

## Chapter 7

## Section 2.6

### Chelation Therapy

Issue Date: October 12, 1984

Authority: 32 CFR 199.4(c)(2)(iii), (d)(3)(vi), and (g)(15)

Copyright: CPT only © 2006 American Medical Association (or such other date of publication of CPT).

All Rights Reserved.

Revision: C-1, March 10, 2017

---

#### 1.0 CPT 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.

- END -

