

MEDICAL POLICY – 8.01.535

Chelation Therapy

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Effective Date: May 1, 2018

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Replaces: 8.01.02

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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Introduction

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 condition. 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).

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.

Policy Coverage Criteria

Service	Medical Necessity
Chelation therapy	<p>Chelation therapy may be considered medically necessary, when toxic levels are documented by standard testing methods, as a treatment for the following conditions:</p> <ul style="list-style-type: none"> • Chronic iron overload due to blood transfusions (transfusional hemosiderosis) • Chronic iron overload due to non-transfusion-dependent thalassemia (NTDT) • Digitalis toxicity with ventricular arrhythmias or heart block • Extreme conditions of metal toxicity (see Table 1 for select heavy metals) • Hypercalcemia emergency treatment • Lead poisoning • Wilson's disease (hepatolenticular degeneration) <p>Notes: For the two conditions listed below, generally other treatments are used in place of chelation therapy:</p> <ul style="list-style-type: none"> ○ Control of ventricular arrhythmias or heart block associated with digitalis toxicity (eg, currently treated, in most patients, with digoxin immune fragment antigen-binding [Fab] monoclonal antibodies). ○ Emergency treatment of hypercalcemia using IV hydration and other pharmacologic agents is individualized based on the root cause⁴⁵

Service	Investigational
Chelation therapy	<p>Off-label uses of chelation therapy that are considered investigational, include, but are not limited to:</p> <ul style="list-style-type: none"> • Alzheimer disease • Arthritis (includes rheumatoid arthritis) • Atherosclerosis (eg, coronary artery disease, secondary prevention in patients with myocardial infarction, or peripheral vascular disease) • Autism • Diabetes



Service	Investigational
	<ul style="list-style-type: none"> Multiple sclerosis Other indications not listed as medically necessary above

Coding

Code	Description
HCPCS	
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes (new code effective 1/1/19)
J0470	Dimercaprol injection, per 100 mg
J0600	Edetate calcium disodium, up to 1000mg
J0895	Injection, deferoxamine mesylate, 500 mg
M0300	Chelation therapy (Chemical endarterectomy)
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

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Related Information

Reference standards for bismuth, chromium, and manganese were not identified and are not included in [Table 1](#).

Table 1. Toxic or Normal Concentrations of Heavy Metals^{1-3,5}

Metal	Toxic Levels (Normal levels where indicated)
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Metal	Toxic Levels (Normal levels where indicated)
Arsenic	24-h urine: ≥50 µg/L urine or 100 µg/g creatinine
Cadmium	Proteinuria and/or ≥15 µg/g creatinine
Cobalt	Normal excretion: 0.1-1.2 µg/L (serum) 0.1-2.2 µg/L (urine)
Copper	Normal excretion: 25 µg/24 h (urine)
Iron	Nontoxic: <300 µg/dL Severe: >500 µg/dL
Lead	Pediatric: Blood lead level ≥45 µg/dL Adult: Blood lead level ≥40 µg/dL
Mercury	Background exposure normal limits: 1-8 µg/L (whole blood); 4-5 µg/L (urine) ^{42, a}
Nickel	Excessive exposure: ≥8 µg/L (blood) Severe poisoning: ≥500 µg/L (8-h urine)
Selenium	Mild toxicity: >1 mg/L (serum) Serious toxicity: >2 mg/L
Silver	Asymptomatic workers have mean levels of 11 µg/L (serum) and 2.6 µg/L (spot urine)
Thallium	>3 µg/L (blood) >5 µg/L (24-hour urine) ⁴³
Zinc	Normal range: 0.6-1.1 mg/L (plasma), 10-14 mg/L (red cells)

Adapted from Adal (2018).⁴⁴

CDC: Centers for Disease Control and Prevention.

^a Hair analysis is useful to assess mercury exposure in epidemiologic studies. However, hair analysis in individual patients must be interpreted with consideration of the patient's history, signs, and symptoms, and possible alternative explanations. Measurement of blood and urine mercury levels can exclude exogenous contamination; therefore, blood or urine mercury levels may be more robust measures of exposure in individual patients.⁴⁵



Description

Chelation therapy is an established treatment for removing metal toxins from the body by converting them to a chemically inert form that can be excreted in the urine. Therapy involves intravenous or oral administration of chelating agents that remove metal ions such as lead, aluminum, mercury, arsenic, zinc, iron, copper, and calcium from the body (see [Table 1](#)).

Background

Specific chelating agents are used for particular heavy metal toxicities. For example, desferrioxamine (not FDA-approved) is used for patients with iron toxicity, and calcium-ethylenediaminetetraacetic acid (-EDTA) is used for patients with lead poisoning. Note that disodium-EDTA is not recommended for acute lead poisoning due to the increased risk of death from hypocalcemia.¹

Another class of chelating agents, called metal protein attenuating compounds (MPACs), is under investigation for the treatment of Alzheimer disease, which is associated with the disequilibrium of cerebral metals. Unlike traditional systemic chelators that bind and remove metals from tissues systemically, MPACs have subtle effects on metal homeostasis and abnormal metal interactions. In animal models of Alzheimer disease, they promote the solubilization and clearance of beta amyloid by binding its metal-ion complex, and also inhibit redox reactions that generate neurotoxic free radicals. MPACs therefore interrupt two putative pathogenic processes of Alzheimer disease. However, no MPACs have received FDA approval for the treatment of Alzheimer disease.

Chelation therapy has also been discussed as a treatment for other indications including atherosclerosis and autism spectrum disorder. For example, EDTA chelation therapy has been proposed in patients with atherosclerosis as a method of decreasing obstruction in the arteries.

Summary of Evidence

Chelation therapy is an established treatment for metal toxicities and transfusional hemosiderosis. It has been investigated for a variety of off-label applications, such as treatment of atherosclerosis, Alzheimer disease, and autism. For individuals who have Alzheimer disease, cardiovascular disease, arthritis, autism spectrum disorder, diabetes, or multiple sclerosis, the evidence consists of a small number of RCTs and case series. Relevant outcomes include symptoms, change in disease status, morbid events, functional outcomes, health status measures, quality of life, and treatment-related morbidity. One randomized controlled trial, the Trial to Assess Chelation Therapy (TACT), reported that chelation therapy reduced cardiovascular events in patients with a previous myocardial infarction and that the benefit was greater in diabetic patients compared with nondiabetic patients. However, this study had significant limitations, including high dropout rates, and therefore, the conclusions are not definitive. For other conditions, the available RCTs did not report improvements in health outcomes with chelation therapy and as evidence, the case series are not adequate to determine efficacy. The evidence is insufficient to determine the effect of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this policy are listed in [Table 2](#).

Table 2. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02728843^a	Study of Parkinson's Early Stage With Deferiprone (SKY)	140	July 2018
NCT02175225	Study of Deferoxamine Mesylate in Intracerebral Hemorrhage	294	Aug 2018
NCT02655315	Conservative Iron Chelation as a Disease-modifying Strategy in Parkinson's Disease (FAIRPARKII)	338	Dec 2018
NCT02733185	Trial to Assess Chelation Therapy 2 (TACT2)	1200	Aug 2021
Unpublished			
NCT02367248	Safety and Effectiveness Study of Deferoxamine and Xingnaojing Injection in Intracerebral Hemorrhage	180	Dec 2016 (unknown)



NCT No.	Trial Name	Planned Enrollment	Completion Date
NCT01741532 ^a	A Randomized, Double-blind, Placebo-controlled Trial of Deferiprone in Patients With Pantothenate Kinase-associated Neurodegeneration (PKAN)	89	Jan 2017 (completed)

NCT: national clinical trial

^a Denotes industry-sponsored or cosponsored trial

Practice Guidelines and Position Statements

American College of Physicians et al

In 2012, the American College of Physicians (ACP), American College of Cardiology Foundation (ACCF), American Heart Association (AHA), American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, and Society of Thoracic Surgeons published joint clinical practice guidelines on the management of stable ischemic heart disease (IHD).²⁹ The guidelines recommended that “chelation therapy should not be used with the intent of improving symptoms or reducing cardiovascular risk in patients with stable IHD. (Grade: strong recommendation; low-quality evidence)” However, citing the Trial to Assess Chelation Therapy,¹³ a 2014 focused update of these guidelines included a revised recommendation on chelation therapy, stating that the “usefulness of chelation therapy is uncertain for reducing cardiovascular events in patients with stable IHD.”³⁰ The recommendation was upgraded from class III (no benefit) to class IIb (benefit ≥ risk), and the level of evidence from C (only consensus expert opinion, case studies, or standard of care) to B (data from a single randomized trial or nonrandomized studies).

American College of Cardiology (ACC) et al

In 2005, the American College of Cardiology, AHA, and other medical societies stated that chelation “is not indicated for treatment of intermittent claudication and may have harmful adverse effects. (Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses.)”³² In 2013, ACCF and AHA compiled the previous ACC/AHA and ACCF/AHA recommendations issued in 2005³² and 2011³³ on the management of peripheral artery disease.³⁴ The recommendation against chelation therapy remained unchanged.



Canadian Cardiovascular Society (CCS)

Evidence-based, consensus guidelines from the Canadian Cardiovascular Society in 2014 included a conditional recommendation (based on moderate quality evidence) that chelation therapy should not be used to attempt to improve angina or exercise tolerance in patients with stable ischemic heart disease.³⁵

National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence issued clinical guidance reports on autism in children and young people in 2013³⁷ and autism in adults updated in 2016.³⁷ Both documents specifically recommend against the use of chelation therapy for the management of autism.

Medicare National Coverage

The Centers for Medicare & Medicaid have issued 2 national coverage determinations on chelation therapy relevant to this evidence review. Section 20.21 states³⁸:

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.

Some practitioners refer to this therapy as chemoendarterectomy and may also show a diagnosis other than atherosclerosis, such as arteriosclerosis or calcinosis. Claims employing such variant terms should also be denied under this section.

Section 20.22 states³⁹: "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.

These are long-standing national coverage decisions (NCD); effective dates of these versions have not been posted.



Regulatory Status

- In 1953, calcium-EDTA (Versenate) was FDA approved for lowering blood lead levels for both pediatric and adult patients with lead poisoning.
- In 1991, succimer (Chemet) was approved for the treatment of lead poisoning in pediatric patients only.
- Disodium-EDTA (Endrate® or Edetate Disodium) was formerly approved for use in selected patients with hypercalcemia and for use in patients with heart rhythm problems due to intoxication with the drug, digitalis. However, in 2008, FDA withdrew approval of disodium-EDTA due to safety concerns and recommended that other forms of chelation therapy be used.²

Several iron chelating agents are FDA-approved:

- In 1968, deferoxamine (Desferal®, Novartis) for subcutaneous, intramuscular, or intravenous injections was approved to treat acute iron intoxication and chronic iron overload due to transfusion-dependent anemia.
- In 2005, deferasirox (Exjade®, Novartis) was approved by FDA, and is available as a tablet for oral suspension. It is indicated for the treatment of chronic iron overload due to blood transfusions in patients aged 2 years and older. Under the accelerated approval program, the FDA expanded the indications for deferasirox in 2013 to include treatment of patients age 10 years and older with chronic iron overload due to NTDT syndromes and specific liver iron concentration and serum ferritin levels. A generic version of deferasirox tablet for oral suspension was also approved by FDA. In 2015, an oral tablet formulation for deferasirox (Jadenu™) was approved by FDA. All formulations of deferasirox carry a black box warning because it may cause serious and fatal renal toxicity and failure, hepatic toxicity and failure, and gastrointestinal hemorrhage. As a result, treatment with deferasirox requires close patient monitoring, including laboratory tests of renal and hepatic function.
- In 2001, deferiprone (Ferriprox®), an iron chelator was approved by FDA for treatment of patients with transfusional overload due to thalassemia syndromes when other chelation therapy is inadequate. Deferiprone is available in tablet form for oral solution. Ferriprox® carries a black box warning because it can cause agranulocytosis, which can lead to serious infections and death. As a result, absolute neutrophil count should be monitored before and during treatment.



- In a June 2014 warning to consumers, the FDA advised that FDA-approved chelating agents are available by prescription only.³ There are no FDA-approved over-the-counter chelation products.

References

1. Centers for Disease Control and Prevention. Deaths associated with hypocalcemia from chelation therapy--Texas, Pennsylvania, and Oregon, 2003-2005. *MMWR Morb Mortal Wkly Rep.* Mar 03 2006;55(8):204-207. PMID 16511441
2. Food and Drug Administration. Hospira, Inc., et al.; Withdrawal of Approval of One New Drug Application and Two Abbreviated New Drug Application. *Federal Register.* 2008;73(113):33440-33441. PMID
3. U.S Food and Drug Administration. FDA warns consumers about potential health risks from using Thorne Research's Captomer products. 2014 June 12;
http://www.fda.gov/Drugs/DrugSafety/ucm400977.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery Accessed April 2018.
4. Sampson E, Jenagaratnam L, McShane R. Metal protein attenuating compounds for the treatment of Alzheimer's disease. *Cochrane Database Syst Rev.* Jan 23 2008(1):CD005380. PMID 18254079
5. Ritchie CW, Bush AI, Mackinnon A, et al. Metal-protein attenuation with iodochlorhydroxyquin (clioquinol) targeting Abeta amyloid deposition and toxicity in Alzheimer disease: a pilot phase 2 clinical trial. *Arch Neurol.* Dec 2003;60(12):1685-1691. PMID 14676042
6. Sampson EL, Jenagaratnam L, McShane R. Metal protein attenuating compounds for the treatment of Alzheimer's dementia. *Cochrane Database Syst Rev.* May 16 2012;5(5):CD005380. PMID 22592705
7. Lannfelt L, Blennow K, Zetterberg H, et al. Safety, efficacy, and biomarker findings of PBT2 in targeting Abeta as a modifying therapy for Alzheimer's disease: a phase IIa, double-blind, randomised, placebo-controlled trial. *Lancet Neurol.* Sep 2008;7(9):779-786. PMID 18672400
8. Villarruz MV, Dans A, Tan F. Chelation therapy for atherosclerotic cardiovascular disease. *Cochrane Database Syst Rev.* Jan 2002(4):CD002785. PMID 12519577
9. Knudtson ML, Wyse DG, Galbraith PD, et al. Chelation therapy for ischemic heart disease: a randomized controlled trial. *Jama.* Jan 23-30 2002;287(4):481-486. PMID 11798370
10. Anderson TJ, Hubacek J, Wyse DG, et al. Effect of chelation therapy on endothelial function in patients with coronary artery disease: PATCH substudy. *J Am Coll Cardiol.* Feb 5 2003;41(3):420-425. PMID 12575969
11. Guldager B, Jelnes R, Jorgensen SJ, et al. EDTA treatment of intermittent claudication--a double-blind, placebo-controlled study. *J Intern Med.* Mar 1992;231(3):261-267. PMID 1556523
12. van Rij AM, Solomon C, Packer SG, et al. Chelation therapy for intermittent claudication. A double-blind, randomized, controlled trial. *Circulation.* Sep 1994;90(3):1194-1199. PMID 8087928
13. Lamas GA, Goertz C, Boineau R, et al. Effect of disodium EDTA chelation regimen on cardiovascular events in patients with previous myocardial infarction: the TACT randomized trial. *Jama.* Mar 27 2013;309(12):1241-1250. PMID 23532240
14. Mark DB, Anstrom KJ, Clapp-Channing NE, et al. Quality-of-life outcomes with a disodium EDTA chelation regimen for coronary disease: results from the trial to assess chelation therapy randomized trial. *Circ Cardiovasc Qual Outcomes.* Jul 2014;7(4):508-516. PMID 24987051



15. Lamas GA, Boineau R, Goertz C, et al. EDTA chelation therapy alone and in combination with oral high-dose multivitamins and minerals for coronary disease: The factorial group results of the Trial to Assess Chelation Therapy. *Am Heart J*. Jul 2014;168(1):37-44 e35. PMID 24952858
16. Nissen SE. Concerns about reliability in the Trial to Assess Chelation Therapy (TACT) [editorial]. *Jama*. Mar 27 2013;309(12):1293-1294. PMID 23532246
17. Maron DJ, Hlatky MA. Trial to Assess Chelation Therapy (TACT) and equipoise: When evidence conflicts with beliefs [editorial]. *Am Heart J*. Jul 2014;168(1):4-5. PMID 24952853
18. Bernard S, Enayati A, Redwood L, et al. Autism: a novel form of mercury poisoning. *Med Hypotheses*. Apr 2001;56(4):462-471. PMID 11339848
19. Nelson KB, Bauman ML. Thimerosal and autism? *Pediatrics*. Mar 2003;111(3):674-679. PMID 12612255
20. Ng DK, Chan CH, Soo MT, et al. Low-level chronic mercury exposure in children and adolescents: meta-analysis. *Pediatr Int*. Feb 2007;49(1):80-87. PMID 17250511
21. Rossignol DA. Novel and emerging treatments for autism spectrum disorders: a systematic review. *Ann Clin Psychiatry*. Oct-Dec 2009;21(4):213-236. PMID 19917212
22. Cooper GJ, Young AA, Gamble GD, et al. A copper(II)-selective chelator ameliorates left-ventricular hypertrophy in type 2 diabetic patients: a randomised placebo-controlled study. *Diabetologia*. Apr 2009;52(4):715-722. PMID 19172243
23. Escolar E, Lamas GA, Mark DB, et al. The effect of an EDTA-based chelation regimen on patients with diabetes mellitus and prior myocardial infarction in the Trial to Assess Chelation Therapy (TACT). *Circ Cardiovasc Qual Outcomes*. Jan 2014;7(1):15-24. PMID 24254885
24. Chen KH, Lin JL, Lin-Tan DT, et al. Effect of chelation therapy on progressive diabetic nephropathy in patients with type 2 diabetes and high-normal body lead burdens. *Am J Kidney Dis*. Oct 2012;60(4):530-538. PMID 22721929
25. U.S. Department of Labor, Occupational Health and Safety Administration. Safety and Health Regulations for Construction: Substance Data Sheet for Occupational Exposure to Lead. 1993; http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10642 Accessed April 2018.
26. Weinreb O, Mandel S, Youdim MB, et al. Targeting dysregulation of brain iron homeostasis in Parkinson's disease by iron chelators. *Free Radic Biol Med*. Sep 2013;62:52-64. PMID 23376471
27. Grolez G, Moreau C, Sablonniere B, et al. Ceruloplasmin activity and iron chelation treatment of patients with Parkinson's disease. *BMC Neurol*. May 6 2015;15:74. PMID 25943368
28. van Eijk LT, Heemskerk S, van der Pluijm RW, et al. The effect of iron loading and iron chelation on the innate immune response and subclinical organ injury during human endotoxemia: a randomized trial. *Haematologica*. Mar 2014;99(3):579-587. PMID 24241495
29. Qaseem A, Fihn SD, Dallas P, et al. Management of stable ischemic heart disease: summary of a clinical practice guideline from the American College of Physicians/American College of Cardiology Foundation/American Heart Association/American Association for Thoracic Surgery/Preventive Cardiovascular Nurses Association/Society of Thoracic Surgeons. *Ann Intern Med*. Nov 20 2012;157(10):735-743. PMID 23165665
30. Fihn SD, Blankenship JC, Alexander KP, et al. 2014 ACC/AHA/AATS/PCNA/SCAI/STS focused update of the guideline for the diagnosis and management of patients with stable ischemic heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, and the American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *J Am Coll Cardiol*. Nov 4 2014;64(18):1929-1949. PMID 25077860
31. Snow V, Barry P, Fihn SD, et al. Primary care management of chronic stable angina and asymptomatic suspected or known coronary artery disease: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. Oct 5 2004;141(7):562-567. PMID 15466774



32. Hirsch AT, Haskal ZJ, Hertzler NR, et al. ACC/AHA 2005 Practice Guidelines for the management of patients with peripheral arterial disease (lower extremity, renal, mesenteric, and abdominal aortic): a collaborative report from the American Association for Vascular Surgery/Society for Vascular Surgery, Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease): endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation. *Circulation*. Mar 21 2006;113(11):e463-654. PMID 16549646
33. 2011 ACCF/AHA Focused Update of the Guideline for the Management of patients with peripheral artery disease (Updating the 2005 Guideline): a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. *Circulation*. Nov 1 2011;124(18):2020-2045. PMID 21959305
34. Anderson JL, Halperin JL, Albert NM, et al. Management of patients with peripheral artery disease (compilation of 2005 and 2011 ACCF/AHA guideline recommendations): a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. Apr 2 2013;127(13):1425-1443. PMID 23457117
35. Mancini GB, Gosselin G, Chow B, et al. Canadian Cardiovascular Society guidelines for the diagnosis and management of stable ischemic heart disease. *Can J Cardiol*. Aug 2014;30(8):837-849. PMID 25064578
36. National Institute for Health and Care Excellence. Autism spectrum disorder in under 19s: support and management [CG170]. 2013; <https://www.nice.org.uk/guidance/cg170> Accessed April 2018.
37. National Institute for Health and Care Excellence. Autism spectrum disorder in adults: diagnosis and management [CG142]. 2016; <https://www.nice.org.uk/guidance/CG142> Accessed April 2018.
38. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for CHELATION THERAPY for Treatment of Atherosclerosis (20.21). n.d.; <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=86&ncdver=1&CoverageSelection=National&Keyword=Chelation+Therapy&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAACAAAAAAAA%3d%3d&> Accessed April 2018.
39. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Ethylenediamine-Tetra-Acetic (EDTA) CHELATION THERAPY for Treatment of Atherosclerosis (20.22). n.d.; <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=146&ncdver=1&CoverageSelection=National&Keyword=Chelation+Therapy&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAAACAAAAAAAA%3d%3d&> Accessed April 2018.
40. Centers for Disease Control and Prevention (CDC). What Do Parents Need to Know to Protect Their Children? 2017, May 17; http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm Accessed April 2018.
41. Very high blood lead levels among adults - United States, 2002-2011. *MMWR Morb Mortal Wkly Rep*. Nov 29 2013;62(47):967-971. PMID 24280917
42. Agency for Toxic Substances and Disease Registry. Toxicological profile for mercury. 1999 March; <https://www.atsdr.cdc.gov/ToxProfiles/tp46.pdf> Accessed April 2018.
43. Centers for Disease Control and Prevention (CDC). Emergency preparedness and response. Case definition: thallium. 2015 November 18; <http://emergency.cdc.gov/agent/thallium/casedef.asp> Accessed April 2018.
44. Adal A. Medscape. Heavy metal toxicity. 2018; <http://emedicine.medscape.com/article/814960-overview> Accessed April 2018.
45. Kempson IM, Lombi E. Hair analysis as a biomonitor for toxicology, disease and health status. *Chem Soc Rev*. Jul 2011;40(7):3915-3940. PMID 21468435 BlueCross BlueShield Association. Chelation Therapy for Off-Label Uses. Medical Policy Reference Manual, Policy No. 8.01.02, 2017.



History

Date	Comments
04/01/16	New policy, replaces deleted policy 8.01.02. Approved March 8, 2016. Chelation therapy for FDA approved indications may be considered medically necessary when criteria are met. All other indications are considered investigational.
05/01/17	Annual Review, approved April 11, 2017. No change to policy statements. No references added.
11/10/17	Policy moved into new format; no change to policy statements.
05/01/18	Annual Review, approved April 3, 2018. Policy updated with literature review through December 2017; no references added. Policy statement unchanged. Removed HCPCS codes J3490 and J3520.
01/01/19	Coding update, added new HCPCS code G0068 (new code effective 1/1/19)

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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).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 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。本通知內可能有重要日期。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者費用補貼。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)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 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).

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដ្ឋាននានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیر بران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

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 clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального 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. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).