
Pulmonary function studies billing codes¹

Specific elements

Pulmonary Function diagnostic procedures are divided into a professional component (“P”) and a technical component (“T”), which are claimed separately. In addition to the common elements of insured services, the components of Pulmonary Function diagnostic procedures include the following specific elements.

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 when 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.

Notes:

- 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.
- Claims are not payable for delegated services provided by an individual who is employed by a facility or organization such as a public hospital, public health unit, industrial clinics, long-term care facilities or Family Health Teams.
- Element D must be personally performed by the physician who claims for the service.

Technical component (T)¹

- 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 physicians.
- E. Discussion with, and providing information and advice to, the patient or patient’s representative, by telephone or otherwise, on matters related to the service.
- F. Preparing and transmitting a written, signed and dated interpretive report of the procedure to the referring provider.
- G. Providing premises, equipment, supplies and personnel for all specific elements of the technical and professional components that is(are) not performed at the place in which the procedure is performed.

Other terms and definitions

1. Claims for professional component P are submitted using listed fee code with suffix C.
2. Each of the following tests designated by an individual code number is specific and requires individual ordering.
3. The technical and professional fee components for pulmonary function studies are not eligible for payment in the routine preoperative preparation or screening of a patient for non-thoracic surgery unless required for respiratory diagnosis, anesthetic decision making or optimization of a patient's respiratory disease prior to surgery.

¹ 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” and “Payment for Diagnostic and Therapeutic Services Rendered at a Hospital.”

Fee code	Descriptor	Value (T)	Value (P)
Simple spirometry			
J301	<ul style="list-style-type: none"> • Volume versus Time Study <ul style="list-style-type: none"> ○ must include Vital capacity, FEV₁, FEV₁/FVC, and may include calculation of MMEFR(FEF25-75) 	\$9.85	\$7.85
J324	<ul style="list-style-type: none"> • Repeat after bronchodilator 	\$2.97	\$4.20
Flow volume loop			
J324	<ul style="list-style-type: none"> • Volume versus Flow Study <ul style="list-style-type: none"> ○ from which an expiratory limb, and inspiratory limb if indicated, are generated. A flow volume loop may include derivation of FEV₁, VC, V50, V25 	\$19.60	\$11.55
J327	<ul style="list-style-type: none"> • Repeat after bronchodilator 	\$2.97	\$6.90

Payment rules

1. J301, J304, J324, J327 are not payable when rendered to a patient who does not have symptoms, signs or an indication supported by current clinical practice guidelines relevant to the individual patient's circumstances.
2. J301 or J324 are *not eligible for payment* same patient same day as J304 or J327.
3. J301, J324, J304 and J327 must represent the best of three recorded test results.
4. J301 and J324 must be performed with a permanent record including a written interpretation by the physician.
5. J304 and J327 are only eligible for payment for a study that meets the following requirements:
 - a. There is a permanent record that includes a written interpretation by the physician²;
 - b. The permanent record includes constituent graph(s), tracing(s) and measurement with a scale on the tracing or graph of:
 - i. At least 5 mm per litre per second for flow; and
 - ii. 10 mm per litre for volume.
 - c. The technical component of the study complies with the [Independent Health Facilities Clinical Practice Parameters and Facility Standards for Pulmonary Function Studies \(CPSO, 2018\)](#); and
 - d. The physician claiming the professional component must be able to demonstrate appropriate training in pulmonary function testing interpretation.³

References

1. Government of Ontario, Ministry of Health. Ontario Health Insurance Plan: OHIP schedule of benefits and fees [Internet]. [cited 2024 Jan 24]. Available from: <https://www.health.gov.on.ca/en/pro/programs/ohip/sob/>

² A computer or automated interpretation is not sufficient for payment purposes.

³ Physicians should be prepared to provide to the ministry documentation demonstrating their training on request.