Chelation Therapy

Policy Number: MCS016.01
Approval Date: January 19, 2021

Coverage Guidelines

Chelation therapy for the treatment of lead poisoning is covered when Medicare criteria are met.

Lead Poisoning
Medicare does not have a National Coverage Determination (NCD) for chelation therapy for lead poisoning. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Chelation Therapy for Non-Overload Conditions.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Non-Overload Conditions
Medicare does not have a National Coverage Determination (NCD) for chelation therapy for non-overload conditions. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Chelation Therapy for Non-Overload Conditions.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Treatment or Prevention of Atherosclerosis
Chelation therapy is not covered for the treatment or prevention of atherosclerosis. The use of EDTA as a chelating agent to treat atherosclerosis, arteriosclerosis, calcinosis, or similar generalized condition not listed by the FDA as an approved use is not covered. Any such use of EDTA is considered experimental.

Note: Hair analysis to detect mineral traces is not covered; refer to the NCD for Hair Analysis (190.6).

(Accessed January 4, 2021)

Also refer to the Coverage Summary titled Laboratory Tests and Services.
Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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