

Chapter 7

Section 2.6

Chelation Therapy

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1.0 CPT PROCEDURE CODE

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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 -

