

PULMONARY HYPERTENSION (Pulmonary HTN)

All Classes
(Updated 09/30/2026)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. WHO Group 1: Pulmonary Arterial Hypertension (PAH)	Submit the following for FAA review: 1. A current, detailed Clinical Progress Note generated from a clinic visit with their treating pulmonologist no more than 90 days before the AME exam. <i>It should include a summary of the history of the condition or diagnosis; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.</i> 2. It must specifically include a discussion of WHO Functional Class and changes over time. 3. Pulmonary Function Test (PFTs) with DLCO performed within the past 90 days. 4. Chest Computed Tomography (CT) from the most recent test. 5. Echocardiogram (Echo) with bubble study. <i>Report from a 2-D and Doppler flow study performed no more than 90 days prior to the AME exam.</i> 6. 24-hour cardiac monitor performed no more than 90 days prior to the AME exam. ≥ 24-hour cardiac monitor (such as a Holter, Zio Patch, etc.). It should have atrial and ventricular ectopic counts; hourly tabular data to include the longest pause duration and counts of all pauses > 2.0 or 2.5 seconds; heart rate (max, min, and average); other histograms and frequency graphs; and percentage of atrial fibrillation/flutter. 7. Current 6-Minute Walk Test (6MWT) per FAA protocol OR an Exercise stress test (EST) performed no more than 90 days prior to the AME exam.	DEFER Submit the information to the FAA for a possible Special Issuance

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	8. Reports from all other studies performed for PAH (ex. Right heart catheterization). 9. All other relevant testing related to PAH (lab work, rheumatology or hematology notes, biopsy results if performed, sleep study).	
B. WHO Group 2: Pulmonary Hypertension (PH) Due to Left-sided heart disease	Submit the following for FAA review: 1. A current, detailed Clinical Progress Note generated from a clinic visit with their treating cardiologist no more than 90 days before the AME exam. <i>It should include a summary of the history of the condition or diagnosis; current medications, dosages, and side effects (if any); clinical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up.</i> 2. Echocardiogram (Echo) with bubble study. <i>Report from a 2-D and Doppler flow study performed no more than 90 days prior to the AME exam.</i> 3. 24-hour cardiac monitor performed no more than 90 days prior to the AME exam. ≥ 24-hour cardiac monitor (such as a Holter, Zio Patch, etc.). It should have atrial and ventricular ectopic counts; hourly tabular data to include the longest pause duration and counts of all pauses > 2.0 or 2.5 seconds; heart rate (max, min, and average); other histograms and frequency graphs; and percentage of atrial fibrillation/flutter.	DEFER Submit the information to the FAA for a possible Special Issuance

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	4. Exercise stress test (EST) performed no more than 90 days prior to the AME exam. 5. Reports from all other studies performed for PAH (ex. heart catheterization). 6. All other relevant testing related to PAH (lab work, rheumatology or hematology notes, biopsy results if performed, sleep study). 7. Any other documentation as required for Left Heart Disease (e.g. CHD protocol).	
C. WHO Groups 3-5 Pulmonary HTN due to: Group 3: lung disease Group 4: pulmonary embolism such as CTEPH Group 5: blood, inflammatory, kidney disease or rare disorders	Submit the following for FAA review: • All items in Row A AND (additional items based on group) <u>Group 3:</u> • All additional requirements based on lung disease (i.e. OSA, COPD, ILD, etc. <u>Group 4</u> • Pulmonary Embolism Requirements • Hypercoagulable evaluation <u>Group 5</u> • A current, detailed Clinical Progress Note generated from a clinic visit with their treating hematologist or rheumatologist or other board-certified specialist discussing the underlying disorder no more than 90 days before the AME exam. • Any additional lab work and imaging performed for the underlying condition.	DEFER Submit the information to the FAA for a possible Special Issuance

Note: If primary (essential) or secondary [hypertension](#) (HTN / high blood pressure), see that page.