# Molina Healthcare
# Coding Education
# Hyperparathyroidism

Hyperparathyroidism is a condition which results in abnormal electrolyte levels, frequently noted on screening labs. While depending on the type of hyperparathyroidism, it may require treatment by a subspecialist (endocrinology or nephrology), the diagnosis can be documented by the primary care physician. Secondary hyperparathyroidism is commonly noted with CKD and should be properly diagnosed so disease modifying agents can be started.

National Kidney Foundation Guidelines:
Check CKD 3, 4 and 5 patients for PTH, calcium and phosphorus[1]

CKD 3 – every 12 months
CKD 4 – every 3 months
CKD 5 – every month

## Documentation Examples:

**Initial diagnosis**
***Assessment:*** 72 year old female with elevated serum calcium, mildly elevated PTH

- Hypercalcemia, due to primary hyperparathyroidism
  - **ICD-10 Code:** E21.0 Primary hyperparathyroidism
  - **ICD-10 Code: E83.52 Hypercalcemia**

***Plan:*** Will order a 24 hour urine calcium, and will refer to endocrinology for further assessment

**Established diagnosis**
***Assessment***: 54 year old male with diabetes and GFR 55

- CKD Stage 3, PTH = 70. Renal hyperparathyroidism, educated on dietary phosphorus restriction
  - **ICD-10 Code:** N18.3 CKD Stage 3
  - **ICD-10 Code:** N25.81 Secondary Hyperthyroidism of Renal Origin
  - **ICD-10 Code: E11.9 Diabetes Mellitus**

***Plan:*** Will repeat labs in 1 year, CKD stable

*[1]KDIGO "Clinical Practice Guidelines for Bone Metabolism and Disease in Chronic Kidney Disease" recommends testing for bone disease and disorders of calcium and phosphorus*

**Have Questions?**
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