due to anesthesia during pregnancy, first trimester
O29.022	Pressure collapse of lung due to anesthesia during pregnancy, second trimester
O29.023	Pressure collapse of lung due to anesthesia during pregnancy, third trimester
O29.029	Pressure collapse of lung due to anesthesia during pregnancy, unspecified trimester
O29.091	Other pulmonary complications of anesthesia during pregnancy, first trimester
O29.092	Other pulmonary complications of anesthesia during pregnancy, second trimester
O29.093	Other pulmonary complications of anesthesia during pregnancy, third trimester
O29.099	Other pulmonary complications of anesthesia during pregnancy, unspecified trimester
O99.511	Diseases of the respiratory system complicating pregnancy, first trimester
O99.512	Diseases of the respiratory system complicating pregnancy, second trimester
O99.513	Diseases of the respiratory system complicating pregnancy, third trimester
O99.519	Diseases of the respiratory system complicating pregnancy, unspecified trimester
Q22.0	Pulmonary valve atresia
Q22.1	Congenital pulmonary valve stenosis
Q22.2	Congenital pulmonary valve insufficiency
Q22.3	Other congenital malformations of pulmonary valve
Q24.8	Other specified congenital malformations of heart
Q24.9	Congenital malformation of heart, unspecified
Q25.6	Stenosis of pulmonary artery
Q25.71	Coarctation of pulmonary artery
Q25.72	Congenital pulmonary arteriovenous malformation
Q25.79	Other congenital malformations of pulmonary artery
Q31.5	Congenital laryngomalacia
Q32.0	Congenital tracheomalacia

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
Q32.1	Other congenital malformations of trachea
Q32.2	Congenital bronchomalacia
Q32.3	Congenital stenosis of bronchus
Q32.4	Other congenital malformations of bronchus
Q33.0	Congenital cystic lung
Q33.1	Accessory lobe of lung
Q33.3	Agenesis of lung
Q33.4	Congenital bronchiectasis
Q33.5	Ectopic tissue in lung
Q33.6	Congenital hypoplasia and dysplasia of lung
Q33.8	Other congenital malformations of lung
Q33.9	Congenital malformation of lung, unspecified
Q34.0	Anomaly of pleura
Q34.1	Congenital cyst of mediastinum
Q34.8	Other specified congenital malformations of respiratory system
Q34.9	Congenital malformation of respiratory system, unspecified
Q67.5	Congenital deformity of spine
Q67.6	Pectus excavatum
Q67.8	Other congenital deformities of chest
Q76.3	Congenital scoliosis due to congenital bony malformation
Q76.412	Congenital kyphosis, cervical region
Q76.413	Congenital kyphosis, cervicothoracic region
Q76.414	Congenital kyphosis, thoracic region
Q76.415	Congenital kyphosis, thoracolumbar region
Q76.425	Congenital lordosis, thoracolumbar region
Q76.8	Other congenital malformations of bony thorax
Q76.9	Congenital malformation of bony thorax, unspecified
R04.2	Hemoptysis
R04.89	Hemorrhage from other sites in respiratory passages
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.1	Stridor
R06.2	Wheezing
R06.3	Periodic breathing

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
R06.4	Hyperventilation
R06.82	Tachypnea, not elsewhere classified
R06.89	Other abnormalities of breathing
R06.9	Unspecified abnormalities of breathing
R07.1	Chest pain on breathing
R09.01	Asphyxia
R09.02	Hypoxemia
R09.1	Pleurisy
R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems
R23.0	Cyanosis
R79.81	Abnormal blood-gas level
R91.1	Solitary pulmonary nodule
R91.8	Other nonspecific abnormal finding of lung field
R94.2	Abnormal results of pulmonary function studies
T50.0X1A - T50.0X5S	Poisoning by mineralocorticoids and their antagonists, accidental (unintentional), initial encounter - adverse effect of mineralocorticoids and their antagonists, sequela
T50.1X1A - T50.1X5S	Poisoning by loop [high-ceiling] diuretics, accidental (unintentional), initial encounter - adverse effect of loop [high-ceiling] diuretics, sequela
T50.2X1A - T50.2X5S	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, accidental (unintentional), initial encounter - adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, sequela
T50.3X1A - T50.3X5S	Poisoning by electrolytic, caloric and water-balance agents, accidental (unintentional), initial encounter - adverse effect of electrolytic, caloric and water-balance agents, sequela
T50.905A - T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter - adverse effect of unspecified drugs, medicaments and biological substances, sequela
T53.0X1A - T53.7X4S	Toxic effect of carbon tetrachloride, accidental (unintentional), initial encounter - toxic effect of other halogen derivatives of aromatic hydrocarbons, undetermined, sequela
T57.3X1A - T57.3X4S	Toxic effect of hydrogen cyanide, accidental (unintentional), initial encounter - toxic effect of hydrogen cyanide, undetermined, sequela
T58.01XA - T58.2X4S	Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), initial encounter - toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined, sequela
T59.0X1A - T59.94XS	Toxic effect of nitrogen oxides, accidental (unintentional), initial encounter - toxic effect of unspecified gases, fumes and vapors, undetermined, sequela
T86.810	Lung transplant rejection
T86.811	Lung transplant failure
T86.812	Lung transplant infection



**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10- CM CODE</b>	<b>Description</b>
T86.818	Other complications of lung transplant
T86.819	Unspecified complication of lung transplant
Z22.7	Latent TB infection
Z48.21	Encounter for aftercare following heart transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z76.82	Awaiting organ transplant status
Z79.3	Long term (current) use of hormonal contraceptives
Z79.51	Long term (current) use of inhaled steroids
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z86.16	Personal history of COVID-19
Z86.711	Personal history of pulmonary embolism
Z87.01	Personal history of pneumonia (recurrent)
Z87.09	Personal history of other diseases of the respiratory system
Z90.2	Acquired absence of lung [part of]
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status

**ICD-10 Table 2** The following ICD-10-CM codes support medical necessity for CPT codes 94617, 94618, 94619 and 94621 in addition to the codes in ICD-10 Table 1

<b>ICD-10-CM Code</b>	<b>Description</b>
I43	Cardiomyopathy in diseases classified elsewhere
Q21.0 – Q21.9	Congenital malformations of cardiac septa
Q22.0 – Q22.9	Congenital malformations of pulmonary and tricuspid valves
Q23.0 – Q23.9	Congenital malformations of aortic and mitral valves
Q24.0 – Q24.9	Other congenital malformations of heart
Q25.0 – Q25.9	Congenital malformations of great arteries
Q26.0 – Q26.9	Congenital malformations of great veins
Q27.0 – Q27.9	Other congenital malformations of peripheral vascular system
Q28.0 – Q28.9	Other congenital malformations of circulatory system

**ICD-10 Table 3** The following ICD-10-CM codes support medical necessity for CPT code: 94070

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

<b>ICD-10-CM Code</b>	<b>Description</b>
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.20	Mild intermittent asthma, uncomplicated
J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	Mild intermittent asthma with status asthmaticus
J45.30	Mild persistent asthma, uncomplicated
J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	Mild persistent asthma with status asthmaticus
J45.40	Moderate persistent asthma, uncomplicated
J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J45.901	Unspecified asthma with (acute) exacerbation
J45.902	Unspecified asthma with status asthmaticus
J45.909	Unspecified asthma, uncomplicated
J45.990	Exercise induced bronchospasm
J45.991	Cough variant asthma
J45.998	Other asthma
J95.84	Transfusion-related acute lung injury (TRALI)
J98.4	Other disorders of lung
R05.1	Acute cough
R05.2	Subacute cough
R05.3	Chronic cough
R05.4	Cough syncope
R05.8	Other specified cough
R06.02	Shortness of breath
R06.1	Stridor
R06.2	Wheezing

<b>Reviews, Revisions, and Approvals</b>	<b>Reviewed Date</b>	<b>Approval Date</b>
Original approval date	11/22	11/22
NCHC verbiage removed from NC Guidance Verbiage.	04/23	04/23
Annual review. Criteria I.B.1. Added; “including the type and degree of dysfunction.” Minor rewording to Criteria I.B.2 (added COPD abbreviation). Minor rewording to I.B.4. (added ‘response to’). Minor rewording to Criteria C. (added ‘of the lungs for carbon monoxide’). Background updated with no impact on criteria. References reviewed and updated.	11/23	11/23

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

**References**

1. Lung function tests. American Lung Association. <https://www.lung.org/lung-health-diseases/lung-procedures-and-tests/lung-function-tests>. Published November 17, 2022. Accessed February 24, 2023.
2. Kaminsky DA. Overview of pulmonary function testing in adults. UpToDate. [www.uptodate.com](http://www.uptodate.com). Published October 07, 2022. Accessed February 06, 2023.
3. Rosen DM, Colin AA. Overview of pulmonary function testing in children. UpToDate. [www.uptodate.com](http://www.uptodate.com). Published April 8, 2020. Accessed February 07, 2023.
4. Local coverage determination: pulmonary function testing (L35360). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 01, 2015 (revised July 01, 2020). Accessed February 16, 2023.
5. Local coverage determination: pulmonary function testing (L34247). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015 (revised October 1, 2019). Accessed February 16, 2023.
6. Local coverage article: pulmonary function testing (A57320). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2019 (revised October 1, 2022). Accessed February 24, 2023.
7. Local coverage article: billing and coding: pulmonary function testing (A57216). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2019 (revised October 1, 2022). Accessed February 24, 2023.
8. Aboussouan LS, Stoller JK. Flow-volume loops. UpToDate. [www.uptodate.com](http://www.uptodate.com). Published December 08, 2022. Accessed February 10, 2023.
9. Reddel HK, Taylor DR, Bateman ED, et al. An official American Thoracic Society/European Respiratory Society statement: asthma control and exacerbations: standardizing endpoints for clinical asthma trials and clinical practice. *Am J Respir Crit Care Med*. 2009;180(1):59 to 99. doi:10.1164/rccm.200801-060ST
10. Kaminsky, DA. Cardiopulmonary exercise testing in the evaluation of unexplained dyspnea. UpToDate. [www.uptodate.com](http://www.uptodate.com). Published December 08, 2022. Accessed February 09, 2023.
11. Local coverage article: pulmonary stress testing (A56784). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published August 1, 2019 (revised October 1, 2021). Accessed February 10, 2023.

**North Carolina Guidance**

*Eligibility Requirements*

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (Medicaid is NC Medicaid program, unless context clearly indicates otherwise);
- b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

*EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age*

- a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]  
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below:

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

*EPSDT provider page:* <https://medicaid.ncdhhs.gov/>

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

*Provider(s) Eligible to Bill for the Procedure, Product, or Service*

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

*Compliance*

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

*Claims-Related Information*

Provider(s) shall comply with the NC Tracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

- a. Claim Type - as applicable to the service provided:  
Professional (CMS-1500/837P transaction)  
Institutional (UB-04/837I transaction)  
Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.
- b. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS) - Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.
- c. Code(s) - Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

*Unlisted Procedure or Service*

**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service

- d. Modifiers - Providers shall follow applicable modifier guidelines.
- e. Billing Units - Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).
- f. Co-payments -  
For Medicaid refer to Medicaid State Plan:  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>
- g. Reimbursement - Provider(s) shall bill their usual and customary charges. For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.



**CLINICAL POLICY: WNC.CP.274**  
**PULMONARY FUNCTION TESTING**

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.