Chelation Therapy

DESCRIPTION

Chelation therapy, a treatment for metal toxicity, chemically converts heavy metals into an inert form that can be excreted in the urine. Chelating agents are administered either intravenously or orally and are intended to remove metal ions such as aluminum, arsenic, calcium, copper, iron, lead, mercury, and zinc from the body. While chelation therapy has been used effectively in individuals with heavy metal toxicities, chelation therapy has been proposed for other therapeutic indications, including atherosclerosis, rheumatoid arthritis, Alzheimer’s disease, and autism.

Specific chelating agents are used for particular heavy metal toxicities. For example, deferoxamine is used for individuals with iron toxicity, and calcium-ethylenediaminetetraacetic acid (EDTA) is used for individuals with lead poisoning. Another class of chelating agents, called metal protein attenuating compounds (MPACs), is under investigation for the treatment of Alzheimer’s disease, which is associated with the disequilibrium of cerebral metals. However, no MPACs have received U.S. Food and Drug Administration (FDA) approval for the treatment of Alzheimer’s disease.

POLICY

- Chelation therapy for the treatment of the following conditions is considered medically necessary:
  - Chronic iron overload due to frequent blood transfusion
  - Control of ventricular arrhythmias or heart block associated with digitalis toxicity
  - Emergency treatment of hypercalcemia
  - Extreme conditions of metal toxicity
  - Lead poisoning
  - Non-transfusion-dependent thalassemia
  - Wilson’s disease (hepatolenticular degeneration)

- Chelation therapy for the treatment of other conditions/diseases including, but not limited to, the following is considered investigational:
  - Alzheimer’s disease
  - Arthritis (including rheumatoid arthritis)
  - Atherosclerosis (e.g., coronary artery disease or peripheral vascular disease)
  - Autism
  - Diabetes
  - Hypoglycemia
  - Multiple sclerosis

IMPORTANT REMINDERS

- Any specific products referenced in this policy are just examples and are intended for illustrative purposes only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available. These examples are contained in the parenthetical e.g. statement.

- We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical

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Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the Medical Policy and a health plan, the express terms of the health plan will govern.

ADDITIONAL INFORMATION

The National Institute of Mental Health proposed to study the effects of chelation on autism in 2006 but halted the study after an institutional review board concluded that there was no clear evidence of benefit in the chelation trial and that the therapy presented more than a minimal risk.

The use of chelation therapy in the treatment of atherosclerosis has been controversial and considered investigational by cardiology related professional organizations. Two small randomized trials have also reported no benefit of chelation therapy as a treatment of peripheral arterial disease. Other published studies consist primarily of case reports and case series. No articles were identified that focused on the use of chelation therapy for multiple sclerosis, arthritis, hypoglycemia, or diabetes.

SOURCES


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