Chelation Therapy for Non-Overload Conditions (for Tennessee Only)

Policy Number: CS016TN.L
Effective Date: September 1, 2023

↻ Instructions for Use

Related Policies
None

Application

This Medical Policy applies to Medicaid and CoverKids in the state of Tennessee.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to TennCare Medicaid Chapter 1200-13.13-.10, Exclusions.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J0470	Injection, dimercaprol, per 100 mg
J0600	Injection, edetate calcium disodium, up to 1000 mg
J0895	Injection, deferoxamine mesylate, 500 mg
J3490	Unclassified drugs
J3520	Edetate disodium, per 150 mg
J8499	Prescription drug, oral, nonchemotherapeutic, NOS
M0300	IV chelation therapy (chemical endarterectomy)
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Chelation therapy, using FDA-approved chelating agents, is approved when used as a treatment for metal poisoning or iron overload. Use is limited to FDA-approved indications for each chelation agent, as referenced in a generally recognized drug compendium (e.g., American Hospital Formulary Services Drug Information® or DrugDex® System).

Additional information is available at: http://www.accessdata.fda.gov/scripts/Cder/ob/default.cfm. (Accessed March 14, 2023)

The FDA reaffirmed its position in September 2020 that amalgam is a safe and effective dental material after thoroughly reviewing the current science and updating its consumer advisory on dental amalgam fillings. Additional information is available at: https://www.fda.gov/medical-devices/safety-communications/recommendations-about-use-dental-amalgam-certain-high-risk-populations-fda-safety-communication. (Accessed March 14, 2023)

References

Rules of The Tennessee Department of Finance and Administration, Bureau of TennCare, Chapter 1200-13-13.-10. Retrieved from 1200-13-13.20220124.pdf (tnsosfiles.com). Accessed March 14, 2023.

Policy History/Revision Information

Date	Summary of Changes
09/01/2023	**Coverage Rationale** • Replaced coverage guidelines with instruction to refer to *TennCare Medicaid, Chapter 1200-13-13.10 Exclusions* for medical necessity clinical coverage criteria **Applicable Codes** • Added HCPCS code J3520 **Supporting Information** • Updated *References* section to reflect the most current information • Removed *Description of Services* and *Clinical Evidence* sections • Archived previous policy version CS016TN.K

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.