

## PULMONARY SERVICES

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### I. CPT<sup>1</sup> PROCEDURE CODE RANGE

94010 - 94799

### II. DESCRIPTION

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

### III. POLICY

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

B. 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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