

Magnesium

CPT: 83735

CMS Policy

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 important activator ion, participating in the function of many enzymes involved in phosphate transfer reactions. Most of the magnesium found within the body exists intracellularly, and since most of it is bound to adenosine triphosphate, this electrolyte is critical in nearly all metabolic processes and most organ functions. Magnesium exerts physiologic effects on the nervous system resembling those of calcium, acting directly upon the myoneural junction. Furthermore, magnesium acts as a cofactor that modifies the activity of many enzymes. Carbohydrate, protein, and nucleic acid metabolism depend on magnesium. Excretion of magnesium is via the kidney, and altered concentration of magnesium in the plasma usually provokes an associated alteration of calcium and potassium. The normal plasma concentration of magnesium is 1.5-2.5 meq/L, with about one-third bound to protein and two-thirds existing as free cation.

Indications

In the presence of signs or symptoms of hypomagnesemia, which include weakness, muscle cramping, irritability, tetany, electrocardiographic changes, delirium, anorexia, nausea, and vomiting. Conditions which can produce these signs and symptoms include, but are not limited to the following: cardiac arrhythmias, malabsorption syndromes, alcoholism, parenteral alimentation with inadequate magnesium content, diarrhea, diabetic ketoacidosis, diuretic therapy, hyperaldosteronism, hypoparathyroidism, hyperthyroidism, chronic renal disease, prolonged I.V. therapy, prolonged nasogastric suction, cisplatin therapy, aminoglycoside toxicity, amphotericin toxicity.

In the presence of signs or symptoms of hypermagnesemia, including muscle weakness, mental obtundation, and confusion. Weakness and a fall in blood pressure are evident on examination.

There may be respiratory muscle paralysis or cardiac arrest. Conditions which can produce these signs and symptoms include, but are not limited to the following: adrenal insufficiency, renal insufficiency, ingestion of magnesium-containing drugs, such as antacids and laxatives, rhabdomyolysis.

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 ►

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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.**

Code	Description
E11.65	Type 2 diabetes mellitus with hyperglycemia
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E83.40	Disorders of magnesium metabolism, unspecified
E83.42	Hypomagnesemia
E83.59	Other disorders of calcium metabolism
E87.6	Hypokalemia
I48.91	Unspecified atrial fibrillation
I50.9	Heart failure, unspecified
M62.81	Muscle weakness (generalized)
N17.9	Acute kidney failure, unspecified
N18.4	Chronic kidney disease, stage 4 (severe)
N18.9	Chronic kidney disease, unspecified
N25.81	Secondary hyperparathyroidism of renal origin
R25.2	Cramp and spasm
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
Z51.11	Encounter for antineoplastic chemotherapy
Z79.899	Other long term (current) drug therapy
Z94.0	Kidney transplant status

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Disclaimer:

This diagnosis code reference guide is provided for informational purposes only as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary, as of the date last updated. 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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