

# Ionized Calcium

CPT: 82330

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## 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.

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## Coverage Indications, Limitations, and/or Medical Necessity

Ionized calcium is a cation that circulates freely in the bloodstream and comprises 46-50% of all circulating calcium. Only the ionized calcium can be used by the body in such vital processes as muscular contraction, cardiac function, transmission of nerve impulses, and blood clotting. Ionized calcium is considered a more sensitive and accurate indicator for many operative procedures and disease processes. A normal serum ionized calcium for an adult is 4.65 - 5.28 mg/dl.

### Indications

- Evaluation of patients with 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 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;
- Monitoring of a patient with renal disease, renal transplantation, or hemodialysis;
- Patients with previously diagnosed hyper or hypoparathyroidism;
- Patients with pancreatitis as characterized by symptoms such as epigastric abdominal pain, nausea and/or vomiting, fever, hypotension, mild jaundice, umbilical discoloration (Cullen's sign), etc.;
- Patients with a magnesium deficiency and/or excessive Vitamin D;
- Patients with sepsis as characterized by symptoms such as hypotension, tachycardia, tachypnea, change in mental status, etc.; and
- Patients with ectopic parathyroid hormone producing neoplasms.

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Visit [QuestDiagnostics.com/MLCP](https://www.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](https://www.cms.gov) ►

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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

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
E20.9	Hypoparathyroidism, unspecified
<b>E21.0</b>	<b>Primary hyperparathyroidism</b>
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
<b>E21.3</b>	<b>Hyperparathyroidism, unspecified</b>
E83.42	Hypomagnesemia
E83.51	Hypocalcemia
<b>E83.52</b>	<b>Hypercalcemia</b>
<b>E83.59</b>	<b>Other disorders of calcium metabolism</b>
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
N18.2	Chronic kidney disease, stage 2 (mild)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N25.81	Secondary hyperparathyroidism of renal origin
R25.2	Cramp and spasm
R53.81	Other malaise
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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