

Policy #: 122

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Revised: 9/1/2009

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Title

Chelation Therapy

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.

Specific chelating agents are used for particular heavy metal toxicities. For example, desferoxamine is used for patients with iron toxicity and calcium-EDTA is used for patients with lead poisoning. Disodium-EDTA is not recommended for acute lead poisoning due to the increased risk of death from hypocalcemia. (See reference 1)

While chelation therapy has been used effectively in patients with heavy metal toxicities, chelation therapy has been proposed for other therapeutic indications, including atherosclerosis, rheumatoid arthritis, and autism.

When services are covered for commercial products and for Medicare HMO Blue, Medicare PPO Blue, and Blue Medicare PFFS PlusRx

We cover **chelation therapy** in the treatment of the following conditions:^{1, 2}

- 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.

When services are not covered for commercial products or for Medicare HMO Blue, Medicare PPO Blue, and Blue Medicare PFFS PlusRx

We do not cover chelation therapy in other applications, including, but not limited to the following,^{1,2} since it is considered investigational and does not meet our Blue Cross Blue Shield of Massachusetts Medical Technology Assessment Guidelines, #350:

- Atherosclerosis, (i.e., coronary artery disease or peripheral vascular disease)
- Multiple sclerosis,
- Arthritis,
- Hypoglycemia,
- Autism,
- Alzheimer's disease, and
- Diabetes

Individual consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

For services already billed

Blue Cross Blue Shield of Massachusetts
Provider Appeals
PO Box 986065
Boston, MA 02298

Prior to performance of service

Blue Cross Blue Shield of Massachusetts
Case Creation/Medical Policy
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-327-6716
Fax: 1-888-641-5330

Authorization Information:

For Managed Care members:

- No authorization is required for this service; *see Managed Care Guidelines for additional requirements.*

For Indemnity and PPO members:

- No authorization is required for this service; *see Indemnity and PPO Guidelines for additional requirements.*

Managed Care Guidelines:

All authorization requirements are determined by the individual's subscriber certificate, explanation of coverage, or summary plan description, however;

- **For Medicare HMO Blue members:** The service must meet the criteria for coverage noted in this policy, be medically necessary, prescribed by a plan physician and provided by a network provider.
- **For Medicare HMO Blue members:** Referrals are required for all visits to a specialist.
- For all other Managed Care plans, any specialist visit requires a referral, except for visits performed by OB/GYN specialists.
- Authorization is required for an inpatient admission.

Indemnity and PPO Guidelines:

All authorization requirements are determined by the individual's subscriber certificate, explanation of coverage, or summary plan description, however;

- Authorization is required for an inpatient admission.
- Authorizations are not required for most outpatient services as determined by the individual's subscriber certificate.
- Referrals to a specialist are not required.

Other information

For our Medical Technology Assessment Guidelines, see document #350.

Coding information

Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

CPT codes:

- **96365:** intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour (*New code renumbered, effective 1/1/09*)
- **96366:** intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug each additional hour (list separately in addition to code for primary procedure) (*New code renumbered, effective 1/1/09*)
- **96374:** therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug (*New code renumbered, effective 1/1/09*)

Note: These infusion procedure codes and the injection procedure code are not exclusive to the administration of chelating agents and may be used for other treatments.

HCPCS codes:

- **J0470:** injection, dimercaprol, per 100 mg
- **J0600:** injection, edetate calcium disodium, up to 1000 mg
- **J3520:** edetate disodium, per 150 mg
- **J1162:** injection, digoxin immune fab (ovine), per vial

Note: Use of oral chelating agents, including but not limited to penicillamine (Cuprimine and Depen), must meet the medically necessary indications defined in this medical policy.

Facility coding

ICD-9-CM procedure code:

- **99.16:** injection of antidote (heavy metal antagonist)

The following procedure is considered non-covered for commercial products and for Medicare HMO Blue, Medicare PPO Blue and Blue Medicare PFFS PlusRx products since it is considered investigational.

HCPCS code:

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

Policy update history

Updated medical policy #178 11/99 to include ICD-9-CM codes for chelation therapy. Updated 6/02 to clarify coverage exclusion for chelation therapy for atherosclerosis. Updated 3/09 based on the review of the 're-activated' BCBSA National medical policy, Chelation Therapy, to include new coverage for chelation therapy treatment of chronic iron overload due to blood transfusions (transfusional hemosiderosis), effective 9/2009, and clarified the non covered indications to include treatment of Autism and Alzheimer's disease. New policy #122, issued 9/2009. Chelation therapy was previously addressed on BCBSMA policy document #178, Complementary Medicine.

References

References for footnote 1:

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Footnotes

¹ Based on the BCBSA national policy 8.01.02, Chelation Therapy, issued 12/2008.

² Based on the Centers for Medicare and Medicaid Services National Coverage Determinations, Chelation Therapy for Treatment of Atherosclerosis, 20.21/20.22