



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Children and Families  
Office of Children and Family Policy  
Division of Family Assistance  
350 Capitol Street, Room B-18  
Charleston, West Virginia 25301-3705  
Telephone: (304) 558-8290 Fax: (304) 558-2059

Bob Wise  
Governor

Paul L. Nusbaum  
Secretary

## MEMORANDUM

**DATE:**

**TO:**

**FROM:** Medical Review Team, Division of Family Assistance

**SUBJECT:** ADDITIONAL MEDICAL REQUEST

The medical and/or social information furnished on this case is not sufficient to enable the reviewing physician to determine whether disability or incapacity exists. The reviewing physician is requesting the following information before a decision can be made.

### PULMONARY FUNCTION TESTS:

(94060) - Bronchospams evaluation; spirometry before and after bronchodilator.

(94160) - Vital Capacity, total with timed force expiratory volume, FeV1, FeV2, FeV3.

(82803) - Blood Gases.

When submitting the above information, please attach this memo.