


UTILIZATION MANAGEMENT GUIDELINE– 1.01.519

Patient Lifts, Seat Lifts and Standing Devices

Effective Date: Feb. 5, 2021	RELATED POLICIES/GUIDELINES:
Last Revised: Oct. 13, 2020	1.01.501 Wheelchairs (Manual or Motorized)
Replaces: N/A	1.01.527 Power Operated Vehicles (Scooters) (Excluding Motorized Wheelchairs)
	10.01.517 Non-covered Services and Procedures

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- [COVERAGE GUIDELINES](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

A patient lift is used to safely move a patient who is unable to move themselves from a bed to a chair or between other locations. Patient lifts are used in hospitals, nursing homes, and in home health care. Patient lifts come in different types. Some are operated by hydraulic power, others are electric, and yet others combine support with the patient’s own strength. They may be either a sling lift or a sit-to-stand lift. This guideline explains when these items are covered.

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.

Coverage Guidelines

If benefit coverage for durable medical equipment is available, the following criteria apply.

Equipment	Coverage Guidelines
Non-electric patient lifts (E0630)	Mechanical/hydraulic patient lifts (non-electric) may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:

Equipment	Coverage Guidelines
	<ul style="list-style-type: none"> Transferring the member between the bed and a chair, wheelchair, or commode requires the assistance of more than one person <p>AND</p> <ul style="list-style-type: none"> Without the use of a patient lift, the member would be bed-confined <p>A canvas or nylon sling or seat for a hydraulic or mechanical lift is considered medically necessary as an accessory when ordered as a replacement for an approved equipment item (E0621).</p>
Multi-positional lifts- (E1035, E1036)	<p>A multi-positional transfer system is considered medically necessary when criteria are met for the hydraulic or mechanical lift, (noted above), AND the patient requires supine positioning for transfers</p>
Electric lifts (E0635)	<p>An electric lift mechanism is considered a convenience item; therefore, payment is not allowed as it is a contractual exclusion.</p>
Non-electric seat lift mechanisms (E0629)	<p>Mechanical/hydraulic seat lift (non-electric) mechanisms may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> The member has severe arthritis of the hip or knee or has a severe neuromuscular disease <p>AND</p> <ul style="list-style-type: none"> The seat lift mechanism is prescribed to improve health status or arrest or retard deterioration in the member's condition <p>AND</p> <ul style="list-style-type: none"> The member is incapable of standing up from any regular chair (with or without arms) in the home <p>AND</p> <ul style="list-style-type: none"> Once the member stands, he/she has the ability to ambulate. <p>Spring-release seat lift devices are considered not medically necessary.</p>



Equipment	Coverage Guidelines
	<p>Note: A spring-release mechanism uses a catapult-type motion that jolts the member from a seated to a standing position and does not facilitate a safe return to a seated position.</p>
<p>Electric seat lift mechanisms or chairs (E0170, E0627, E0635, E0636)</p>	<p>Electric lift chairs or powered seat lift mechanisms are considered convenience items; therefore, payment is not allowed as it is a contractual exclusion.</p> <p>Note: Coverage is limited to the mechanical (non-electric) seat-lift mechanism alone (see above), even if it is incorporated into a chair. A chair is considered furniture.</p> <p>Furniture does not meet the definition of Durable Medical Equipment (DME). DME is defined as mechanical equipment that can stand repeated use and is used in connection with the direct treatment of an illness or injury.</p>
<p>Standing devices (E0638, E0641, E0642)</p>	<p>Mechanical, non-powered, standing devices may be considered medically necessary durable medical equipment (DME) when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The patient is unable to ambulate or stand independently because of a neuromuscular condition but has sufficient residual strength in the lower extremities (eg, hips and legs) to allow for use of the device <p>AND</p> <ul style="list-style-type: none"> • A standing position cannot be successfully achieved even with the use of physical therapy or other assistive devices <p>AND</p> <ul style="list-style-type: none"> • The patient has completed appropriate standing device training and has demonstrated an ability to safely use the device <p>Powered or electric/battery operated standing devices are considered convenience items; therefore, payment is not allowed as it is a contractual exclusion.</p>
<p>Non-covered items</p>	<p>The following items are not primarily medical in nature, and are considered home/vehicle modifications or are considered convenience items; therefore, payment is not allowed as they are contractual exclusions.</p> <ul style="list-style-type: none"> • Bathroom lifts and /or toilet lifts (E0170, E0171, E0172, E0625) • Ceiling lifts (E0640)



Equipment	Coverage Guidelines
	<ul style="list-style-type: none"> • Combination sit-to stand frame/table systems (E0637) • Lifting, standing, or positioning devices that involve fixtures to real property (E0639, E0640) • Stairway chair/stair lifts • Stair gliders • Platform lifts • Van lifts

Documentation Requirements
<p>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:</p> <ul style="list-style-type: none"> • Office visit notes that contain the relevant history and physical: <ul style="list-style-type: none"> ○ Supporting the need for requested lifts, seat lifts, or standing devices ○ In addition, for standing devices the documentation needs show that that the patient has completed appropriate standing device training and has demonstrated an ability to safely use the device

Coding

Code	Description
HCPCS	
E0621	Sling or seat, patient lift, canvas or nylon
E0629	Separate seat lift mechanism for use with patient owned furniture – nonelectric
E0630	Patient lift; hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
E0637	Combination sit and stand system, any size including pediatric, with seat lift feature, with or without wheels
E0638	Standing frame system, one position (eg, upright, supine or prone stander), any size including pediatric, with or without wheels
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0641	Standing frame system, multi-position (eg, three-way stander), any size including pediatric, with or without wheels



Code	Description
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric
E0985	Wheelchair accessory, seat lift mechanism
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.

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Related Information

Definition of Terms

Ceiling Lifts (E0640): Ceiling lifts are typically attached to tracks installed directly into the ceiling in the home allowing easier patient transfer. Most of these devices are motorized though some are manually operated. The tracks can be located in more than one room of the home, allowing some portability. Manufacturers propose that positioning is easier with ceiling lifts than with floor-mounted lifts, and, if motorized, the ceiling lifts can be used independently by the patient. Fixed motorized lifts, however, are considered a home modification and a convenience item. (Not covered according to contract).

Miscellaneous Lifts: Stairway chair lifts and stair gliders are devices attached to a track on a stairway to transfer from one level of the home to another on a chair or lift seat. They can be used on straight, curved or spiral stairs to aid in mobility throughout the home.

Other commonly used lift devices, including, but not limited to, van lifts (used to lift wheelchairs in and out of vans), wheelchair lifts (used to provide access to stairways or automobiles) and platform lifts facilitate transportation within the home or in and out of the home and are not primarily medical in nature.

Patient Lifts (E0630, E0639, E1035, E1036, E0639, E0640): Patient lifts are those devices either mechanical or electric that assist a caregiver in transferring a patient safely back and forth from a bed to a chair in cases where the patient is immobilized and would otherwise be confined to bed. (eg, Hoyer lift with a sling and/or seat that is placed under the patient that supports them in the lifting device). A multi-positional transfer system is used to assist the caregiver(s) in



transferring an individual who requires the use of a lift along with supine positioning for transfer. Patient lift, movable from room to room (E0639) describes a device in which the lift mechanism is part of a floor to ceiling pole system, not permanently attached to the floor and ceiling, which is used in a room other than the bathroom and patient lift, fixed system (E0640) describes a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom, both are considered deluxe, convenience items and are not covered.

Patient Lifts Toilet/tub (E0170, E0171, E0625): A patient lift for a toilet/tub, is a single-purpose assistive device for transferring patients from the toilet/tub to another seat (eg, wheelchair). It is generally used for patients who are unable to ambulate. Bathroom lifts used for transferring a patient onto a toilet or into a tub/shower are considered self-help and convenience items. (Not covered according to most contracts).

Residential/Home Modifications: Stair lifts, stairway elevators, platform lifts, ceiling lifts and other structural changes or additions are considered home modifications and are not covered.

Seat Lift Mechanisms (E0627, E0629): Seat lift mechanisms are those devices either mechanical or electric, controlled by the individual that operate smoothly and successfully assist the individual in standing up and sitting down without other assistance. Some seat lift devices are separate mechanisms that are placed under a chair, some are placed on the seat of the chair and some are incorporated (built-in) to furniture such as a chair/recliner.

Standing Devices (E0637, E0638, E0641, E0642): Standing devices are also known as standing frames, standers, and others. This standing technology provides alternative positioning to sitting in a wheelchair by supporting the person in a standing position. A seat lift mechanism or sling is placed under the patient to gently raise the person from a sitting position to a standing position. Upright standers are used primarily in the vertical position by individuals who have fair to good trunk and head control. Studies have proposed that standing devices improve bone mineral density, bowel and bladder functioning, incidence of contractures and improve skin integrity. These devices are not used for individuals who have complete paralysis of the lower extremities because lower body range of motion is not improved or maintained with the use of a standing device. A combination sit-to-stand device is a standing device with a seat lift mechanism aimed at allowing frequent repositioning (sitting to standing, standing to sitting) without assistance. Combination sit-to-stand devices are powered or motorized options and are considered convenience items.

Vehicle Ramp/Lift and Vehicle Modifications: Van lifts (used to lift a wheelchair/scooter or person into a truck or van); vehicle ramps and other vehicle modifications or additions are excluded from coverage because they do not meet the definition of Medical Equipment. These



devices facilitate transportation and do not primarily serve a medical purpose and are therefore not covered.

Benefit Application

Please refer to the definition of durable medical equipment, medical equipment and supplies in the member benefit booklet for questions about medical equipment. Some health benefit contracts may have coverage/benefit limitations and exclusions.

Overview

Many medical conditions can lead to limited mobility as a result of pain, joint stiffness or muscle weakness. Common manual/hydraulic patient lift devices are made by Hoyer and Invacare.

- Patient lifts and standing device/mechanisms eligible for coverage are moveable and are not permanently attached to the floor and/or ceiling.
- Patient lifts are used in a room other than the bathroom.
- Residential/home and vehicle modifications that are not durable medical equipment (DME) and that are a contractual exclusion include, but are not limited to the following:
 - Ceiling lifts
 - Elevators
 - Platform lifts
 - Ramps
 - Stair lifts
 - Vehicle lifts
 - Wall mounted lifts
 - Wheelchair lifts for vehicles



Note: A wheelchair seat lift mechanism (E0985, E2300) is addressed in another policy (see [Related Policies / Guidelines](#)).

Evidence Review

Medicare National Coverage

Medicare covers patient lifts and seat lift mechanisms as reasonable and necessary durable medical equipment (DME) when criteria are met.^{2,3}

References

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3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Seat Lift Mechanisms (L33801). CGS Administrators. Revised 1/1/17. <https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?Date=&DocID=L33801&bc=iAAAAAAAAAAAA%3D%3D&> Accessed October 2020.
4. Caulton JM, Ward KA, Alsop CW, et al. A randomized controlled trial of a standing program on bone mineral density in non-ambulant children with cerebral palsy. *Archives of Disease in Childhood*. 2004; 89:131-5.
5. Eng JJ, Levins SM, Townson AF, Mah-Jones D, Bremner J, Huston G. Use of prolonged standing for individuals with spinal cord injuries. *Phys Ther*. 2001 Aug;81(8):1392-9.
6. Walter JS, Sola PG, Sacks J, Lucero Y, Langbein E, Weaver F. Indications for a home standing program for individuals with spinal cord injury. *J Spinal Cord Med*. 1999 Fall;22(3):152-8.
7. Alamgir H, Li OW, Yu S, et al. Evaluation of ceiling lifts: Transfer time, patient comfort and staff perceptions. *Injury*. 2009;40(9):987-992.
8. Glickman, LB, Geigle PR, Paleq GS. A systematic review of supported standing programs. *J Pediatr Rehabil Med*. 2010; 3(3):197-213. PMID: 21791851.

History



Date	Comments
07/11/06	Add to Durable Medical Equipment - New Policy
08/14/07	Replace policy. - Policy title amended to add "Standing Devices". Policy statement amended to include standing devices as medically necessary. Rationale and References updated.
08/12/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Code E1035 added.
07/14/09	Replace Policy - Policy updated with literature search, no change to the policy statement.
02/09/10	Code Update - New 2010 code added.
06/08/10	Replace Policy - Policy updated with literature search, no change to the policy statement.
07/12/11	Replace Policy - Policy reviewed with literature search. Policy statement added to patient lift section indicating multi-positional patient support/transfer system (E0636, E1035, E1036) as medically necessary when criteria met; criteria for medically necessary indication of seat lifts updated to list those with severe arthritis.
01/17/12	Codes E0985 and E0625 added.
02/14/12	Replace Policy – Policy updated with deletion of policy statement regarding wheelchair seat lift mechanisms (E0985). Wheelchair seat lift mechanisms are now addressed in policy 1.01.501 – Wheelchairs.
08/24/12	Update Coding Section – ICD-10 codes are now effective on 10/01/2014.
02/13/13	Replace policy. Policy reviewed. A literature review through January 2013 did not prompt any changes to the rationale section. No new references added. Policy statement unchanged.
02/24/14	Replace policy. Policy reviewed. Minor edits completed for usability. Moved information about home/vehicle modifications from policy section to benefit application section. A literature search through January 2014 did not prompt the addition of new references. Medicare National Coverage statement added. Policy statement unchanged. HCPCS coding correction: E0136 corrected to E0636; E1035 and E1036; E0628 added.
02/10/15	Annual Review. Moved from Medical Policy to Utilization Management Guideline category. Guideline statements edited for clarification only. Added 10.01.517 Non-covered Services and Procedures to Related Guidelines and Policies section. List of non-covered items that are contract exclusions added to Additional Information section. Guideline review through January, 2015 did not prompt the addition of new references. Code E0640 is removed from the UM guideline because it is a contract exclusion. No change to intent of the guideline statements.
09/29/15	Coding update. ICD-10-CM codes M15.0 and M19.91-93 added.



Date	Comments
01/12/16	Annual Review. Policy reviewed. Literature search; no changes to the policy statement. References updated.
02/01/17	Annual Review, approved January 10, 2017. Policy reviewed; no change to the policy statement. References updated. Policy moved to new format.
05/09/17	Coding update; removed HCPCS code E0628 as it terminated on 1/1/17 and replaced by E0627. Updated description for HCPCS code E0627 as this is now an electric mechanism.
02/01/18	Annual Review, approved January 16, 2018. Added medical necessity statements for multi-positional lifts and replacement sling. Added a list of Non-Covered items for clarity.
02/01/19	Annual Review, approved January 22, 2019. Guideline reviewed. Guideline statements unchanged except for minor wording edits. One reference removed. References 3, 5-7 added. Added CPT code E0640. CPT codes E0171 and E0625 moved to the Non Covered coding section.
05/10/19	Coding update, added HCPCS code E0172.
03/01/20	Annual Review, approved February 4, 2020. Guideline reviewed. Reference added. Guideline statements unchanged. Removed codes E0170, E0171, E0172, E0625, E0627, E0635, E0636, and E0640 as they are addressed in a separate policy.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020.

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.



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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.

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200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
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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 ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማመጠን በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

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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.

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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):

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Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu 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-atyto 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 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):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កំណត់ថ្លៃជាក់លាក់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਰਮ 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).