



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-9984.0**) (**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.

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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.