

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*
• **Measurement of Lung Volumes*** (Functional Residual Capacity) by Plethysmography or Nitrogen Washout
• **Single-Breath Carbon Monoxide Uptake in the Lung*** (Carbon Monoxide Diffusing Capacity – DLCO with Spirometry)
• Include **Maximum Respiratory Pressures?*** (Maximum Inspiratory/Expiratory Pressure* [MIP/MEP])
Yes ☐ No ☐
- ☐ 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*
• **Measurement of Lung Volumes*** (Functional Residual Capacity) by Plethysmography or Nitrogen Washout
• **Single-Breath Carbon Monoxide Uptake in the Lung*** (Carbon Monoxide Diffusing Capacity – DLCO with Spirometry)
• Include **Maximum Respiratory Pressures?*** (Maximum Inspiratory/Expiratory Pressure* [MIP/MEP])
Yes ☐ No ☐

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*, and Indirect Calorimetry***; please submit a referral (CPT 99243) to either Pediatric Pulmonology, Pediatric Cardiology, or Pediatric Gastroenterology.

Date _____ Time _____ Respiratory Physician Signature _____ Physician ID# _____

Respiratory Therapy

Pediatric Pulmonary Function Test Referral Form

