Parathormone (Parathyroid Hormone)

CPT: 83970

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

Parathyroid hormone (PTH), a polypeptide hormone produced in the parathyroid gland, along with Vitamin D, are the principal regulators of calcium and phosphorus homeostasis. The most important actions of PTH are (1) rapid mobilization of calcium and phosphate from bone and the long-term acceleration of bone resorption, (2) increasing renal tubular reabsorption of calcium, (3) increasing intestinal absorption of calcium (mediated by an action on the metabolism of vitamin D), and (4) decreasing renal tubular reabsorption of phosphate. These actions account for most of the important clinical manifestations of PTH excess or deficiency.

The PTH is normally measured concomitantly with serum calcium levels. Abnormally elevated PTH values may indicate primary, secondary, or tertiary hyperparathyroidism. Abnormally low PTH levels may result from hypoparathyroidism and from certain malignant diseases such as squamous cell carcinoma of the lung, renal carcinoma, pancreatic carcinoma, or ovarian carcinoma.

Indications

A Parathormone test will be considered medically necessary under any of the following circumstances:

- Evaluation of patients with a combination of clinical signs and symptoms of hyperparathyroidism such as weakness, fatigue, bone pain, confusion, depression, nausea, vomiting, polyuria, etc. in which parathyroid disease is suspected;
- Evaluation of patients with a combination of clinical signs and symptoms of hypoparathyroidism such as Chvostek's sign, Trousseau's sign, dysphagia, tetany, increased deep tendon reflexes, etc. in which parathyroid disease is suspected;
- Evaluation of a patient with an abnormal total calcium level;
- To distinguish nonparathyroid from parathyroid causes of hypercalcemia;
- Evaluation of patients with previously diagnosed hyper or hypoparathyroidism;
- Evaluation of patients with a magnesium deficiency and/or excessive Vitamin D;
- Evaluation of patients with ectopic parathyroid hormone producing neoplasms;
- To evaluate and monitor therapy of secondary hyperparathyroidism in chronic renal disease and/or status post renal transplantation;
- Immediate follow-up of patients that have undergone thyroidectomy and/or parathyroidectomy; and
- Evaluation of a patient with osteoporosis to rule out parathormone involvement.

Utilization Guidelines

- CPT 83970 should not be billed with more than one (1) unit of service per day.
- It is expected that parathormone levels for patients diagnosed with chronic kidney disease (CKD) will be performed according to Kidney/Dialysis Outcomes Quality Initiative (K/DOQI) clinical practice guidelines for bone metabolism and disease.
- For stage 3 CKD patients with a glomerular filtration rate (GFR) of 30-59, it is expected that PTH level measurements will be performed every 12 months.
- For stage 4 CKD patients with a glomerular filtration rate (GFR) of 15-29, it is expected that PTH level measurements will be performed every 3 months.
- For stage 5 CKD patients with a glomerular filtration rate (GFR) less than 15 or dialysis, it is expected that PTH level measurements will be performed every 3 months.It is expected that the frequency of parathormone level measurements will be performed according to K/DOQI clinical guidelines. If the measurement of PTH levels exceed recommended frequencies, documentation may be reviewed to support the excess measurements.

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

Code	Description
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.3	**Hyperparathyroidism, unspecified**
E83.30	Disorder of phosphorus metabolism, unspecified
E83.40	Disorders of magnesium metabolism, unspecified
E83.42	Hypomagnesemia
E83.51	Hypocalcemia
E83.52	**Hypercalcemia**
E83.59	Other disorders of calcium metabolism
M81.0	Age-related osteoporosis without current pathological fracture
N18.2	Chronic kidney disease, stage 2 (mild)
N18.4	**Chronic kidney disease, stage 4 (severe)**
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N25.81	**Secondary hyperparathyroidism of renal origin**
R53.81	Other malaise
R53.83	Other fatigue
Z94.0	Kidney transplant status

Visit **QuestDiagnostics.com/MLCP** to view current limited coverage tests, reference guides, and policy information.
To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ►

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