

Total Calcium

CPT: 82310

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

The serum calcium test is used to evaluate parathyroid function and calcium metabolism by directly measuring the total amount of calcium in the blood. About 50% of blood calcium is ionized; the rest is protein bound (with albumin). The serum calcium level is a measurement of both. The normal adult serum calcium level is between 8.5-10.5mg/dl.

Indications

A calcium test will be considered medically reasonable and necessary for the following conditions:

- Evaluation of patients with clinical signs and symptoms of hypercalcemia. Signs and symptoms of hypercalcemia include, but are not limited to the following: nausea and vomiting, prominent skeletal muscle weakness, Anorexia, polyuria, nocturia, polydipsia, Constipation, stupor abdominal pain, coma, dehydration, ECG changes/prolongation of QT interval, lethargy, confusion, flank pain due to renal calculi
Conditions in which a serum calcium test may be medically necessary for hypercalcemia include, but are not limited to, the following: hyperparathyroidism; malignancies; adrenal insufficiency; acromegaly; hypervitaminosis D; immobilization; and drugs (e.g., thiazide diuretics, calcium salts, etc.).
- Evaluation of patients with clinical signs and symptoms of hypocalcemia. Signs and symptoms of hypocalcemia include, but are not limited to, the following: muscle twitching, ECG changes/shortened QT interval, Chvostek's sign (facial muscle spasm), arrhythmias, Trousseau's sign (carpopedal spasm), bronchospasm, tetany, dysphagia, muscle cramping, diplopia and photophobia, seizure activity, anxiety, malaise, unexplained dementia, depression, & psychosis, circumforal and peripheral numbness and tingling

Conditions in which a serum calcium test may be medically reasonable and necessary for hypocalcemia include, but are not limited to, the following: hypoparathyroidism; hypoalbuminemia; renal failure; pancreatitis; vitamin D deficiency; severe malnutrition and malabsorption; septic shock; and drugs (e.g., anticonvulsants, heparin, laxatives, loop diuretics, magnesium salts, and etc.).

Even though a patient has a condition stated above, it is not expected that a serum calcium test be performed frequently for stable chronic symptoms that are associated with that disease.

Disorders of calcium metabolism are initially evaluated with measurements of serum phosphorus, albumin, chloride, magnesium, potassium, total protein, parathyroid hormone levels, and often a 24-hour urine calcium level.

Utilization Guidelines

In accordance with national Medicare coverage policy, serum calcium laboratory tests are routinely covered at a frequency of once per month for hemodialysis, intermittent peritoneal dialysis, continuous cycling peritoneal dialysis, and hemofiltration beneficiaries. Serum calcium laboratory tests are routinely covered at a frequency of once per month if furnished to (CAPD) patients in a certified setting. A diagnosis of ESRD alone is not sufficient medical evidence to warrant coverage of additional tests. Services performed at a greater frequency are covered if medically necessary and used in timely medical decision making.

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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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
E53.8	Deficiency of other specified B group vitamins
E55.9	Vitamin D deficiency, unspecified
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E87.5	Hyperkalemia
I48.91	Unspecified atrial fibrillation
M85.9	Disorder of bone density and structure, unspecified
N17.9	Acute kidney failure, unspecified
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.9	Chronic kidney disease, unspecified
N20.0	Calculus of kidney
N25.81	Secondary hyperparathyroidism of renal origin
R53.83	Other fatigue

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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