

CHELATION THERAPY

Effective Date: December 15, 2010

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, 12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17, 2/18, 2/19

Date Of Origin: July 7, 1989

Status: Current

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.*

- ❖ **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

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

Chelation Therapy, Aetna Clinical Policy Bulletin. Available on the World Wide Web @http://www.aetna.com/cpb/medical/data/200_299/0234.html (Retrieved November 15, 2010 , November 21, 2011 , October 21, 2013, December 30, 2014 ,December 16, 2015, December 28, 2016, December 26, 2017, December 27, 2018).

Chelation Therapy, Cigna Medical Policy. Available on the World Wide Web @ http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/index.html#medC (Retrieved November 15, 2010, November 21, 2011, October 21, 2013, December 30, 2014 , December 16, 2015 & December 28, 2016).

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