

Chelation Therapy

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Related Policies
None

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](#).

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
01/19/2021	Lead Poisoning <ul style="list-style-type: none">Updated default guidelines for states with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs):<ul style="list-style-type: none">Added reference link to the UnitedHealthcare Commercial Medical Policy titled <i>Chelation Therapy for Non-Overload Conditions</i>Removed reference link to the “MCG™ Care Guidelines, 24th edition, 2020”

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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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