

Pulmonary Services

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(b\)\(2\)\(xviii\)](#)

1.0 CPT¹ PROCEDURE CODE RANGE

94010 - 94799

2.0 DESCRIPTION

Services provided for the diagnosis or treatment of conditions involving the lungs.

3.0 POLICY

3.1 Pulmonary services including pulmonary services provided as part of a treatment program on an inpatient or outpatient basis are covered.

3.2 For an indication to be covered the efficacy of the pulmonary services must be proven.

Note: Examples of proven indications are: cardiopulmonary or pulmonary rehabilitation for pre- and post-lung transplant patients when preauthorized by the appropriate preauthorizing authority as outlined in the Policy on heart-lung and lung transplantation; effective September 13, 1999, severe Chronic Obstructive Pulmonary Disease (COPD) on an inpatient basis; and moderate and severe COPD on an outpatient basis.

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