



Status
Active

Medical and Behavioral Health Policy

Section: Behavioral Health

Policy Number: X-03

Effective Date: 02/26/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

METALLOTHIONEIN (MT) PROTEIN ASSESSMENT AND TREATMENT PROTOCOLS

Description: Metallothionein assessment and treatment protocols are based on the theory that most patients with a number of American Psychiatric Association Diagnostic and Statistical Manual (DSM) disorders have a defective functioning of the metallothionein (MT) protein which causes a metal metabolism disorder. The metallothionein protein is defined as a low molecular-weight protein occurring in the cytoplasm of the kidney cortex and liver. According to centers offering these protocols, a disabled MT protein results in extreme sensitivity to toxic metals, copper elevation, zinc depletion, incomplete maturation of the GI tract, imbalance of immune function, and aberrations in brain neuronal growth and myelin sheath development. Patients are treated with vitamins and supplements to repair the MT protein in an effort to correct the imbalances created by its dysfunction.

Policy: Metallothionein protein assessment and treatment protocols are considered **INVESTIGATIVE** for the diagnosis and/or treatment of any mental disorder or substance-related disorder due to the lack of scientific evidence to justify their use.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

There are no specific codes for this treatment.

Policy History: **Developed April 10, 2002**

Most recent history:

Reviewed February 9, 2011

Reviewed February 8, 2012

Revised March 5, 2012

Reviewed February 13, 2013

Reviewed/Updated, no policy statement changes February 12, 2014

Cross Reference: Autism Spectrum Disorders: Assessment, X-43

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