

PRIMARY HYPERPARATHYROIDISM INITIAL DIAGNOSIS WORKSHEET

NAME: _____ **DATE:** _____

Patient Identifier: _____ **Referring Physician:** _____

RADIOLOGY:

____ SESTIMIBI SCAN
____ Ultrasound Parathyroid/neck

LABS:

____ CBC, CMP, PT, PTT, Calcium, Calcium ionized

PARATHYROID LABS:

INTACT PTH
24 HOUR URINE FOR CALCIUM AND PHOSPHORUS
PTHrP IN PATIENTS WITH KNOWN MALIGNANCY

CPT CODES

83970
81099

TEST FREQUENCY: _____ **IMMEDIATELY**

PROVOCATIVE/SUPPRESSIVE TESTING

DIET CONTROLLED 24 HR URINE CALCIUM COLLECTIONS

CPT CODE

81099

ICD-9 CODES

Primary Hyperparathyroidism	252.01
Secondary hyperparathyroidism due to renal disease	588.81
Secondary hyperparathyroidism (non-renal)	252.02
Tertiary hyperparathyroidism	252.08
MEN-1	258.01
MEN-2A	258.02
MEN-2B	258.03