

UTILIZATION MANAGEMENT GUIDELINE– 1.01.520

Hospital Beds and Accessories

Effective Date: **Feb. 5, 2021**

Last Revised: Oct. 13, 2020


Replaces: 1.01.01

RELATED MEDICAL POLICIES:

1.01.11 Children's Therapeutic Positioning Equipment

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

A hospital bed has special features for people who need to be in certain positions because of their medical situation. A hospital bed can change the height of the whole bed, or just the head or feet, or both. When a hospital bed is used at home, it is usually for a person who spends a lot of time in bed or can't get out of bed at all because of a medical condition. A hospital bed can be ordered (prescribed) by a doctor for many reasons. This includes changing positions in a way that can't be done in a regular bed, laying or sleeping in certain positions to relieve pain, or raising the head of the bed higher than 30 degrees due to certain heart or lung problems. An adjustable home bed is not a hospital bed. A hospital bed is durable medical equipment, which is useful only to a person with a medical condition. This policy describes when a hospital bed may be covered for use at home.

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

If coverage is available for Durable Medical Equipment (DME) then the following conditions apply.

Medically necessary hospital beds may be rented up to a period of 10 months up to the purchase price of an equivalent bed and in accordance with the member benefit as described in the member contract (see [Benefit Application](#) below)

Equipment	Medical Necessity
Hospital beds	<p>Hospital beds (which include fixed-height, variable-height, semi-electric and total electric) are considered medically necessary when any ONE of the following indications are met:</p> <ul style="list-style-type: none"> • The patient has a medical condition that requires positioning of the body in ways that are not feasible in an ordinary bed (Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed) <p>OR</p> <ul style="list-style-type: none"> • The patient requires frequent changes in body positioning <p>OR</p> <ul style="list-style-type: none"> • The patient requires the head of the bed to be elevated more than 30 degrees most of the time because of congestive heart failure, chronic pulmonary disease, or problems with aspiration. (Pillows or wedges must first have been considered and found impractical for reasons other than convenience) <p>OR</p> <ul style="list-style-type: none"> • The patient requires traction equipment which can be attached only to a hospital bed <p>A heavy duty, extra wide/bariatric bed is considered medically necessary when criteria are met for a fixed-height bed and the patient’s weight is more than 350 pounds but less than 600 pounds.</p> <p>An extra-heavy duty bed is considered medically necessary when criteria are met for a fixed-height hospital bed and the patient’s weight is 600 pounds or more.</p>



Equipment	Medical Necessity
	<p>An alternating pressure mattress is considered medically necessary when criteria are met for a hospital bed.</p>
<p>Hospital beds, air-fluidized</p>	<p>The air-fluidized bed is considered medically necessary in the treatment of extensive burns (no other criteria is required).</p> <p>OR</p> <p>The use of air-fluidized beds is considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The patient is bed-ridden and unable to fully or partially ambulate <p>AND</p> <ul style="list-style-type: none"> • Has a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore <p>AND</p> <ul style="list-style-type: none"> • Has exhausted conservative treatment without improvement (such as frequent repositioning of the patient, optimization of nutritional status, debridement of wounds, wet to dry dressings) <p>AND</p> <ul style="list-style-type: none"> • Would require institutionalization in the absence of an air fluidized bed <p>AND</p> <ul style="list-style-type: none"> • Has a trained adult caregiver available to assist the patient with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air fluidized bed system and its problems, such as leakage <p>AND</p> <ul style="list-style-type: none"> • Has a physician who directs the home treatment regimen and re-evaluates and recertifies the need for the air fluidized bed on a monthly basis <p>AND</p> <ul style="list-style-type: none"> • Has used and failed to get wound healing from all other alternative equipment, including, but not limited to, gel



Equipment	Medical Necessity
	<p data-bbox="638 247 1403 327">flotation pads, egg crate mattresses, and pressure pads and pumps</p> <p data-bbox="589 384 1433 459">Home use of the air-fluidized bed is considered not medically necessary under any of the following circumstances:</p> <ul data-bbox="589 474 1442 905" style="list-style-type: none"> <li data-bbox="589 474 1393 594">• The patient requires treatment with wet soaks or has moist wound dressings that are not protected with impervious covering such as plastic wrap <li data-bbox="589 606 1442 682">• The caregiver is unable to provide the type of care required by the patient on an air fluidized bed <li data-bbox="589 695 1422 770">• Structural support is inadequate to support the weight of the air-fluidized bed system (it weighs 1600 pounds or more) <li data-bbox="589 783 1442 905">• The home electrical system and home ventilation are insufficient for the anticipated increase in energy consumption and heat production <p data-bbox="589 961 1377 1081">The following types of beds are considered not medically necessary as they are not appropriate for use in the home setting:</p> <ul data-bbox="589 1096 1052 1304" style="list-style-type: none"> <li data-bbox="589 1096 1052 1129">• Continuous lateral rotation beds <li data-bbox="589 1142 922 1176">• Institutional type beds <li data-bbox="589 1188 963 1222">• Kinetic therapy type beds <li data-bbox="589 1234 841 1268">• Oscillating beds <li data-bbox="589 1281 878 1304">• Stryker frame beds
Hospital beds, accessories	<p data-bbox="589 1318 1455 1486">The following bed accessories may be considered medically necessary when criteria have been met for a hospital bed and there is documentation to support the medical necessity of the accessory:</p> <ul data-bbox="589 1501 1455 1755" style="list-style-type: none"> <li data-bbox="589 1501 886 1535">• Trapeze equipment <li data-bbox="589 1547 1349 1581">• Bed cradles (to prevent contact with the bed coverings) <li data-bbox="589 1593 878 1627">• Side rails and pads <li data-bbox="589 1640 1455 1715">• Innerspring/foam rubber mattresses as replacement mattresses for patient-owned hospital bed <li data-bbox="589 1728 1260 1755">• Bed pans and urinals (for bed-confined patients)



Equipment	Medical Necessity
	<p>The use of safety enclosure/canopies are considered not medically necessary as they are considered nonmedical equipment (they are not for the care or treatment of disease or an injury).</p>
<p>Hospital beds, accessories (not covered)</p>	<p>The following beds and accessories are not covered as they are not primarily medical in nature:</p> <ul style="list-style-type: none"> • Adjustable firmness/support mattresses (eg, Select Comfort) • All nonhospital adjustable beds (eg, Craftmatic® Adjustable Bed, Simmons® Beautyrest® Adjustable Bed, Adjust-A-Sleep Adjustable Bed, Sleep Number or Tempur-Pedic with adjustable base, and others) • Bed boards/foot boards • Bed elevation blocks • Overbed tables/trays • Positioning pillow/cushion/wedge <ul style="list-style-type: none"> ○ Criteria for reflux wedge pillows used for infants with GERD is addressed in a Related Policy • Power/manual lounge beds • Restraints (eg, body, chest, wrist, ankle or any type) • Safety accessories (eg, belt, harness, or vest) • Vibrating beds • Viscoelastic or memory foam mattresses (eg, Tempur-Pedic®) • Water beds

Equipment	Descriptions and Additional Information
<p>Hospital beds, types and categories</p>	<p>A hospital bed is equipped to lower or raise the head and foot either manually or electrically. Hospital beds can be categorized as follows:</p> <ul style="list-style-type: none"> • Fixed-height beds – allow manual adjustments to head and leg elevation but not to height • Variable-height beds – allow manual adjustments to height, as well as to head and leg elevation • Semi-electric beds – allow manual adjustments to height and electric adjustments to head and leg elevation



Equipment	Descriptions and Additional Information
	<ul style="list-style-type: none"> Total electric beds – allow electric adjustment to height, as well as to head and leg elevation <p>An air-fluidized hospital bed uses warm air under pressure to set small ceramic beads in motion to simulate fluid movement. When the patient is placed in the bed, his/her body weight is evenly distributed over a large surface area, which creates a sensation of floating. It is used to treat or prevent bedsores or treat extensive burns.</p>

Documentation Requirements
<p>The patient’s medical records submitted for review should document that medical necessity criteria are met. The record should include clinical documentation of:</p> <ul style="list-style-type: none"> Diagnosis/condition History and physical examination documenting the severity of the condition Any medical equipment that will need to be attached to the bed Weight if a heavy duty or extra heavy-duty bed is requested

Coding

Code	Description
HCPCS	
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0250	Hospital bed, fixed-height, with any type of side rails, with mattress
E0251	Hospital bed, fixed-height, with any type of side rails, without mattress
E0255	Hospital bed, variable height, hi-low, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-low, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress



Code	Description
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0270	Hospital bed, institutional type includes: oscillating ,circulating, and stryker frame, with mattress
E0277	Powered pressure-reducing air mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed (safety item)
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0316	Safety enclosure frame/canopy for use with hospital bed, any type



Code	Description
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes mattress
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar

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

Coverage for hospital beds and accessories depends on the member benefit as described in the member contract.

Coverage for bed rental will be covered for up to 10 months up to the purchase price of an equivalent bed and in accordance with the member benefit as described in the member contract.

When DME is purchased, the total benefits available cannot exceed the contracted fee schedule for the item.

When DME is rented, the benefits cannot exceed the total of the cost to purchase the DME or the contracted fee schedule for the item.



Evidence Review

In 2015, McInnes and colleagues updated a systematic review done by Cullum and colleagues in 2004. The authors searched The Specialized Trials Register of the Cochrane Wounds Group in order to establish: 1) the extent to which pressure-relieving support surfaces reduce the incidence of pressure ulcers compared with standard support surfaces, and, 2) their comparative effectiveness in ulcer prevention. Fifty-nine randomized clinical trials were included in the review. The authors concluded that in people at high risk of pressure ulcer development (like the elderly and the immobile) consideration should be given to the use of higher-specification foam mattresses rather than standard hospital foam mattresses. The relative merits of alternating and constant low pressure devices, and of the different alternating pressure devices for pressure ulcer preventions were unclear. Medical grade sheepskins are associated with a decrease in pressure ulcer development. There was insufficient data to draw conclusions on the value of seat cushions, limb protectors and various constant low-pressure devices as pressure ulcer prevention strategies.

References

1. Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) for Hospital Beds (280.7) and National Coverage Determination (NCD) for Air Fluidized Beds (280.8). <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCID=228&ncdver=1&bc=AAAAGAAAAAA&> Accessed October 2020.
2. Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention. Cochrane Database Syst Rev. 2004;(3):CD001735. PMID 15266452
3. Lyder CH. Pressure ulcer prevention and management. JAMA. 2003; 289(2):223-226. ISSN 00987484
4. McInnes E1, Jammali-Blasi A, Bell-Syer SE, Dumville JC, Middleton V, Cullum N. Support surfaces for pressure ulcer prevention. Cochrane Database Syst Rev. 2015 Sep 3;(9):CD001735. PMID 26333288
5. Noridian Medicare Administration. Local Coverage Determination (LCD) for Hospital Beds and Accessories (L11572). Jurisdiction D. Retired 09/30/2015. https://localcoverage.cms.gov/mcd_archive/view/lcd.aspx?lcdInfo=11572:50 Accessed October 2020.
6. U.S. Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH). Medical Devices. Hospital beds. Available at: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm> Accessed October 2020.
7. Sprigle S, Sonenblum S. Assessing evidence supporting redistribution of pressure for pressure ulcer prevention: A review. J Rehabil Res Dev. 2011;48(3):203-213. PMID 21480095.



History

Date	Comments
08/08/06	Add to Durable Medical Equipment Section - New Policy
03/13/07	Replace policy. Policy statement for total electronic beds clarified as a convenience item. No other changes.
11/13/07	Replace policy. Policy updated with literature search. Policy statement to include "A variable-height bed including a total electric bed is considered medically necessary when criteria are met for a fixed-height bed, and the patient requires a bed height other than that of a fixed-height hospital to permit transfers to a chair, wheelchair or standing position."
11/27/07	Codes Updated. HCPCS codes E0328 and E0329 added. No other changes.
11/11/08	Replace policy. Policy updated with literature search; no change to policy statement (formatting update only). Code E0194 (air fluidized bed) added. No other changes.
06/09/09	Replace policy. Policy statement revised. Statement referring to structural support is inadequate to support the weight of the air fluidized system deleted. Statement referring to the home electrical system is insufficient for the anticipated increase in energy consumption is also deleted. No other changes.
05/11/10	Replace policy. Policy statement re-worded. Intent of statements unchanged. No other changes.
07/12/11	Replace policy. Policy updated with literature search. Intent of policy statements unchanged. Additional HCPCS codes added.
02/14/12	Replace policy. No change to the policy statement. Code E0190 positioning pillow/cushion/wedge added with supporting statement of non-coverage within the Policy Guidelines section.
08/24/12	Update Coding Section – ICD-10 codes are now effective 10/01/2014.
02/13/13	Replace policy. Policy updated with literature review; no change to policy statements. HCPCS codes E0325 and E0326 removed; they do not relate to policy content.
02/24/14	Replace policy. No change to policy statements. HCPCS coding update: codes related to mattress pads and support removed: A4640, E0181 – E0182, E0185, E0188 – E0189, and E0197 – E0199.
02/25/15	Annual Review. No change to policy statements.
01/12/16	Annual Review. Policy reviewed; no changes in policy statements.



Date	Comments
01/10/17	Annual Review. Policy reviewed with literature search through November 2016; references added. Policy statements unchanged.
03/24/17	Policy moved into new format; no change to policy statements.
04/11/17	Coding update; removed HCPCS codes E0305 and E0310.
02/01/18	Annual Review, approved January 9, 2018. Policy edited for clarity. Policy statement on safety enclosure/canopies changed to not medically necessary.
02/01/19	Annual Review, approved January 22, 2019. Added list of beds that are not considered medically necessary as they are inappropriate for home use. Added statement to the non-covered section regarding pillows/wedges/cushions that criteria for reflux wedges used for infants with GERD is addressed in a Related Policy 1.01.530. Removed CPT codes E0184-E0191, E0196, E0271, E0272, E0275, E0276, E0280, E0370, E0910, E0911, E0940.
03/01/19	Minor update, Documentation Requirements section added.
03/08/19	Minor update, added 1.01.530 to the Related Medical Policies section.
03/01/20	Annual Review, approved February 4, 2020. Guideline reviewed. Added safety accessories (eg, belt, harness, or vests) and restraints (eg, body, chest, wrist, ankle or any type) to not covered list; otherwise guideline statements unchanged. Removed HCPCS code E0275. Also removed HCPCS codes E0190, E0273, E0274, E0315, E0700, E0710 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.
07/02/2020	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.



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 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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).

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 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):

يحتوي هذا الإشعار على معلومات هامة. قد يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو التخطيط 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 للمساعدة 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. Beeksisni 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):

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 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 pab kom koj ua tsis pub dhau cov caij nyuog 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 wenna 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 wenna 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):

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

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កំណត់ថ្លៃជាតំបន់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអន្តរជាតិរបស់អ្នក 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 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 (کلیربران 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 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).