



WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

ADDITIONAL MEDICAL REQUEST

PULMONARY FUNCTION TESTS

Date: _____

County: _____

Client's Name: _____

Client's SSN: _____

Dear DHHR Worker _____

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.

Sincerely yours,

Division of Family Assistance
Medical Review Team