



Kaiser Foundation Health Plan of Washington

Clinical Review Criteria Chelation Therapy

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Effective until August 1st, 2024

Kaiser Permanente has elected to use the Edetate (EDTA) Chelation (KP-0297) MCG* for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

Effective August 1st, 2024

Edetate (EDTA) Chelation Therapy will be reviewed using the [Medically Necessary Services medical policy](#).

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Chelation is a process to remove certain heavy metals from the blood. In this treatment, a chemical solution is injected into the bloodstream or taken by mouth. Molecules then bind to heavy metals and/or minerals. The heavy metals are then cleared out of the body through urination. Chelation therapy has been studied and approved by the Food and Drug Administration to treat certain conditions. This includes removing dangerously high levels of iron, as well as lead or mercury. Thinking that the process of chelation could also remove the buildup of some other substances in the body, some doctors have tried to use it to try to treat other conditions. Examples of these other conditions include Alzheimer disease, autism, diabetes, and plaque inside of arteries (atherosclerosis). Scientific research has not proven that using chelation therapy treatment for these or other conditions is effective. For this reason, chelation therapy for many conditions is considered investigational (unproven).

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPC Codes	Description
M0300	IV chelation therapy (chemical endarterectomy)
J3520	Edetate disodium, per 150 mg
J0600	Injection, edetate calcium disodium, up to 1,000 mg

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
02/04/2020	02/04/2020 ^{MPC} , 02/02/2021 ^{MPC} , 02/01/2022 ^{MPC} , 02/02/2023 ^{MPC} , 03/12/2024 ^{MPC}	03/12/2024

^{MPC} Medical Policy Committee

Revision History	Description
05/05/2020	Updated MCG guideline name
03/12/2024	MPC approved to archive criteria & move to Medically Necessary Services, effective August 1 st , 2024. Requires 60-day notice.