

Medical Coverage Policy | Chelation Therapy



EFFECTIVE DATE: 10|01|2005
POLICY LAST UPDATED: 08|05|2014

OVERVIEW

Chelation therapy is an established treatment for the removal of metal toxins by converting them to a chemically inert form that can be excreted in the urine.

PRIOR AUTHORIZATION

Prior Authorization review is no required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Chelation therapy is an established treatment for the medically necessary indications listed below, such as treatment of metal toxicity and transfusional hemosiderosis.

Use of Chelation therapy for other indications other conditions including, but not limited to, atherosclerosis, autism, Alzheimer's disease, diabetes and arthritis, in considered not medically necessary as there is insufficient peer-reviewed literature that demonstrates that the procedure/service is effective.

MEDICAL CRITERIA

Not applicable.

BACKGROUND

Chelation therapy is an established treatment for the removal of metal toxins by converting them to a chemically inert form that can be excreted in the urine. Chelation therapy comprises intravenous or oral administration of chelating agents that remove metal ions such as lead, aluminum, mercury, arsenic, zinc, iron, copper, and calcium from the body.

Chelation therapy has received FDA approval for and may be considered medically necessary in the treatment of each of the following conditions:

- control of ventricular arrhythmias or heart block associated with digitalis toxicity;
- emergency treatment of hypercalcemia;
- extreme conditions of metal toxicity;
- treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis) and due to nontransfusion-dependent thalassemia (NTDT);
- Wilson's disease (hepatolenticular degeneration); and
- lead poisoning.

There is insufficient evidence to support the use of chelation therapy for atherosclerosis. Chelation therapy for atherosclerosis involves the intravenous infusion of ethylene diaminetetraacetic acid, also known as edetate disodium, endrate or EDTA. It has been claimed that EDTA forms a soluble complex with the calcium that is then excreted in the urine. However, calcium deposition is a small part of the atherosclerotic lesion, which consist primarily of fibrous overgrowths.

Chelation therapy is an established treatment for the medically necessary indications listed above such as treatment of metal toxicity and transfusional hemosiderosis. There is insufficient evidence that chelation therapy improves health outcomes for patients with other conditions including, but not limited to, atherosclerosis (i.e chemical endarterectomy), autism, Alzheimer’s disease, diabetes and arthritis. Thus, chelation therapy for these other applications is not medically necessary as there is no proven 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

BlueCHiP for Medicare and Commercial

There are no specific CPT or HCPCS chelation therapy codes except when used for chemical endarterectomy, therefore an unlisted code should be reported.

The following code represents the infusion service only and is **not separately reimbursed**.

S9355

Chemical Endarterectomy:

The following code and any of the medications utilized as part of the service are **not medically necessary**:

M0300

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

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Oct 2014
Provider Update	Jul 2013
Provider Update	May 2012
Provider Update	Jul 2011
Provider Update	Oct 2009
Provider Update	Oct 2008
Policy Update	Jan 2008

REFERENCES

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