

## CHELATION THERAPY

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### I. CPT<sup>1</sup> PROCEDURE CODE

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### 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
7. Cancer

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8. Alzheimer's disease

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