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**


