If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") 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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") 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

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSNM 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 the following situations:
    a. To assess possible hyperparathyroidism; OR
    b. To assess post-operative results of parathyroid surgery; OR
    c. As part of annual testing of a patient previously diagnosed with hyperparathyroidism; OR
    d. As part of assessment of chronic kidney disease (CKD); OR

e. As part of assessment of osteoporosis; OR
f. As part of diagnosis and/or assessment of cancer or cancer therapy.

2. Serum intact parathyroid (PTH) testing in cases of possible hypoparathyroidism, pseudohypoparathyroidism, or related disorders* (See Note 1) **may be reimbursable** in the following situations:
    a. In initial assessment and diagnosis of the disorders listed in Note 1; OR
    b. To monitor disease and/or therapy.

3. Serum intact parathyroid (PTH) testing **is not reimbursable** in screening of patients for asymptomatic hyperparathyroidism.

4. The following tests **is not reimbursable** for individuals in general encounters without abnormal findings or wellness visits:
    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

5. Testing serum for truncated parathyroid hormone metabolites, including amino-terminal and carboxy-terminal fragments, **is not reimbursable**.

***NOTE 1:** Conditions of hypoparathyroidism, pseudohypoparathyroidism, and related disorders (Mantovani et al., 2018)

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

Procedure Codes

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

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Policy Update History:

5/1/2022	New policy