

## Chelation Therapy

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### 1.0 CPT<sup>1</sup> PROCEDURE CODE

90784

### 2.0 DESCRIPTION

Chelation techniques for the therapeutic or preventive effects of removing unwanted metal ions from the body.

### 3.0 POLICY

Chelation therapy is covered if the chelator is U.S. Food and Drug Administration (FDA) approved and the therapy is for an FDA approved indication.

### 4.0 EXCLUSIONS

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

- Multiple sclerosis
- Arthritis
- Hypoglycemia
- Diabetes
- Arteriosclerosis
- Malaria
- Cancer
- Alzheimer's disease
- Autism spectrum disorders
- Other off-label uses of FDA approved chelating agents

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