

Medical Coverage Policy



Chelation Therapy

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	10/1/2005	Policy Last Updated:	5/23/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Chelation therapy is an established treatment used for heavy metal (i.e., lead, zinc, iron, copper, and calcium) poisoning. Therapy consists of intravenous or oral administration of chelating agents (e.g., disodium edetate, EDTA) to remove the metal from the body. The chelating agents bond with the toxic metal, making them physiologically inactive and allowing them to be excreted from the body in urine.

Chelation therapy, or chemical endarterectomy, has also been promoted as a type of alternative therapy in treating heart disease, cancer, and other conditions. Available scientific evidence does not support the safety and efficacy of chelation therapy for any conditions, other than heavy metal toxicity.

Chelation therapy is used for the following conditions:

- control of ventricular arrhythmias or heart block associated with digitalis toxicity, **OR**
- emergency conditions of hypercalcemia, **OR**
- extreme conditions of metal toxicity including thalassemia intermedia with hemosiderosis, **OR**
- Wilson's disease (hepatolenticular), **OR**
- lead poisoning, **OR**
- iron overload.

All other uses of chelation therapy are lack sufficient medical literature to support safety and efficacy.

Not medically necessary uses of chelation therapy include, but are not limited to:

- atherosclerosis (i.e., chemical endarterectomy for coronary artery disease or peripheral vascular disease)
- autism
- lupus
- multiple sclerosis

- arthritis
- hypoglycemia
- diabetes
- Alzheimers disease

Medical Criteria:

Not applicable.

Policy:

Chelation therapy is **medically necessary only** as in the above described covered conditions. While no preauthorization is required, all other uses of chelation therapy are considered **not medically necessary** as there is insufficient medical literature to support safety and efficacy.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet/subscriber agreement for the applicable infusion therapy benefits/coverage.

Coding:

The following code is **not medically necessary**:

M0300 IV chelation therapy (chemical endarterectomy)

There are no specific chelation therapy codes except when used for chemical endarterectomy. Other codes which might be used include:

The following codes are **covered** under the member infusion benefit:

96365, 96366

S9355 Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination

The following codes are **covered** under the member's pharmacy/physician administered injectable benefits/coverage:

96374

J0600 Injection, edetate calcium disodium, up to 1000 mg

J0740 Injection, cidofovir, 375 mg

J3520 Edetate disodium, per 150 mg

Note:

Chelation Therapy:

Chelation Therapy should be filed with the appropriate administration and medication codes.

Chemical Endarterectomy:

Failure of participating providers to report Chemical Endarterectomy using M0300 will be considered improper coding by Blue Cross Blue Shield of Rhode Island.

Published:

Policy Update, December 2005

Policy Update, January 2007

Policy Update, January 2008

Provider Update, October 2008

Provider Update, October 2009

Provider Update, July 2011

References:

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Knudtson, M., et. al. (2002)Chelation Therapy for Ischemic Heart Disease-A Randomized Controlled Trial. *Journal of the American Medical Association (JAMA)* January 23/30, 2002-Vol 287, No. 4;481-485.

Ng DK, Chan CH, Soo MT et al. Low-level chronic mercury exposure in children and adolescents: meta-analysis. *Pediatrics International*;2007;49(1):80-7. Retrieved on July 7, 2009

Olivieri, N., et. al. (1998) Long-Term Safety and Effectiveness of Iron-Chelation Therapy with Deferiprone for Thalassemia Major. *The New England Journal of Medicine (NEJM)*. Vol 339, No. 7;417-423.

Rogan WJ, Ware JH. Exposure to Lead in Children — How Low Is Low Enough? *NEJM*;348:16.

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