Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Parathyroid hormone (PTH), along with calcitriol and fibroblast growth factor 23 (FGF23), regulate calcium and phosphate homeostasis. PTH modulates the serum ionized calcium concentration by stimulating kidney reabsorption of calcium as well as increasing bone resorption within minutes of PTH secretion. Primary hyperparathyroidism presents itself with hypercalcemia and elevated PTH levels and is typically caused by parathyroid adenoma or hyperplasia. Secondary hyperparathyroidism is seen “in patients with kidney failure who have increased secretion of PTH [and] is related not only to gland hyperplasia and enlargement but also to reduced expression of CaSRs [calcium-sensing receptors] and, perhaps, its downstream signaling elements.”

Calcium is an essential metal found in its biologically relevant divalent cation (Ca^{2+}) form in vivo. It is involved in many important biological processes, including cell signaling, signal transduction, and muscle contraction. Only 45% of the plasma calcium is in the ionized form (or ‘free’ form), which is the physiologically active form, while the rest is bound to albumin or complexed to anions, such as phosphate or citrate. Both total calcium and ionized calcium can be tested from a blood sample. Occasionally, calcium concentration is determined from a 24-hour urine sample.

Phosphorus is typically used in its oxidized phosphate polyatomic ionic form (PO_4^{3-}) in vivo and is an important functional group in all classes of biomolecules—carbohydrates, proteins, lipids, and nucleic acids. The cytosol uses a phosphate-based buffer to maintain pH homeostasis. Plasma phosphorus can be in either organic or inorganic form, but the inorganic phosphates are regulated by hormones, primarily PTH. Typically, phosphate/phosphorus testing is performed on a blood sample but it can also be performed on a urine sample.

Magnesium, like calcium, in vivo is in its divalent cation (Mg^{2+}) form. It is involved in many enzymatic mechanisms as well as structural functions for both proteins and nucleic acids. Magnesium is required for maintenance of bone health as well as proper nerve conduction, muscle contraction, and energy production. Currently, magnesium is tested from a blood sample or less frequently from a 24-hour urine sample. Due to the large amounts of magnesium that is filtered and the degree of reabsorption and secretion in urine levels, “magnesium levels in the urine do not correlate with either the amount of magnesium ingested or the magnesium status in the body.”

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

1. Serum intact parathyroid hormone (PTH) testing **MEETS COVERAGE CRITERIA** in any of the following situations:
    a. For individuals with abnormal calcium levels.

b. During the initial assessment and 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. 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.
f. 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.
g. Annual testing for individuals diagnosed with hyperparathyroidism and who have not undergone parathyroidectomy.
h. Annual testing for individuals with multiple endocrine neoplasia type 2A (MEN2A) or familial medullary thyroid carcinoma.

2. For all other situations not described above, serum intact (PTH) testing **DOES NOT MEET COVERAGE CRITERIA**.
3. For individuals presenting for a wellness visit or a general exam without abnormal findings, the following tests **DO NOT MEET COVERAGE CRITERIA**:
    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.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

4. Testing serum for truncated parathyroid hormone metabolites (e.g., amino-terminal and carboxy-terminal fragments) **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:
Note 1: Signs of hypoparathyroidism:

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

Note 2: Conditions of pseudohypoparathyroidism and related disorders:

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

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
82310	Calcium; total
82330	Calcium; ionized
82340	Calcium; urine quantitative, timed specimen
83735	Magnesium
83970	Parathormone (parathyroid hormone)

Code	Description
84100	Phosphorus inorganic (phosphate)
84105	Phosphorus inorganic (phosphate); urine

Evidence-based Scientific References

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Publication History

08/01/2026: Administrative edits for clarity and consistency
03/01/2026: Annual review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.