

# Medical Coverage Policy



## Chelation Therapy

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	10/1/2005	Policy Last Updated:	4/16/2013
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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 for the removal of metal toxins by converting them to a chemically inert form that can be excreted in the urine. Chelation therapy consists of the 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 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)
- 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.

**Medical Criteria:**

None

**Policy:**

Chelation therapy is an established treatment for the medically necessary indications listed above, 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.

**Coverage:**

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

**Coding:**

There are no specific chelation therapy codes except when used for chemical endarterectomy.

**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.

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

**M0300** IV chelation therapy (chemical endarterectomy)

**Published:**

Provider Update, July 2013

Provider Update, May 2012

Provider Update, July 2011

Provider Update, October 2009

Provider Update, October 2008

Policy Update, January 2008

Policy Update, January 2007

Policy Update, December 2005

## References:

American Cancer Society (ACS). Making Treatment Decisions. Retrieved on July 7, 2009 from ACS Web site:

[http://www.cancer.org/docroot/ETO/content/ETO\\_5\\_3X\\_Chelation\\_Therapy.asp?sitearea=ETO](http://www.cancer.org/docroot/ETO/content/ETO_5_3X_Chelation_Therapy.asp?sitearea=ETO)

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 from Ingenta Connect web site:

<http://www.ingentaconnect.com/content/bsc/ped/2007/00000049/00000001/art00016>

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.

Rossignol DA. Novel and emerging treatments for autism spectrum disorders: A systematic review. *Ann Clin Psychiatry* 2009; 21(4):213-36

Sampson E, Jenagaratnam L, McShane R. Metal protein attenuating compounds for the treatment of Alzheimer's disease. *Cochrane Database Syst Rev* 2008; (1):CD0053801

Cooper GJ, Young AA, Gamble GD et al. A copper(II)-selective chelator ameliorates left-ventricular hypertrophy in type 2 diabetic patients: a randomized placebo-controlled study. *Diabetologia* 2009; 52(4):715-22

Trial to Assess Chelation Therapy (TACT) (NCT00044213). Sponsored by the National Heart, Lung and Blood Institute. Last updated July 26, 2010. Available online at [ClinicalTrials.gov](http://ClinicalTrials.gov) .

## History:

March 2013 - Annual Review

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