If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Parathyroid Hormone, Phosphorous, Calcium and Magnesium Testing

Policy Number: CPCPLAB055

Version 1.0

Approval Date: April 28, 2025

Plan Effective Date: August 8, 2025

Description

The plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Serum intact parathyroid/PTH testing **may be reimbursable** in **any** of the following situations:
    a. For individuals with abnormal calcium levels;
    b. One time testing for the diagnosis of hypoparathyroidism for individuals with signs of hypoparathyroidism (see **Note 1**);
    c. For individuals with osteoporosis or low bone mass;
    d. For individuals who have undergone parathyroidectomy
    e. One test every year for individuals diagnosed with hyperparathyroidism and who have not undergone parathyroidectomy;
    f. At the following frequency for individuals with chronic kidney disease/CKD:
        i. For individuals with Grade 3 CKD: One test every twelve months
        ii. For individuals with Grade 4 or Grade 5 CKD: One test every three months
    g. One time testing for individuals with multiple endocrine neoplasia 2A/MEN2A or familial medullary thyroid carcinoma;
    h. At the following frequency for individuals who have pseudohypoparathyroidism or related disorders (See **Note 2**):
        i. For individuals who are less than 18 years of age, one test every three months;
        ii. For individuals who are 18 years of age or older, one test every year.

2. Serum intact parathyroid/PTH testing to screen for asymptomatic hyperparathyroidism **is not reimbursable**.

3. For individuals presenting for a wellness or a general scam without abnormal findings, the following tests **are not reimbursable**:
    a. Serum, blood, or fecal magnesium testing;
    b. Serum phosphorus or phosphate testing;
    c. Urine phosphorus or phosphate testing;
    d. Serum total calcium, serum ionized calcium, or urine calcium testing;
    e. Serum parathyroid hormone testing.

4. Testing serum for truncated parathyroid hormone metabolites, (e.g., amino-terminal and carboxy-terminal fragments), **is not reimbursable**.

NOTE 1: Signs of hypoparathyroidism (6):

- Hypocalcemia
- Elevated serum phosphorous
- Low calcitriol
- Hypercalciuria
- Abnormal magnesium

NOTE 2: Conditions of pseudohypoparathyroidism or related disorders (7)

1. Pseudohypoparathyroidism Type 1A (PHP1A)—due to maternal loss of function mutation at the *GNAS* coding sequence
2. Pseudohypoparathyroidism Type 1B (PHP1B)—due to methylation defect at the *GNAS* coding sequence
3. Pseudopseudohypoparathyroidism (PPHP)—due to paternal loss of function mutation at the *GNAS* coding sequence
4. Progressive Osseous Heteroplasia (POH)—due to paternal loss of function mutation at the *GNAS* coding sequence
5. Acrodysostosis (ACRDYS1)—due to mutation in *PRKAR1A*
6. Acrodysostosis (ACRDYS2)—due to mutation in *PDE4D*

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82310, 82330, 82340, 83735, 83970, 84100, 84105

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Policy Update History:

Approval Date	Effective Date: Summary of Revisions
04/28/2025	08/08/025; Document updated with literature review. The following changes were made to Reimbursement Information: Combined #1 and #2 into a single criterion to describe all appropriate testing indications for PTH. Now reads: 1) Serum intact parathyroid (PTH) testing MEETS COVERAGE CRITERIA in any of the following situations: a) For individuals with abnormal calcium levels. b) One time testing for the diagnosis of hypoparathyroidism for individuals with signs of hypoparathyroidism (see Note 1). c) For individuals with osteoporosis or low bone mass. d) For individuals who have undergone parathyroidectomy. e) One test every year for individuals diagnosed with hyperparathyroidism and who have not undergone parathyroidectomy. f) At the following frequency for individuals with chronic kidney disease (CKD): i) For individuals with Grade 3 CKD: One test every twelve months. ii) For individuals with Grade 4 or Grade 5 CKD: One test every three months. g) One time testing for individuals with multiple endocrine neoplasia type 2A (MEN2A) or familial medullary thyroid carcinoma. h) At the following frequency for individuals who have pseudohypoparathyroidism or related disorders (see Note 2): i) For individuals who are less than 18 years of age, one test every three months. ii) For individuals who are 18 years of age or older, one test every year. Added Note 2 describing the conditions pseudohypoparathyroidism and related disorders. References revised.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.
06/15/2023	06/15/2023: Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/1/2022	11/01/2022: New policy