MEDICAL POLICY – 7.01.50

Placental and Umbilical Cord Blood as a Source of Stem Cells

Policy Coverage Criteria

Introduction

Stem cells are cells in our body that have the ability to develop into many different kinds of cells. Stem cells have been used to treat many conditions including such things as diabetes, heart disease, arthritis, spinal cord injuries, and some types of cancer.

Stem cells are found in embryos, adults, and the umbilical cords of newborn babies. They are also found in the placenta (the “after birth”) of a pregnant woman. Stem cells that have been retrieved from the placenta or umbilical cord have been transplanted into patients in order to treat some specific diseases. This policy discusses when the transplantation of placental or umbilical cord stem cells might be considered to be medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
## Service | Medical Necessity
--- | ---
**Transplantation of cord blood stem cells** | Transplantation of cord blood stem cells from related or unrelated donors may be considered medically necessary in patients with an appropriate indication for allogeneic stem cell transplant.  

Transplantation of cord blood stem cells from related or unrelated donors is considered investigational in all other situations.

**Collection and storage of cord blood** | Collection and storage of cord blood from a neonate may be considered medically necessary when an allogeneic transplant is imminent in an identified recipient with a diagnosis that is consistent with the possible need for allogeneic transplant.

**Prophylactic collection and storage of cord blood** | Prophylactic collection and storage of cord blood from a neonate may be considered not medically necessary when proposed for some unspecified future use as an autologous stem cell transplant in the original donor, or for some unspecified future use as an allogeneic stem cell transplant in a related or unrelated donor.

### Documentation Requirements
The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- For the use of the stem cells retrieved from the umbilical cord and placenta:
  - Documentation that the stem cells will be used in patients who qualify for a stem cell transplant using donor cells
- For collection and storage of cord blood:
  - Documentation that a transplant using donor cells is imminent for a person diagnosed with a disease that can be treated by using donor cells
## Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2140</td>
<td>Cord blood harvesting for transplantation, allogeneic</td>
</tr>
<tr>
<td>S2142</td>
<td>Cord blood-derived stem-cell transplantation, allogeneic</td>
</tr>
<tr>
<td>S2150</td>
<td>Bone marrow or blood-derived stem-cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Benefit Application

Through the National Marrow Donor Program’s *Be the Match*, eligible families within the United States can collect and store their neonate’s cord blood unit free of charge. When the stored unit is transplanted, a fee is charged. A family is considered eligible if:

- The sibling of the neonate has been diagnosed with a disease treatable by a related cord blood transplant
- The neonate does not have the same disease as the affected biological sibling (determined after birth)
- The affected sibling and the neonate have the same biological parents

**OR**

- An affected biological parent is enrolled in a clinical or research trial that would accept a haploidentical, related, allogeneic cord blood unit as a treatment option
Description

This policy addresses the collection, storage, and transplantation of placental and umbilical cord blood (“cord blood”) as a source of stem cells for allogeneic and autologous stem cell transplantation. Potential indications for the use of cord blood are not addressed in this policy.

Background

Hematopoietic Cell Transplantation

HCT is a procedure in which hematopoietic stem cells are intravenously infused to restore bone marrow and immune function in cancer patients who receive bone marrow-toxic doses of cytotoxic drugs with or without whole-body radiotherapy. Hematopoietic stem cells may be obtained from the transplant recipient (autologous HCT) or a donor (allogeneic HCT [allo-HCT]). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood shortly after delivery of neonates. Cord blood transplantation is discussed in detail in a separate policy.

Immunologic compatibility between infused hematopoietic stem cells and the recipient is not an issue in autologous HCT. In allogeneic stem cell transplantation, immunologic compatibility between donor and patient is a critical factor for achieving a successful outcome. Compatibility is established by typing of human leukocyte antigens (HLA) using cellular, serologic, or molecular techniques. HLA refers to the gene complex expressed at the HLA-A, -B, and -DR (antigen-D related) loci on each arm of chromosome six. An acceptable donor will match the patient at all or most of the HLA loci.

Conditioning for Hematopoietic Cell Transplantation

Conventional Conditioning

The conventional (“classical”) practice of allo-HCT involves administration of cytotoxic agents (eg, cyclophosphamide, busulfan) with or without total body irradiation at doses sufficient to cause bone marrow ablation in the recipient. The beneficial treatment effect of this procedure is
due to a combination of the initial eradication of malignant cells and subsequent graft-versus-malignancy effect mediated by non-self-immunologic effector cells. While the slower graft-versus-malignancy effect is considered the potentially curative component, it may be overwhelmed by existing disease in the absence of pretransplant conditioning. Intense conditioning regimens are limited to patients who are sufficiently medically fit to tolerate substantial adverse effects. These include opportunistic infections secondary to loss of endogenous bone marrow function and organ damage or failure caused by cytotoxic drugs. Subsequent to graft infusion in allo-HCT, immunosuppressant drugs are required to minimize graft rejection and graft-versus-host disease, which increases susceptibility to opportunistic infections.

The success of autologous HCT is predicated on the potential of cytotoxic chemotherapy, with or without radiotherapy, to eradicate cancerous cells from the blood and bone marrow. This permits subsequent engraftment and repopulation of the bone marrow with presumably normal hematopoietic stem cells obtained from the patient before undergoing bone marrow ablation. Therefore, autologous HCT is typically performed as consolidation therapy when the patient’s disease is in complete remission. Patients who undergo autologous HCT are also susceptible to chemotherapy-related toxicities and opportunistic infections before engraftment, but not graft-versus-host disease.

**Reduced-Intensity Conditioning Allogeneic Hematopoietic Cell Transplantation**

RIC refers to the pretransplant use of lower doses of cytotoxic drugs or less intense regimens of radiotherapy than are used in traditional full-dose myeloablative conditioning treatments. Although the definition of RIC is variable, with numerous versions employed, all regimens seek to balance the competing effects of relapse due to residual disease and non-relapse mortality. The goal of RIC is to reduce disease burden and to minimize associated treatment-related morbidity and non-relapse mortality in the period during which the beneficial graft-versus-malignancy effect of allogeneic transplantation develops. RIC regimens range from nearly total myeloablative to minimally myeloablative with lymphoablation, with intensity tailored to specific diseases and patient condition. Patients who undergo RIC with allo-HCT initially demonstrate donor cell engraftment and bone marrow mixed chimerism. Most will subsequently convert to full-donor chimerism. In this review, the term reduced-intensity conditioning will refer to all conditioning regimens intended to be nonmyeloablative.
Summary of Evidence

For individuals who have an appropriate indication for allogeneic stem cell transplant who receive cord blood as a source of stem cells, the evidence includes a number of observational studies, a meta-analysis of observational studies, and a randomized controlled trial (RCT) comparing outcomes after single- or double-cord blood units. The relevant outcomes are overall survival, disease-specific survival, resource utilization, and treatment-related mortality. The meta-analysis of observational studies found similar survival outcomes and lower graft-versus-host disease after cord blood transplantation than bone marrow transplantation. In the RCT, survival rates were similar after single- and double-unit cord blood transplantation. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have an unspecified potential future need for stem cell transplant who receive prophylactic collection and storage of cord blood, the evidence includes no published studies. The relevant outcomes are overall survival, disease-specific survival, resource utilization, and treatment-related mortality. No evidence was identified on the safety or effectiveness of autologous cord blood transplantation from prophylactically stored cord blood for the treatment of malignant neoplasms. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT01728545</td>
<td>The Collection and Storage of Umbilical Cord Blood for Transplantation</td>
<td>250,000</td>
<td>Apr 2099</td>
</tr>
<tr>
<td>NCT00012545</td>
<td>Collection and Storage of Umbilical Cord Stem Cells for Treatment of Sickle Cell Disease</td>
<td>99,999,999</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

NCT: national clinical trial
Practice Guidelines and Position Statements

**American Academy of Pediatrics**

A position statement on cord blood banking for potential future transplantation was published by the American Academy of Pediatrics in 2017. The Academy recommended cord blood banking for public use, with a more limited role for private cord blood banking for families with a known fatal illness that could be rescued by cord blood transplant.

**American College of Obstetricians and Gynecologists**

The American College of Obstetricians and Gynecologists (2015; updated 2019) published an opinion on umbilical cord blood (UCB) banking. The statement discussed counseling patients about options for UCB banking, as well as benefits and limitations of this practice. The relevant recommendations include the following:

- “[UCB] collected from a neonate cannot be used to treat a genetic disease or malignancy in that same individual.”
- The routine collection and storage of [UCB] with a private cord blood bank is not supported by the available evidence.
- “Private [UCB] banking may be considered when there is knowledge of a family member with a medical condition (malignant or genetic) who could potentially benefit from cord blood transplantation.”
- “Public [UCB] banking is the recommended method of obtaining [UBC] for use in transplantation, immune therapies, or other medically validated indications.”
- “Umbilical cord blood collection should not compromise obstetric or neonatal care or alter routine practice for the timing of umbilical cord clamping.”
- “The current indications for cord blood transplant are limited to select genetic, hematologic, and malignant disorders.”
- “If a patient requests information about [UCB] banking, balanced and accurate information regarding the advantages and disadvantages of public and private [UCB] banking should be provided.”
American Society for Blood and Marrow Transplantation

On behalf of the American Society for Blood and Marrow Transplantation, Ballen et al (2008) published recommendations related to the banking of umbilical cord blood\(^{25}\).

- Public banking of cord blood is “encouraged.”
- Storing cord blood for autologous (ie, personal) use is “not recommended.”
- “Family member banking (collecting and storing cord blood for a family member) is recommended when there is a sibling with a disease that may be successfully treated with an allogeneic transplant. Family member banking on behalf of a parent with a disease that may be successfully treated with an allogeneic transplant is only recommended when there are shared HLA [human leukocyte-antigens] between the parents.”

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

According to the U.S. Food and Drug Administration, cord blood stored for potential use by a patient unrelated to the donor meets the definitions of “drug” and “biological products.” As such, products must be licensed under a biologics license application or an investigational new drug application before use. Facilities that prepare cord blood units only for autologous and/or first- or second-degree relatives are required to register and list their products, adhere to Good Tissue Practices issued by the Food and Drug Administration, and use applicable processes for donor suitability determination.\(^1\)

References


## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/05/97</td>
<td>Add to Surgery Section - New Policy</td>
</tr>
<tr>
<td>04/09/02</td>
<td>Replace policy - Policy updated and revised based on 2001 TEC Assessment;</td>
</tr>
<tr>
<td></td>
<td>cord blood as a source of stem cells no longer restricted to children,</td>
</tr>
<tr>
<td></td>
<td>considered medically necessary in adults.</td>
</tr>
<tr>
<td>09/12/03</td>
<td>Replace policy - Policy updated; statement added about storing cord blood</td>
</tr>
<tr>
<td></td>
<td>stem cells for later possible use as autologous transplant.</td>
</tr>
<tr>
<td>06/09/06</td>
<td>Disclaimer and Scope update - No other changes.</td>
</tr>
<tr>
<td>12/11/07</td>
<td>Replace policy - Reviewed with literature search; no change to policy</td>
</tr>
<tr>
<td></td>
<td>statement; references added. Reviewed and recommended by OAP on November</td>
</tr>
<tr>
<td>05/13/08</td>
<td>Cross Reference Update - No other changes</td>
</tr>
<tr>
<td>12/08/09</td>
<td>Replace policy - Reviewed with literature search; no change to policy</td>
</tr>
<tr>
<td></td>
<td>statement; Reviewed by OAP November 2009. Benefit Application language</td>
</tr>
<tr>
<td></td>
<td>regarding storage added.</td>
</tr>
<tr>
<td>08/10/10</td>
<td>Replace policy - Policy updated with literature review and extensive</td>
</tr>
<tr>
<td></td>
<td>revisions. References 1, 2 and 5-19 have been added. The intent of the</td>
</tr>
<tr>
<td></td>
<td>policy statements has not changed.</td>
</tr>
<tr>
<td>11/10/11</td>
<td>Replace policy – Policy updated with literature review; policy statement</td>
</tr>
<tr>
<td>01/25/12</td>
<td>Code 38232 added.</td>
</tr>
<tr>
<td>09/10/12</td>
<td>Update Related Policy – Remove 7.01.503 as it was deleted; Add 8.01.21 and</td>
</tr>
<tr>
<td></td>
<td>8.01.22. ICD-10 codes are now effective 10/01/2014.</td>
</tr>
<tr>
<td>10/01/12</td>
<td>Update Related Policies – Add 8.01.20, 8.01.29, 8.01.23, 8.01.27, 8.01.28,</td>
</tr>
<tr>
<td></td>
<td>8.01.30.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12/19/12</td>
<td>Replace policy. Policy updated with literature review; policy statements unchanged. References 5, 9-11 added. Add Related Policies 8.01.24, 8.01.31 and 8.01.35.</td>
</tr>
<tr>
<td>02/01/13</td>
<td>Update Related Policies, change title of policy 8.01.21.</td>
</tr>
<tr>
<td>02/15/13</td>
<td>Update Related Policies, change title of policy 8.01.30.</td>
</tr>
<tr>
<td>09/30/13</td>
<td>Update Related Policies. Change title of policy 8.01.31.</td>
</tr>
<tr>
<td>12/04/13</td>
<td>Replace policy. Rationale updated based on a literature review through July 25, 2013. References 4, 5, 19, 20, 26, 29, 30 added; others renumbered or removed. Policy statements unchanged.</td>
</tr>
<tr>
<td>01/20/14</td>
<td>Update Related Policies. Change title to 8.01.21.</td>
</tr>
<tr>
<td>02/27/14</td>
<td>Update Related Policies. Change title to 8.01.30.</td>
</tr>
<tr>
<td>03/21/14</td>
<td>Update Related Policies. Add 8.01.15 and delete 8.01.514.</td>
</tr>
<tr>
<td>04/18/14</td>
<td>Update Related Policies. Delete 8.01.20 and add 8.01.529.</td>
</tr>
<tr>
<td>06/24/14</td>
<td>Update Related Policies. Delete 8.01.35, 8.01.42 and 8.01.54, then add 8.01.530, 8.01.531 and 8.01.532.</td>
</tr>
<tr>
<td>11/20/14</td>
<td>Annual Review. Policy updated with literature review through July 21, 2014. Policy statements unchanged. References 4, 16-17, and 23 added. ICD-9 and ICD-10 procedure codes removed; these are not utilized in adjudication of the policy.</td>
</tr>
<tr>
<td>03/08/16</td>
<td>Annual Review. Policy updated with literature review through December 6, 2015; reference 27 added. Policy statements unchanged.</td>
</tr>
<tr>
<td>08/09/16</td>
<td>Update Related Policies. Remove 8.01.27 as it was archived.</td>
</tr>
<tr>
<td>03/14/17</td>
<td>Annual review. Policy updated with literature review through November 9, 2016; references 17 and 23 added. Removed Related Policies. Removed CPT codes 38232 and 38240. Policy statements unchanged.</td>
</tr>
<tr>
<td>10/27/17</td>
<td>Policy moved to new format; no change to policy statements.</td>
</tr>
</tbody>
</table>
**Disclaimer.** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):
لا يمكن للبريكروس المتورط في اتخاذ القرارات المتعلقة بمساعدتك أن يختلف عن ما يتم تطبيقه بموضوعي البريكروس.

Deutsche (German):

English (English):
This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Français (French):
Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):
Avi si a gen Enfòmasyon Enpòtan la dany. Avi si a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa enfòmasyon kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi si a. Ou ka gen pou pran kék aksyon avan sèten dat limit pou ka renbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou reseswa enfòmasyon sa a ak asistans fwa lang ou pale a, san ou pa gen pou peye ou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知中可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente.
Chiama 800-722-1471 (TTY: 800-842-5357).
This notification may contain important information. This notification contains important information about your claim or coverage in Premera Blue Cross. You may have to take certain actions before specific dates.

Este aviso puede contener información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar ciertas medidas antes de ciertos plazos.

Paşaporta (Korean):
이 문단은 중요한 정보가 포함되어 있습니다. 이 문단은 Premera Blue Cross에 대한 비용을 부담한 후에만 그 사용자를 보호하기 위한 중요한 정보를 제공할 수 있습니다.

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar ciertas medidas antes de ciertos plazos.

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaring may mga mahalagang petsa dito sa paunawa. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno.

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaring may mga mahalagang petsa dito sa paunawa. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno.

ไทย (Thai):
ประกาศนี้มีข้อมูลที่สำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการส่งเสริมการสร้างสุขภาพที่ดีของ Premera Blue Cross และของบริการทางการแพทย์ในกรณีที่คุณต้องการ ดังนั้นการทราบข้อมูลที่สำคัญต่อไปนี้จะเป็นการที่ดีที่สุดในการทำให้คุณเข้าใจว่ามีข้อปฏิบัติที่ควรปฏิบัติในการขอรับบริการสุขภาพที่ดี โปรดจดจำไว้ โปรดจดจำไว้ โปรดจดจำไว้.

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):