FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L34018

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part A and B

LCD Title
Parathormone (Parathyroid Hormone)

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Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See § 1869 (f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, Section 10; 10.2; and 90.1
CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, Section 40
CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, Section 13.1.3
Parathormone (Parathyroid Hormone)

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

05/12/2017

Revision Ending Date

05/11/2017

Indications and Limitations of Coverage 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.

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;
Parathormone (Parathyroid Hormone)

- Immediate follow-up of patients that have undergone thyroidectomy and/or parathyroidectomy; and
- Evaluation of a patient with osteoporosis to rule out parathormone involvement.

Type of Bill Code

Hospital - 12x, 13x, 14x  
Skilled Nursing Facility – 21x, 22x, 23x  
End Stage Renal Disease - 72x  
Critical Access Hospital – 85x

Revenue Codes

301 Chemistry

CPT/HCPCS Codes

83970 Parathormone (parathyroid hormone)

ICD-10 Codes that Support Medical Necessity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D35.1</td>
<td>Benign neoplasm of parathyroid gland</td>
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<tr>
<td>E20.0-E20.9</td>
<td>Hypoparathyroidism</td>
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<tr>
<td>E21.0-E21.3</td>
<td>Hyperparathyroidism and other disorders of parathyroid gland</td>
</tr>
<tr>
<td>E34.2</td>
<td>Ectopic hormone secretion, not elsewhere classified</td>
</tr>
<tr>
<td>E67.3</td>
<td>Hypervitaminosis D</td>
</tr>
<tr>
<td>E83.30-E83.39</td>
<td>Disorders of phosphorus metabolism and phosphatases</td>
</tr>
<tr>
<td>E83.40-E83.49</td>
<td>Disorders of magnesium metabolism</td>
</tr>
<tr>
<td>E83.51</td>
<td>Hypocalcemia</td>
</tr>
<tr>
<td>E83.52</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>E83.59</td>
<td>Other disorders of calcium metabolism</td>
</tr>
<tr>
<td>E89.2</td>
<td>Postprocedural hypoparathyroid</td>
</tr>
<tr>
<td>F05</td>
<td>Delirium due to known physiological condition</td>
</tr>
<tr>
<td>F06.30-F06.34</td>
<td>Mood disorder due known physiological condition</td>
</tr>
<tr>
<td>G93.3</td>
<td>Postviral fatigue syndrome</td>
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<tr>
<td>N18.1-N18.9</td>
<td>Kidney disease (CKD)</td>
</tr>
<tr>
<td>N19</td>
<td>Unspecified kidney failure</td>
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<tr>
<td>N25.81</td>
<td>Secondary hyperparathyroidism of renal origin</td>
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<tr>
<td>N25.89</td>
<td>Other disorders resulting from impaired renal tubular function</td>
</tr>
<tr>
<td>M62.40-M62.49</td>
<td>Contracture of muscle</td>
</tr>
<tr>
<td>M62.831-M62.838</td>
<td>Muscle spasm</td>
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<tr>
<td>M81.0</td>
<td>Age-related osteoporosis without current pathological fracture</td>
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<td>M81.8</td>
<td>Other osteoporosis without current pathological fracture</td>
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<tr>
<td>M85.9</td>
<td>Disorder of bone density and structure, unspecified</td>
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<tr>
<td>M89.9</td>
<td>Disorder of bone, unspecified</td>
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<tr>
<td>M94.9</td>
<td>Disorder of cartilage, unspecified</td>
</tr>
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<td>R11.0-R11.12</td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td>R11.14-R11.2</td>
<td>Nausea and vomiting</td>
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<tr>
<td>R13.0-R13.19</td>
<td>Aphagia and dysphagia</td>
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<tr>
<td>R25.0-R25.9</td>
<td>Abnormal involuntary movements</td>
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<td>R29.0</td>
<td>Tetany</td>
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<td>R35.8</td>
<td>Other polyuria</td>
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<tr>
<td>R53.0</td>
<td>Neoplastic (malignant) related fatigue</td>
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<tr>
<td>R53.1</td>
<td>Weakness</td>
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Form Date: 12/22/08  
I-3.2.41 MP Part A Draft LCD  
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Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

The medical record documentation must indicate the medical necessity of the test. In addition, documentation that the service was performed, including the test results, should be in the patient’s medical records. This information is usually found in the office/progress notes, hospital notes, and/or laboratory results.

If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician’s order for the studies. The physician must state the clinical indication/medical necessity for the study in his order for the test.

Documentation supporting parathyroid hormone levels (83970) more frequently than the parameters in the Utilization Guidelines section of this LCD should include the following:

- Symptoms such as bone pain, weakness, fractures, difficulty walking, intractable itching, ectopic calcification, paresthesias, Chvostek’s and/or Trousseau’s signs, bronchospasm, laryngospasm, tetany and/or seizures;
- Non-compliance with treatment of renal osteodystrophy; or
- Need to monitor changes in therapy

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.
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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.

Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L28966, L29251, L29462


Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

04/01/2014

Revision History

Revision History Number: R1

Revision Number: 1
Publication: June 2017 Connection
LCR A/B2017-023
Explanation of Revision: Based on CR 8776, the following verbiage was removed from the “CPT/HCPCS Codes” section of the LCD: “Per CR 8572, beginning in CY 2014, payment for most laboratory tests (except for molecular pathology tests) will be packaged under the OPPS, therefore the clinical laboratory tests listed below, for TOB 13X (outpatient hospital), are packaged in this setting.” The effective date of this revision is for claims processed on or after 05/12/2017, for dates of service on or after 01/01/2014.

Revision Number: Original

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

N/A

Document formatted: 04/29/2017 (MP/mb)