ETHYLENEDIAMINE-TETRA-ACETIC (EDTA) CHELATION THERAPY FOR TREATMENT OF ATHEROSCLEROSIS (NCD 20.22)

Guideline Number: MPG105.02
Approval Date: November 9, 2016

Table of Contents

INSTRUCTIONS FOR USE .................................................. 1
POLICY SUMMARY ......................................................... 1
APPLICABLE CODES ......................................................... 1
REFERENCES ....................................................................... 1
GUIDE LINES HISTORY/REVISION INFORMATION ........... 2

Related Medicare Advantage Coverage Summary
- Chelation Therapy

INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

The application of chelation therapy using ethylenediamine-tetra-acetic acid (EDTA) for the treatment and prevention of atherosclerosis is controversial. There is no widely accepted rationale to explain the beneficial effects attributed to this therapy. Its safety is questioned and its clinical effectiveness has never been established by well designed, controlled clinical trials. It is not widely accepted and practiced by American physicians. EDTA chelation therapy for atherosclerosis is considered experimental. For these reasons, EDTA chelation therapy for the treatment or prevention of atherosclerosis is not covered.

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: Cross Reference NCD 20.21

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws.
that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>J3520</td>
<td>Edetate disodium, per 150 mg (Not Covered by Medicare)</td>
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**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

- NCD 20.22 Ethylenediamine-Tetra-Acetic (EDTA) Chelation Therapy for Treatment of Atherosclerosis
- Related NCD: NCD 20.21 Chelation Therapy for Treatment of Atherosclerosis

**CMS Local Coverage Determinations (LCDs)**

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**CMS Benefit Policy Manual**

- Chapter 15; § 50 Drugs and Biologicals

**UnitedHealthcare Commercial Policies**

- Chelation Therapy for Non-Overload Conditions
- Other
  - American Academy of Family Physicians (AAFP), Chelation Therapy

**GUIDELINE HISTORY/REVISION INFORMATION**

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<td>11/09/2016</td>
<td>• Annual Review for MAPG Committee presentation and approval</td>
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