



CHELATION THERAPY

Effective Date: December 19, 2001

Review Dates: 1/93, 12/94, 10/97, 12/99, 12/01, 2/02,
2/03, 1/04, 1/05, 12/05, 12/06, 12/07, 12/08, 12/09

Date Of Origin: July 7, 1989

Status: Current

I. DESCRIPTION

Chelation therapy involves the use of a chelating agent (drugs that are heavy metal antagonists) to bind with certain metals so that they are rendered physiologically inactive and excreted in the urine. Chelation therapy has been proven to be an effective treatment and is a covered benefit for specific medical diagnoses.

II. POLICY/CRITERIA

A. Chelation therapy for the following diagnoses is a covered benefit:

1. Biliary cirrhosis
2. Cooley's anemia
3. Cystinuria
4. Heavy metal poisoning (arsenic, copper, gold, iron, lead, mercury)
5. Wilson's disease
6. Patients who have iron overload secondary to multiple blood transfusions (e.g. sickle cell anemia)

B. Chelation therapy as a treatment for atherosclerosis has not been proven to be effective and is not a covered benefit.

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*



- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

Diagnosis Codes

ICD-9 Codes that may support medical necessity

- 270.0 Disturbances of amino-acid transport
- 275.0 Disorders of iron metabolism
- 275.1 Disorders of copper metabolism

- 282.41 Sickle-cell thalassemia without crisis
- 282.42 Sickle-cell thalassemia with crisis
- 282.49 Other thalassemia
- 282.60 Sickle-cell disease, unspecified
- 282.61 Hb-SS disease without crisis
- 282.62 Hb-SS disease with crisis
- 282.63 Sickle-cell/Hb-C disease without crisis
- 282.64 Sickle-cell/Hb-C disease with crisis
- 282.68 Other sickle-cell disease without crisis
- 282.69 Other sickle-cell disease with crisis

- 571.6 Biliary cirrhosis

- 961.1 Poisoning by arsenical anti-infectives
- 961.2 Poisoning by heavy metal anti-infectives
- 964.0 Poisoning by iron and its compounds
- 984.0 Toxic effect of inorganic lead compounds
- 984.1 Toxic effect of organic lead compounds
- 984.8 Toxic effect of other lead compounds
- 984.9 Toxic effect of unspecified lead compound
- 985.0 Toxic effect of mercury and its compounds
- 985.1 Toxic effect of arsenic and its compounds
- 985.5 Toxic effect of cadmium and its compounds
- 985.8 Toxic effect of other specified metals
- 985.9 Toxic effect of unspecified metal

- 999.8 Other transfusion reaction, not elsewhere classified



HCPCS codes:

- J0470 Injection, dimercaprol, per 100 mg
- J0600 Injection, edetate calcium disodium, up to 1000 mg
- J0895 Injection, deferoxamine mesylate, 500 mg
- J3520 Edetate disodium, per 150 mg
- S9355 Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

VI. REFERENCES

AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.