Subject: Chelation Therapy (Parenteral)*

Effective Date: April 1, 1999

Department(s): Utilization Management

Policy: Chelation therapy administered parenterally is reimbursable under Plans administered by QualCare, Inc., for certain instances of heavy metal intoxication. It is NOT reimbursable for other diagnoses.

Objective: To provide proper and consistent reimbursement and to define circumstances under which a specific therapy is covered.

Procedure:
1. Chelation therapy must be ordered by a fully licensed physician (MD or DO).

2. Diagnoses (and ICD-9 codes) for which chelation therapy (HCPCS S9355) is reimbursable include but are not limited to:
   - Iron overload or intoxication (ICD-9 964.0) (ICD-10 T45.4X1A, T45.4X2A, T45.4X3A, T45.4X4A)
   - Secondary hemochromatosis related to transfusion-dependent anemias (e.g., thalassemia, sickle cell anemia) (ICD-9 275.0) (ICD-10 E83.110, E83.111, E83.118, E83.119, E83.10, E83.19)
   - Lead intoxication (ICD-984.0) (ICD-10 T56.0X1A, T56.0X2A, T56.0X3A, T56.0X4A)
Arsenic (ICD 9 985.1) (ICD-10 T57.0X1A, T57.0X2A T57.0X3A, T57.0X4A) or mercury intoxication (ICD-9 985.0) (ICD-10 T56.1X1A, T56.1X2A, T56.1X3A, T56.1X4A)

3. Reimbursement includes the specific chelating agent as well as the infusion for administration of this agent.

Deferoxamine (J0895)- for iron
Dimercaprol (J0470) for lead, arsenic, mercury
Edetate calcium disodium (J0600) for lead

4. Chelation therapy for atherosclerotic disease (chemical endarterectomy [HCPCS M0300]) is not reimbursable under any circumstances.

5. Chelation therapy for attention-deficit/hyperactivity disorder (ICD-9 314.0, 314.00, 314.01) (ICD-10 F90.0, F90.1, F90.2, F90.8, F90.9) or pervasive developmental disorders (299), including autism (299.0, 299.00, 299.01) (ICD-10 F84.0) is not reimbursable under any circumstances.

6. All requests for chelation therapy for heavy metal intoxication must be accompanied by documentation of how the diagnosis was made, including symptoms and tissues or fluid in which the heavy metal was measured, and the results of these assays.

7. Vague non-specific symptoms (i.e., fatigue, dysphoria, malaise), in the absence of likely heavy metal exposure, will not be considered as part of the indications for chelation therapy.

8. All requests for chelation therapy are subject to medical review.
References


Avila MD1, Escolar E, Lamas GA. Chelation therapy after the trial to assess chelation therapy: results of a unique trial. Curr Opin Cardiol. 2014;29(5):481-8(Sep)


Porter J1, Garbowski M. Consequences and management of iron overload in sickle cell disease. See comment in PubMed Commons below Hematology Am Soc Hematol Educ Program. 2013;2013:447-56


Mohler ER III. Medical management of claudication. UpToDate 17.3 September 30, 2009. Available at www.uptodate.com/online/content/topic.do?topicKey=vascular/7548&view=print Accessed 01/30/10

Schrier SL, Bacon BR. Chelation therapy for iron overload states. UpToDate 17.3 September 30, 2009. Available at www.uptodate.com/online/content/topic.do?topicKey=red_cell/38923&view=print Accessed 01/30/10


Elinder CG. Epidemiology and Toxicity of Mercury. UpToDateOnLine http://www.utdol.com accessed 03/31/06

Elinder CG. Epidemiology and Toxicity of Cadmium. UpToDateOnLine http://www.utdol.com accessed 03/31/06

Goldman RH, Hu H. Adult Lead Poisoning. UpToDateOnLine http://www.utdol.com accessed 03/31/06

Goldman RH. Arsenic Exposure and Poisoning. UpToDateOnLine http://www.utdol.com accessed 03/31/06

Hurwitz RL, Lee DA. Childhood Lead Poisoning: Treatment. UpToDateOnLine http://www.utdol.com accessed 03/31/06

Kaplan MM. Treatment of Wilson’s Disease. UpToDateOnLine http://www.utdol.com accessed 03/31/06


Schmid C, Rotenberg JS. Neurodevelopmental Toxicology. Neurol Clin 2005;23:321-336


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.