Coverage Summary

Chelation Therapy

Policy Number: C-010  Products: UnitedHealthcare Medicare Advantage Plans  Original Approval Date: 03/26/2008

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 03/19/2019

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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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 heavy metal 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 heavy metal poisoning.
   - Local Coverage Determinations (LCDs) do not exist at this time.
• For coverage guidelines, refer to the MCG™ Care Guidelines, 23rd edition, 2019, for Edetate (EDTA) Chelation ACG: A-0297 (AC). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: March 19, 2019
• Accessed March 15, 2019

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) 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 or Local Article is found, then use the above referenced policy.)
• Committee approval date: January 15, 2019
• Accessed January 15, 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 12, 2018)

Note: Hair analysis to detect mineral traces is not covered; refer to the NCD for Hair Analysis (190.6). (Accessed December 12, 2018)

Also refer to the Coverage Summary for Laboratory Tests and Services

II. DEFINITIONS

III. REFERENCES
See above

IV. REVISION HISTORY
04/01/2019  • Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
  o 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)
  • Retitled reference link that directs users to UnitedHealthcare Commercial policy
03/19/2019  Re-review with the following update:
Guideline 1 (Chelation Therapy for Lead Poisoning) - updated the MCG™ reference from 22nd edition 2018 to the 23rd edition 2019; no change in MCG™ guideline; no change in the Coverage Summary guideline.

01/15/2019  Annual review; no updates.

03/20/2018  Re-review with the following update:
Guideline 1 (Chelation Therapy for Lead Poisoning) - updated the MCG™ reference from 21st edition 2017 to the 22nd edition 2018; no change in MCG™ guideline; no change in the Coverage Summary guideline.

01/16/2018  Annual review; no updates.

10/17/2017  Re-review with the following updates:
Guideline 1 (Chelation Therapy for Lead Poisoning) –
- updated title from “Chelation Therapy for Heavy Metal Poisoning and Overload Conditions” to “Chelation Therapy for Lead Poisoning”
- deleted reference to LCDs and LCD Availability Grid (the only available LCD retired 7/2017)

Guideline 2 (Chelation Therapy for Non-Overload Conditions) – deleted reference to LCDs and LCD Availability Grid (the only available LCD retired 7/2017)

Guideline 3 (Chelation Therapy for the Treatment or Prevention of Atherosclerosis) - removed statement that LCDs exist

Definitions
Chelation Therapy – deleted; CMS reference no longer available

01/17/2017  Annual review; no updates.

01/20/2015  Annual review with the following updates:
- Guidelines #1 Chelation Therapy for Heavy Metal Poisoning

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- Changed default for states without LCDs from First Coasts L29098 to UnitedHealthcare Medical Policy for Chelation Therapy for Non-Overload Conditions for coverage summary guidelines.
- Added language to indicate:
  Coverage guidelines of the available LCDs align; there is uniformity. The UnitedHealthcare Medical Policy guidelines align with available LCDs
  - Added applicable CMS reference to definition of chelation therapy.

02/18/2014  Annual review; no updates
02/19/2013  Annual review; no updates
02/27/2012  Annual review; no updates
08/22/2011  LCD Availability Grid updated; deleted retired Trailblazer LCD, L12428
02/21/2011  Annual review
  - Updated Guidelines #1-Chelation Therapy for Heavy Metal Poisoning using the standard Coverage Summary language format and using L29098 guidelines for states with no LCDs
  - Added reference/link to the NCD for Hair Analysis (190.6) and cross reference to the CS for Laboratory Tests and Services