

PULMONARY FUNCTION STUDIES

PREAMBLE

SPECIFIC ELEMENTS

Pulmonary Function diagnostic procedures are divided into a professional component listed in the columns headed with a "P", and a technical component listed in the columns headed with an "H" or a "T". The technical component "H" of the procedures subject to the conditions stated under "Diagnostic Services Rendered at a Hospital" on page GP11, is eligible for payment only if the service is:

- a. rendered at a hospital;
- or
- b. rendered at an off-site premise operated by a hospital corporation that has received approval under section 4 of the *Public Hospitals Act*.

The technical component "T" of the procedure is eligible for payment for services rendered in a physician's office or a hospital with the latter subject to the conditions stated under "Diagnostic Services Rendered at a Hospital" on page GP11.

In addition to the common elements, the components of Pulmonary Function diagnostic procedures include the following specific elements.

For Professional Component P

- A. Providing clinical supervision, including approving, modifying and/or intervening in the performance of the procedure where appropriate, and quality control of all elements of the technical component of the procedure.
- B. Performance of any clinical procedure associated with the diagnostic procedure which is not separately billable.
- C. Where appropriate, post-procedure monitoring, including intervening except where this constitutes a separately billable service.
- D. Interpreting the results of the diagnostic procedure.
- E. Providing premises for any aspect(s) of A and D that is(are) performed at a place other than the place in which the procedure is performed.

If the physician claiming the fee for the service is personally unable to perform elements A, B and C, these may be delegated to another physician, who must personally perform the service.

Element D must be personally performed by the physician who claims for the service.

For Technical Component H and T

- A. Preparing the patient for the procedure.
- B. Performing the diagnostic procedure.
- C. Making arrangements for any appropriate follow-up care.
- D. Providing records of the results of the procedure to the interpreting physician.
- E. Discussion with, and providing information and advice to, the patient or patient's representative(s), whether by telephone or otherwise, on matters related to the service.

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- F. Preparing and transmitting a written, signed and dated interpretive report of the procedure to the referring physician.
- G. Providing premises, equipment, supplies and personnel for all specific elements of the technical and professional components except for the premises for any aspect(s) of A and D of the professional component that is(are) not performed at the place in which the procedure is performed.

OTHER TERMS AND DEFINITIONS

1. Professional and technical components are claimed separately. Claims for technical component H are submitted using listed fee code with suffix B. Claims for professional component P are submitted using listed fee code with suffix C.
2. For services rendered outside a hospital setting (except for J301, J304, J324, and J327) the only fees billable under the *Health Insurance Act* are listed under the column P (use suffix C). Fees for technical component of services rendered in an Independent Health Facility are listed in the Schedule of Facility Fees.
3. The benefits for J301, J324, J304, J327, J323 and J332 must be performed with a permanent record and J301, J324, J304 and J327 represent the best of three recorded test results with or without bronchodilator.
4. Each of the following tests designated by an individual code number is considered to be specific and requires individual ordering.
5. Exercise assessment (J315, E450, E451, J316) requires a physician to be in attendance at all times.
6. Pulmonary function studies ordered by an oral and maxillofacial surgeon and rendered in a hospital out-patient department are insured when the pulmonary function studies are rendered:
 - a. in connection with a dental surgical procedure provided by an oral and maxillofacial surgeon in a hospital and it is medically necessary for the patient to receive the dental surgical procedure in a hospital;
 - or
 - b. on the order of an oral and maxillofacial surgeon who has reasonable grounds to believe that a dental surgical procedure, performed by an oral and maxillofacial surgeon, will be required in connection with the pulmonary function studies and that it will be medically necessary for the patient to receive the dental surgical procedure in a hospital.

PULMONARY FUNCTION STUDIES

T

P

Simple Spirometry

J301	Volume versus Time Study - must include Vital capacity, FEV ₁ , FEV ₁ /FVC, and may include calculation of MMEFR(FEF25-75)	9.55	7.50
J324	- repeat after bronchodilator	2.88	3.98

Flow Volume Loop

J304	Volume versus Flow Study - from which an expiratory limb, and inspiratory limb if indicated, are generated. A flow volume loop may include derivation of FEV ₁ , VC, V ₅₀ , V ₂₅	19.05	9.75
J327	- repeat after bronchodilator	2.88	5.75

Note:

J301 or J324 are not to be claimed same patient same day as J304 or J327.

H

P

Functional residual capacity

J311	- by gas dilution method	16.70	15.65
J307	- by body plethysmography	17.95	15.90

Note:

J311 not to be claimed same patient same day as J307.

J305	Lung compliance (pressure volume curve of the lung from TLC to FRC)	53.30	48.15
J306	Airways resistance by plethysmography or estimated using oesophageal catheter	16.60	14.35
J303	Extra pulmonary airways resistance by plethysmography	16.60	14.35
J340	Maximum inspiratory and expiratory pressures	2.88	3.06
J310	Carbon monoxide diffusing capacity by single breath method	21.95	16.05
J308	Carbon dioxide ventilatory response	20.40	14.60

PULMONARY FUNCTION STUDIES

H

P

Stage I

J315	Graded exercise to maximum tolerance (exercise must include continuous heart rate, oximetry and ventilation at rest and at each workload)	64.05	45.30
E450	- J315 plus J301 or J304 before and/or after exercise. add	13.65	7.30
E451	- J315 plus 12 lead E.C.G. done at rest, used for monitoring during the exercise and followed for at least 5 minutes post exercise add	18.55	22.70

Stage II

J316	Repeated steady state graded exercise (must include heart rate, oximetry, ventilation, VO ₂ , VCO ₂ , BP, ECG, end tidal and mixed Venous CO ₂ at rest, 3 levels of exercise and recovery).	92.30	58.35
J330	Assessment of exercise induced asthma (workload sufficient to achieve heart rate 85% of predicted maximum; performance of J301 or J304 before exercise and 5-10 minutes post exercise)	34.20	21.85
J319	Blood gas analysis - pH, PO ₂ , PCO ₂ , bicarbonate and base excess	11.55	-
J318	Arterialized venous blood sample collection (e.g. ear lobe).	3.89	-
J320	A-a oxygen gradient requiring measurement of RQ by sampling mixed expired gas and using alveolar air equation.	28.25	11.50
J331	Estimate of shunt (Qs/Qt) breathing pure oxygen	28.25	14.35
J313	Mixed venous PCO ₂ , by the rebreathing method.	11.55	4.20

Oxygen saturation

J323	- by oximetry at rest, with or without O ₂	4.30	-
J332	- by oximetry at rest and exercise, or during sleep with or without O ₂	18.05	9.60

Note:

1. J323 is not eligible for payment when rendered with J332, J315, J316 or any overnight sleep study.
2. J332 is not eligible for payment when rendered with J315, J316 or any overnight sleep study.

J334	J332 with at least two levels of supplemental O ₂	31.35	14.35
J322	Standard O ₂ consumption and CO ₂ production	5.45	5.75
J333	Non-specific bronchial provocative test (histamine, methacholine, thermal challenge).	49.50	30.95
J335	Antigen challenge test	53.20	30.95

Fee

Z459	Arterial puncture for blood gas analysis.	9.10
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Note:

For home/self-care ventilation listing - see Diagnostic and Therapeutic Procedures page J27.