# Coverage Summary

## Chelation Therapy

<table>
<thead>
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<th>Policy Number:</th>
<th>C-010</th>
<th>Products:</th>
<th>UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date:</th>
<th>03/26/2008</th>
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<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td></td>
<td></td>
<td>Last Review Date:</td>
<td>01/21/2020</td>
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</tbody>
</table>

**Related Medicare Advantage Policy Guidelines:**

- Chelation Therapy for Treatment of Atherosclerosis (NCD 20.21)
- Ethylenediamine-Tetra-Acetic (EDTA) Chelation Therapy for Treatment for Atherosclerosis (NCD 20.22)
- Hair Analysis (NCD 190.6)

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*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 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 members’ 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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## I. COVERAGE

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

**Guidelines/Notes:**

1. **Chelation Therapy for 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.)
2. **Chelation Therapy for 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 for Non-Overload Conditions.* (IMPORTANT NOTE: After searching the *Medicare Coverage Database,* if no state LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date:** January 21, 2020
- **Accessed December 17, 2019**

3. **Chelation Therapy for the 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.

Refer to the *NCD for Ethylenediamine-Tetra-Acetic (EDTA) Chelation Therapy for Treatment of Atherosclerosis (20.22)* and the *NCD for Chelation Therapy for Treatment of Atherosclerosis (20.21).* (Accessed December 17, 2019)

*Note:* Hair analysis to detect mineral traces is not covered; refer to the *NCD for Hair Analysis (190.6).* (Accessed December 17, 2019)

Also refer to the *Coverage Summary for Laboratory Tests and Services*

## II. DEFINITIONS

## III. REFERENCES

See above
IV. REVISION HISTORY

01/21/2020 Coverage Statement
- Replaced reference to “heavy metal” with “lead”

Guideline 1 (Chelation Therapy for Lead Poisoning)
- Replaced reference to “heavy metal” with “lead”