


UTILIZATION MANAGEMENT GUIDELINE – 1.01.529

Durable Medical Equipment

Effective Date:	Feb. 1, 2019	RELATED MEDICAL POLICIES:
Last Revised:	Jan. 22, 2019	1.01.501 Wheelchairs (Manual or Motorized)
Replaces:	N/A	1.01.526 Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs)
		1.01.527 Power Operated Vehicles (Scooters) (excluding motorized wheelchairs)
		1.03.501 Knee Orthoses (Braces), Ankle-Foot-Orthoses, and Knee-Ankle-Foot-Orthoses
		10.01.517 Non-covered Services and Procedures

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Introduction

Equipment that is used to help a patient heal from a certain medical condition and/or illness is called durable medical equipment. The equipment is mainly used for a medical purpose and would not be useful to someone without an illness, disability, or injury. These items are ordered or prescribed by the patient’s doctor or health care provider and are reusable; they can be used in the patient’s home. While there are many others, some examples are wheelchairs, canes, crutches, walkers, ventilators, monitors, and lifts. This policy explains when durable medical equipment is 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.

Please see the definition of "durable medical equipment" in the member's plan document for the purpose of making benefit determinations.

Equipment	Medical Necessity
<p>Durable medical equipment</p>	<p>Durable medical equipment (DME) also known as home medical equipment (HME) may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The patient has a documented physical functional impairment or disability due to disease, trauma, congenital anomaly or prior therapeutic intervention and requires accommodation for basic activities of daily living (ADLs) that can be met by using a DME item <p>AND</p> <ul style="list-style-type: none"> • Documentation in the medical record contains a clinical assessment and rationale for the requested DME item (see Documentation Requirements) <p>AND</p> <ul style="list-style-type: none"> • The DME is prescribed by a health care practitioner <p>AND</p> <ul style="list-style-type: none"> • The piece of equipment meets the definition of DME (see Definition of Terms) <p>AND</p> <ul style="list-style-type: none"> • The requested DME item is not considered investigational or unsafe by a regulatory agency, and is not excluded by plan benefits or considered a contract exclusion <p>Durable medical equipment (DME) is considered not medically necessary when criteria are not met.</p> <p>The following are considered not medically necessary:</p> <ul style="list-style-type: none"> • Accessory add-ons and upgrades when a basic DME item meets the member’s functional needs • Athletic/exercise/physical fitness equipment (eg, treadmills, stationary bikes) • Comfort or convenience items added to basic equipment • Deluxe equipment when basic (standard) equipment is available and meets the member’s functional needs • Duplicate equipment that meets the same functional need (eg,



Equipment	Medical Necessity
	<p>a rolling walker, when the member has a properly fitted cane)</p> <ul style="list-style-type: none"> • Elastic garments (eg, stabilizing pressure input orthoses – SPIO) • Equipment and modifications/upgrades to equipment when used primarily for leisure or recreational activities (eg, special wheelchair wheels for sport activities, adaptations for beach use, skiing and others) • Equipment used for environmental control or to enhance the environmental surroundings (eg, air conditioners, air filters, humidifiers, allergy protective pillow/mattress covers, furniture [eg, recliner chairs, over-bed tables], and others) • First aid or precautionary equipment (eg, automatic external defibrillator [AED]) • Home modifications (eg, bath grab bars, electronic door openers, elevators, Jacuzzi/whirlpools, ramps) • Institutional equipment (eg, any DME that is used only in a medical facility and is not suitable for use in the home setting) • Maintenance and service fees for DME • Redundant or back-up DME item(s) not used as the primary device to meet the member’s functional needs (ie, more than one of the same item of durable medical equipment) <p>Note: While there are items that are typically considered convenience devices, in certain situations, these same items may serve a medically therapeutic purpose. Requests for such items will be reviewed for medical necessity.</p> <p>The following are covered without review:</p> <ul style="list-style-type: none"> • Speech generating devices (SGEs) • A software program to be used with a personal device for essential communication • Artificial laryngeal devices (prosthetic) <p>Durable medical equipment may include the following:</p> <ul style="list-style-type: none"> • Purchased equipment when the purchased DME is less expensive than the rental of the equipment or if the DME is not available for rental • Rental charges for the DME if rental is less expensive than the purchase price of the equipment



Equipment	Medical Necessity
	<ul style="list-style-type: none"> • Repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the DME (see Related Policies).

Equipment	Non-Covered
<p>Durable medical equipment</p>	<p>Durable medical equipment is not covered when:</p> <ul style="list-style-type: none"> • It is considered experimental or investigational or used for experimental or investigational therapy or interventions • It is associated with athletic, scholastic, educational/vocational training of the patient • It does not meet a medical need and is dispensed by a DME supplier without a prescription <p>The following are considered non-covered items:</p> <ul style="list-style-type: none"> • Altered auditory feedback (AAF) devices to treat individuals who stutter are considered investigational • Multiple-function hardware devices that do not meet the definition of durable medical equipment (DME), because they are not primarily intended for medical purposes, include but are not limited to: <ul style="list-style-type: none"> ○ Desktop and laptop computers ○ Personal digital assistants (PDA) ○ Smartphones ○ Tablet computers ○ Internet or phone services or any modification to a patient’s home to allow use of DME <p>Note: If there is a specific DME item addressed in another policy please refer to that policy.</p>

Documentation Requirements

Medical necessity for a DME item is determined by the patient’s current condition and not by probable deterioration in the future. There are varying degrees of medical conditions and these medical conditions may contribute to the member’s underlying problem and need for home medical equipment.



Documentation Requirements

- Patients should have a face-to-face clinical evaluation with a physician, or other qualified professional to assess their home equipment needs.
- Documentation from the clinical evaluation should include the following:
 - An order/prescription from the physician/health care provider responsible for the patient's care that states the therapeutic purpose of the DME

AND

- Details of the patient's physical functional impairment related to completing activities of daily living (ADLs) without the home medical equipment/DME

AND

- The patient's medical condition that requires DME for long term use (ie, 6-12 months or more) when applicable

AND

- What assistive devices (eg, canes, walkers, manual wheelchairs) the patient has trialed and found inadequate/unsafe or contraindicated to completely meet their functional needs (when applicable)

Note: Even when a provider orders or prescribes DME and deems the equipment necessary for the patient's functional needs, that does not mean that the item meets the criteria as listed in the guideline. It also does not guarantee that the item will be considered medically necessary by the Plan.

Related Information

Definition of Terms

Activities of daily living (ADLs): Self-care activities done daily where a person lives that include:

- Ambulating (walking)
- Bathing/dressing
- Eating
- Hygiene/grooming
- Toileting



- Transferring

Convenience items: Equipment that serves no medical purpose or that is primarily for comfort/convenience. These items are excluded from coverage under most health plan benefits.

Durable medical equipment (DME): Consists of items that are:

- Appropriate for and primarily used in the home setting
- Designed to be long-lasting and can stand repeated use (durable)
- Not implantable in the body
- Not solely for the convenience of the patient or caregiver
- Not useful to a person without an illness or injury
- Ordered or prescribed by a physician or other qualified provider
- Primarily and normally used to serve a medical purpose
- Reusable (non-disposable)

Homebound: A homebound person has a condition that impairs their ability to leave home independently and as a result, leaving home requires a taxing effort. The patient may leave home, but the time away should be short, infrequent, and mainly for receiving medical treatment. Homebound status may be applied to people with poor resistance to disease or have such poor health that reverse isolation precautions are recommended by their providers to avoid exposure to infection.

Examples of a poor resistance to disease may include but are not limited to:

- Patients undergoing chemotherapy, or
- Patients with a chronic disease that has lowered their immune status or
- Premature infants

Homebound status also applies to those members that require assistance when performing activities of daily living.

Note: Homebound status is not determined by the lack of available transportation or inability to drive.

Instrumental activities of daily living (IADLs): Activities related to independent living but not always done on a daily basis and include:



- Communication (using the phone, computer or other communication devices)
- Housework/home maintenance
- Managing personal medications
- Managing personal finances
- Preparing meals
- Shopping (for basic necessities)
- Transportation (driving or using public transit)

Mobility limitation: A limitation that:

- Prevents a person from accomplishing mobility related activities of daily living entirely
- Places a person at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a mobility related activity of daily living
- Prevents a person from completing a mobility related activity of daily living within a reasonable time frame

Physical functional impairment: A limitation from normal (or baseline) level of physical functioning. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Limitations from a normal level of function may include, but are not limited to problems with the following:

- Ambulation (walking)
- Communication
- Eating
- Facial expression
- Malformation/distortion of body parts
- Mobilization
- Obstruction of an orifice



- Respiration
- Skin integrity
- Swallowing
- Vision

Evidence Review

Durable medical equipment (DME) includes items of medical equipment, owned or rented, that are used by patients to facilitate treatment or rehabilitation. DME consists of items that can withstand repeated use by different patients.¹ DME should provide a level of performance and quality of construction for the patient's functional need and medical condition.

Convenience Item

There are devices that can make life easier for a sick or disabled person, but do nothing to treat the underlying illness, injury or disability. These devices, inventions and many other items available are often confused with DME but do not qualify as DME because they do not meet the definition of DME and/or they are considered to be comfort or convenience items. A convenience item is any object or a device that increases physical comfort without serving a medically necessary purpose, such as a reclining chair, portable whirlpool pump, bedside table or electrical or mechanical features which enhance basic equipment.

Stabilizing Pressure Input Orthoses (SPIO)

Stabilizing Pressure Input Orthoses (SPIO) fall into a category of therapy called 'suit therapy'. The garment is made from a Lycra-like blend of material and has a semi rigid but flexible Velcro sensitive neoprene panels against the trunk of the body with adjustment straps. It is a flexible bracing system and intended to provide deep pressure through compression. There is currently insufficient evidence to support the effectiveness of SPIO.



Stuttering Treatment or Prevention

A device that manipulates or alters auditory feedback (AAF) is also known as delayed auditory feedback (DAF) and frequency-shifted auditory feedback (FAF). These devices are used to help with speech dysfluency or stuttering. There is insufficient evidence currently to conclude that stuttering devices are effective in the treatment of stuttering or dysfluency.

Medicare National Coverage

Durable medical equipment regional carriers (DMERC) are responsible for creating coverage policies for Medicare regarding durable medical equipment. When the contractor receives a claim for an item of equipment which does not appear to fit any of the generic categories listed in the NCD guide, the contractor has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by each contractor based on the advice of its medical consultants, taking into account:

- The Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)."
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

References

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6. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD): Speech Generating Devices (50.1). Effective July 29, 2015. Source URL: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=274&ncdver=2&NCAId=8&CoverageSelection=National&bc=gAAAABAAAgAAA%3d%3d&> Accessed January 2019.
7. American Association for Respiratory Care (AARC) Clinical Practice Guidelines. Source URL: <https://www.aarc.org/resources/clinical-resources/clinical-practice-guidelines> Accessed January 2019.
8. Hylton N, Allen C. The development and use of SPIO Lycra compression bracing in children with neuromotor deficits. *Pediatr Rehabil.* 1997;1(2):109-116. PMID 9689245

History

Date	Comments
05/02/14	New Policy. Durable medical equipment may be considered medically necessary when criteria are met. Durable medical equipment may be considered not medically necessary when it is not for a medical need to meet basic ADLs or duplicates equipment already owned by the member.
10/23/14	Update Related Policies. Add 10.01.517.
02/25/15	Annual Review. Moved from Medical Policy to Utilization Management Guideline category. Coverage guideline statements revised for usability. Guideline review did not prompt the addition of new references. Guideline statements edited as noted for readability and understanding, intent is unchanged.
03/11/15	Update Related Policies. Add 1.01.527.
05/27/15	Interim Review. Added information on SPIO which is considered not medically necessary. Added reference 6.
01/12/16	Annual Review. Clarified duplicate and redundant/back up durable medical equipment is considered not medically necessary.
02/09/16	Interim Review. Added information about non-covered hardware computers, tablets and smartphones. Add list of items covered without review.
02/01/17	Annual Review, approved January 10, 2017. Policy moved to new format. Intent is unchanged.
02/01/18	Annual Review, approved January 9, 2018. Removed "portable oxygen" from first aid or precautionary equipment section as it is interpreted that portable oxygen is not covered when in fact, it is. Medicare does not cover preset portable oxygen units, which is not the same thing.



Date	Comments
02/01/19	Annual Review, approved January 22, 2019. Some references removed. Guideline statements unchanged.

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). ©2019 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 ቀናት 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 التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة 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. 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):

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 hns 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 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).

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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. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາອ້ອງສະໝັກ 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 ដល់កំណត់ថ្លៃជាតំបន់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក 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 ਜਦ 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 (کلیران 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).