Priority Health	BILLING POLICY No. 136
PULMONARY FUNCTION TESTING	
Date of origin: 08/2025	**Review dates: 06/2026**

DEFINITION

Pulmonary Function Testing (PFT), also known as lung function tests, refers to a group of medical diagnostic procedures designed to assess the functioning of a member's respiratory system, specifically their lungs. These tests are performed by healthcare professionals, often in a specialized pulmonary function laboratory or clinic, and they provide valuable information about a member's lung capacity, airflow, and overall lung health. PFTs are used to diagnose and monitor various respiratory conditions, as well as to evaluate how well the lungs are working before surgery or as part of ongoing disease management.

Pressurized or non-pressurized inhalation treatment- the administration of therapeutic medications directly to the respiratory tract through inhaled delivery systems.

Spirometry- a group of pulmonary function tests that measure the volume of air inhaled and exhaled by the lungs, as well as the speed and flow of airflow during respiratory maneuvers.

Lung Volume testing- a group of diagnostic procedures that measure the total amount of air contained in the lungs and how that air is distributed during different phases of the breathing cycle.

Diffusion Capacity- An assessment of the lung’s ability to transfer gases across its tissues.

Pulmonary Stress Testing: An exercise-based diagnostic test that evaluates how the respiratory, cardiovascular, and muscular systems work together when the body is under physical strain.

Device Demonstration/Evaluation: Demonstration and/or assessment of how a patient uses an aerosol generator, nebulizer, metered-dose inhaler, or IPPB device.

FOR MEDICARE

For indications that do not meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Click here for additional details on PSOD.

POLICY SPECIFIC INFORMATION

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary for any applicable defined guidelines.

CODING GUIDELINES

PFTs billed under the following CPT codes:

- Pressurized or non-pressurized inhalation treatment: 94640
- Spirometry: 94010, 94011, 94012, 94060, 94070, 94150, 94200, 94375, 94726, 94727
- Lung Volume: 94013, 94726, 94727, 94728
- Diffusion Capacity: 94729

- Pulmonary Stress Testing: 94617, 94618, 94619, 94621
- Device Demonstration/Evaluation: 94664 (typically reimbursed once per beneficiary for the same provider or group)

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS, and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
06/2026	Format and code adjustment. PFT definitions are added.