I. 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.

C. Chelation therapy for any condition not listed in A above is not a covered benefit.

II. MEDICAL NECESSITY REVIEW

☐ Required  ☒ Not Required  ☐ Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **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.
IV. 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.

V. CODING INFORMATION

ICD-10 Codes that are covered when criteria listed above is met:

- D56.0 – D56.9 Thalassemia
- D57.00 – D57.819 Sickle-cell disorders
- E72.00 – E72.09 Disorders of amino-acid transport
- E83.00 – E83.09 Disorders of copper metabolism
- E83.10 – E83.19 Disorders of iron metabolism
- E83.52 Hypercalcemia
- K74.3 Primary biliary cirrhosis
- K74.4 Secondary biliary cirrhosis
- K74.5 Biliary cirrhosis, unspecified
- T56.0x1A - T56.0x4S Toxic effects of lead and its compounds
- T56.1x1A - T56.1x4S Toxic effect of mercury and its compounds
- T56.3x1A - T56.3x4S Toxic effect of cadmium and its compounds
- T56.4x1A - T56.4x4S Toxic effect of copper and its compounds
- T56.5x1A - T56.5x4S Toxic effect of zinc and its compounds
- T56.811A - T56.814S Toxic effect of thallium
- T56.891A - T56.894.S Toxic effect of other metals
- T56.91xA - T56.94xS Toxic effect of unspecified metal
- T57.0x1A - T57.0X4S Toxic effect of arsenic and its compounds
- T80.92xA - T80.92xS Unspecified transfusion reaction

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 - requires prior auth

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.