

CHELATION THERAPY

ISSUE DATE: October 12, 1984

AUTHORITY: [32 CFR 199.4\(c\)\(2\)\(iii\)](#), [\(d\)\(3\)\(vi\)](#), and [\(g\)\(15\)](#)

I. CPT¹ PROCEDURE CODE

90784

II. DESCRIPTION

The intravenous administration of chelation techniques for the therapeutic or preventive effects of removing unwanted metal ions from the body.

III. POLICY

Chelation therapy is covered if the chelator is FDA approved and the therapy is for an FDA approved indication.

IV. EXCLUSIONS

A. Chelation therapy (or chemical endarterectomy) is considered an unproven therapeutic modality for the treatment of the following conditions, and is not covered:

1. Multiple sclerosis
2. Arthritis
3. Hypoglycemia
4. Diabetes
5. Arteriosclerosis
6. Malaria

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 7, SECTION 2.7

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7. Cancer
8. Alzheimer's disease

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