

JM Palmetto - Magnesium



CPT: 83735

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

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

Magnesium is an essential ion in the human body, playing an important role in practically every major metabolic and biochemical process, supporting and maintaining cellular processes critical for human life. Magnesium plays an important physiological role, particularly in the brain, heart, and skeletal muscles. As the second most abundant intracellular cation after potassium, it is involved in over 600 enzymatic reactions including energy metabolism and protein synthesis. Intracellular magnesium stores are found in high concentration in mitochondria, where this element plays a pivotal role in the synthesis of adenosine triphosphate (ATP) from adenosine diphosphate (ADP) and inorganic phosphate.

Measurement of magnesium levels is used as an index to (1) metabolic activity in the body such as, carbohydrate metabolism, protein synthesis, nucleic acid synthesis, contraction of muscular tissue and (2) renal function, because 95% of magnesium is filtered through the glomerulus is reabsorbed in the tubules.

Indications:

Magnesium testing is considered reasonable and necessary under the following conditions:

- Hypomagnesemia which can be induced by 2 major mechanisms: gastrointestinal or renal losses. Symptoms of low magnesium include: weakness, muscle cramps, confusion, irregular heartbeat, seizures.
- Conditions which can produce hypomagnesemia include but are not limited to the following:
 - cardiac arrhythmias
 - proton pump inhibitors
 - alcohol
 - uncontrolled diabetes mellitus
 - hypercalcemia
 - posttransplant patients
 - other acquired tubular dysfunction
 - malabsorption syndromes
 - familial renal magnesium wasting
 - volume expansion
 - aminoglycoside antibiotics nephrotoxicity
 - amphotericin B nephrotoxicity
 - cisplatin
 - pentamidine
 - calcineurin inhibitors
 - digoxin
 - malabsorption syndromes
 - parenteral alimentation with inadequate magnesium content
 - diarrhea
 - diabetic ketoacidosis
 - diuretic therapy

Visit [MAKOMedical.com/coverageguidance](https://www.makomedical.com/coverageguidance) 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

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39400>

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- hyperaldosteronism
- hypoparathyroidism
- hyperthyroidism
- prolonged intravenous (IV) therapy
- prolonged nasogastric suction
- antibodies targeting the epidermal growth factor (EGF) receptor
- Hypermagnesemia which can be induced in 2 settings: when kidney function is impaired and /or when a large magnesium load is given, whether intravenously, orally, or as an enema. Symptoms of high magnesium include: muscle weakness, fatigue, nausea and vomiting, trouble breathing, cardiac arrest.
 - Conditions which can produce hypermagnesemia include but are not limited to the following2:
 - kidney impairment
 - magnesium infusion
 - oral magnesium ingestion
 - magnesium enemas
 - familial hypocalciuric hypercalcemia
 - hypercatabolic states, such as tumor lysis syndrome
 - diabetic ketoacidosis
 - lithium ingestion
 - milk alkali syndrome
 - adrenal insufficiency
 - rhabdomyolysis

Limitations:

Services that are not reasonable and necessary cannot be covered by Medicare as published in CMS Internet-Only Manual, Pub. 100-08, Medicare Program Integrity Manual, Chapter 13, §13.5.4 Reasonable and Necessary Provision in an LCD and under Title XVIII of the Social Security Act §1862(a)(1)(A).

Summary of Evidence

When used for atherosclerotic CV disease risk stratification, measurement of serum homocysteine is considered to be medically necessary only once in a lifetime.

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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
Group 1	ICD-10 CM Codes: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=59186&ver=20

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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. The Alliance 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.