


BENEFIT COVERAGE GUIDELINE – 10.01.520

Review for Coverage in the Absence of a Medical Policy,
Pharmacy Policy, or Utilization Management Guideline

Effective Date:	June 1, 2018	RELATED MEDICAL POLICIES/GUIDELINES:
Last Revised:	May 3, 2018	10.01.504 Technology Review
Replaces:	N/A	10.01.511 Medical Policy and Clinical Guidelines: Definitions and Procedures
		10.01.517 Non-covered Services and Procedures
		10.01.518 Clinical Trials

Select a hyperlink below to be directed to that section.

[COVERAGE GUIDELINES](#) | [DOCUMENTATION REQUIREMENTS](#) | [RELATED INFORMATION](#)
[ADMINISTRATIVE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

When a procedure or service is requested for a member and there is no medical policy, pharmacy policy, or coverage guideline that applies, the Plan will use other sources to decide if it will be paid. These other sources include professional guidelines and online medical research sites. When a service is billed with a code that is not specific to that service, the Plan needs to know what was done to make a decision on if the claim will be paid. This guideline explains how decisions are made for services when there is not a Plan medical policy, pharmacy policy, or guideline.

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.

Topic	Coverage Guidelines
<p>Review for coverage process</p>	<p>When no Medical Policy, Pharmacy Policy or Utilization Management Guideline exists for a service, the clinical reviewers will use recognized authoritative resources and specialty society guidelines when applicable to inform decision making (see chart below).</p> <p>When a specific code exists for the service submitted for benefit coverage determination the associated code must be used.</p> <p>When a Medical Policy, Pharmacy Policy or Utilization Management Guideline is available, it will be used for clinical decision making and this Benefit Coverage Guideline will not be used.</p> <p>Requests for benefits payment for services received with an unlisted, unspecified or miscellaneous code will be reviewed based on the description of the service and medical records submitted for the member (see Documentation Requirement). State or federal mandates may also dictate coverage decisions. Benefit determinations in all cases will be consistent with State and Federal guidelines, to meet relevant timeframes and notification requirements for urgent and non-urgent requests.</p> <p>When determining if there is an applicable Medical Policy, Pharmacy Policy or Utilization Management Guideline, the reviewer will consider more than the procedure code alone. In the case of an unlisted code, the detailed description of the service will be the determining factor.</p>
<p>Resources used for review for coverage process</p>	<p>Resources for review may include but are not limited to the following:</p> <ul style="list-style-type: none"> • Agency for Healthcare Research and Quality (AHRQ) • Centers for Disease Control and Prevention (CDC) • Clinical Practice Guidelines published by consortiums of medical organizations and generally accepted as industry standard • ECRI Institute (formerly known as the "Emergency Care



Topic	Coverage Guidelines
	<p>Research Institute")</p> <ul style="list-style-type: none"> • Evidence based clinical guidelines published in peer reviewed medical journals and publications • Hayes Inc., a Commercial External Review Organization • Institute for Clinical and Economic Review (ICER) • National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology • National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium • National panels and consortiums such as National Institutes of Health (NIH) • Other Commercial External Review Organizations • Prescribing information (package insert/FDA-approved drug label) • Specialty and sub-specialty society guidelines, where appropriate, some of which are listed in the reference section

Documentation Requirements

Non-specific codes do not describe in detail what was performed or rendered as part of the procedure or service. Therefore, if a non-specific code (ie, unlisted or miscellaneous code, etc.) is billed, the Plan requires supporting detailed documentation to be submitted in conjunction with the claim submission, to describe the service(s) rendered; identifying what was performed as part of the service.

Critical supportive clinical information should include, but is not limited to, the following:

- A clear description and detailed narrative of the service performed
- Whether the procedure was performed independent from other services performed at the same time or performed at the same surgical site or through the same surgical opening
- Any extenuating circumstances that may have complicated the service or procedure
- Time, effort and essential equipment used to provide the service (eg, an estimation of the Relative Value Units [RVUs] for the procedure)
- Number of times the service was provided

The required documentation information may be contained in operative or procedure reports, imaging reports, laboratory or pathology reports, office notes or a specific narrative on the claim, depending on the procedure category for the non-specific



Documentation Requirements

unlisted/miscellaneous code(s).

Failure to provide supporting documentation that describes the specifics of the unlisted or miscellaneous code will result in the service being denied reimbursement. However, the provider of the service may resubmit the request with the necessary medical records to start a new review.

Note: The use of medical policies is always secondary to member contract provisions, restrictions and exclusions. The member contract always supersedes clinical review criteria the Company adopts.

Related Information

N/A

Administrative Review

The Plan reviews services to members that are provided or proposed with the purpose of determining benefits based on whether these services are medically necessary, not medically necessary, or investigational, or not covered based on the member's contract.

In making benefit decisions the Plan determines whether such services are in accordance with generally accepted standards of medical practice. The Plan takes into account credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and the views of physicians practicing in relevant clinical areas, and other associated factors as they apply to the member's clinical circumstances.

This document provides a list of resources available to Plan Medical Reviewers to use when the Plan does not have a Medical Policy, Pharmacy Policy or Utilization Management Guideline that addresses the specific service or product for which benefits are requested.

The list of references included in this policy is not meant to be exhaustive. The Clinical Reviewers will use the references(s) that may be applicable to the specific procedure or service under



review. Reviewers may use more than one reference when relevant to their decision. Reviewers will use professional judgment in selecting appropriate references and in interpreting evidence based medicine for their determination of benefits.

Provider Specialty Societies

Subspecialty	Specialty Society Guidelines – some are not publically available
Allergy and Immunology	American Academy of Asthma, Allergy and Immunology (AAAAI) http://www.aaaai.org
Anesthesiology	American Society of Anesthesiologists (ASA) http://www.asahq.org
Cardiology	American College of Cardiology http://www.acc.org
Chiropractic	American Chiropractic Association http://www.acatoday.org/
Clinical Cardiac Electrophysiology	Heart Rhythm Society http://www.HRSonline.org
Colon and Rectal Surgery	American Society of Colon & Rectal Surgeons (ASCRS) http://www.fascrs.org
Critical Care Medicine	Society of Critical Care Medicine http://www.sccm.org/Pages/default.aspx
Dermatology	American Academy of Dermatology (AAD) http://www.aad.org
Emergency Medicine	American College of Emergency Physicians (ACEP) http://www.acep.org
Endocrinology, Diabetes and Metabolism	American Association of Clinical Endocrinologists http://www.aace.com Endocrine Society http://www.endo-society.org
Family Medicine	American Academy of Family Practice (AAFP) http://www.aafp.org
Gastroenterology	American Gastroenterological Association http://www.gastro.org American College of Gastroenterology http://www.acg.gi.org
Genetics – Medical	American College of Medical Genetics (ACMG) http://www.acmg.net
Geriatric Medicine	American Geriatrics Society http://www.americangeriatrics.org
Gynecologic Oncology	Society of Gynecologic Oncologists http://www.sgo.org
Gynecology	American Congress of Obstetricians and Gynecologists (ACOG) http://www.acog.org
Hematology	American Society of Hematology http://www.hematology.org
Hospice and Palliative Medicine	American Academy of Hospice and Palliative Medicine http://www.aahpm.org
Infectious Disease	Infectious Disease Society of America http://www.idsociety.org
Internal Medicine	American College of Physicians (ACP) http://www.acponline.org
Medical Toxicology	American College of Medical Toxicology http://www.acmt.net



Subspecialty	Specialty Society Guidelines – some are not publically available
Nephrology	American Society of Nephrology http://www.asn-online.org
Neurological Surgery	American Association of Neurological Surgeons (AANS) http://www.aans.org
Neurology	American Academy of Neurology (AAN) http://www.aan.com
Neurology - Child	Child Neurology Society (CNS) http://www.childneurologysociety.org
Neuroradiology	American Society of Neuroradiology (ASNR) http://www.asnr.org
Nuclear Medicine	American College of Nuclear Medicine (ACNM) http://www.acnmonline.org/
Occupational Therapy	American Occupational Therapy Association, Inc. http://www.aota.org/
Oncology	American Society of Clinical Oncology (ASCO) http://www.asco.org
Ophthalmology	American Academy of Ophthalmology (AAO) http://www.aao.org
Ophthalmology - pediatric	American Association for Pediatric Ophthalmology and Strabismus http://www.aapos.org/
Optometry	American Optometric Association (AOA) http://www.aoa.org/?sso=y National Optometric Association http://nationaloptometricassociation.com/
Orthopaedic Surgery	American Academy of Orthopaedic Surgeons (AAOS) http://www.aaos.org North American Spine Society (NASS) https://www.spine.org/
Otolaryngology	American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) http://www.entnet.org
Pathology	College of American Pathologists (CAP) http://www.cap.org American Society for Clinical Pathology (ASCP) http://www.ascp.org
Pediatrics	American Academy of Pediatrics (AAP) http://www.aap.org
Physical Medicine and Rehabilitation	American Academy of Physical Medicine and Rehabilitation (AAPM&R) http://www.aapmr.org
Physical Therapy	American Physical Therapy Association http://www.apta.org/
Plastic Surgery	American Society of Plastic Surgeons (ASPS) http://www.plasticsurgery.org
Preventive Medicine	American College of Preventive Medicine (AAPM) http://www.acpm.org American College of Occupational and Environmental Medicine (ACOEM) http://www.acoem.org
Psychiatry	American Psychiatric Association (APA) http://www.psych.org
Psychiatry – Child and Adolescent	American Academy of Child & Adolescent Psychiatry http://www.aacap.org
Pulmonary Disease	American College of Chest Physicians http://www.chestnet.org
Radiology	American College of Radiology (ACR) http://www.acr.org American Society for Therapeutic Radiation and Radiology Oncology (ASTRO)



Subspecialty	Specialty Society Guidelines – some are not publically available
	http://www.astro.org
Rheumatology	American College of Rheumatology http://www.rheumatology.org
Sleep Medicine	American Academy of Sleep Medicine (AASM) http://www.aasmnet.org
Speech Therapy	American Speech-Language-Hearing Association (ASHA) http://www.asha.org/default.htm
Surgery and Vascular Surgery	American College of Surgeons (ACS) http://www.facs.org
Surgery of the Hand	American Association for Hand Surgery http://www.handsurgery.org/about/
Thoracic Surgery	Society of Thoracic Surgeons (STS) http://www.sts.org/
Urology	American Urological Association (AUA) http://www.auanet.org
Urogynecologic	American Urogynecologic Society (AUGS) http://www.augs.org/about
Vascular	Society for Vascular Medicine http://www.vascularmed.org/

References

1. Agency for Healthcare Research and Quality (AHRQ) – Clinical Information. Available at: <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/index.html>. Accessed May 2018.
2. American Hospital Formulary Service (AHFS) Drug Information. Available at: <http://www.ahfsdruginformation.com>. Accessed May 2018.
3. American Medical Association [website]. CPT Process - How a Code Becomes a Code. Available at: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-process-faq/code-becomes-cpt.page>. Accessed May 2018.
4. Blue Cross Blue Shield Association's Technology Evaluation Center (TEC) <https://www.bcbs.com/>. Accessed May 2018.
5. Centers for Disease Control and Prevention (CDC). Available at: <http://www.cdc.gov>. Accessed May 2018.
6. Centers for Medicare & Medicaid Services (CMS). Available at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from=alphaarticle&letter=A>. Accessed May 2018.
7. Choosing Wisely Lists created by national medical specialty societies. Choosing wisely website. <http://www.choosingwisely.org/doctor-patient-lists/>. Accessed May 2018.
8. DrugPoints System (electronic version). Truven Health Analytics, Greenwood Village, CO. Available at: Thomson Healthcare: <http://www.micromedexsolutions.com>. Accessed May 2018.
9. Hayes, Inc. Health Technology Assessment and Consulting, Lansdale, PA: HAYES, Inc. <https://www.hayesinc.com/hayes/>. Accessed May 2018.
10. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). Available at: <http://www.nccn.org>. Accessed May 2018.
11. National Library of Medicine – PUBMED. Available at: <http://www.ncbi.nlm.nih.gov/sites/entrez>. Accessed May 2018.



12. U.S. Food and Drug Administration (FDA). Available at: <http://www.fda.gov>. Accessed May 2018.
13. Provider specialty societies that may include those listed in the table in the [Administrative Review](#) section.

History

Date	Comments
01/12/16	New Benefit Coverage Guideline, add to Administrative section. In the absence of a medical policy or utilization management guideline, licensed medical professionals review service requests submitted with an unlisted code. This policy explains the resources used to review these submissions for benefit coverage for procedures and services.
02/01/17	Annual Review, approved January 10, 2017. No change to benefit coverage guideline. Policy moved to new format.
06/01/17	Interim Review, approved May 23, 2017. Policy updated with the addition of FDA-approved drug packet insert and a resource used for review; clarified this applies to Pharmacy by adding, "... in the absence of a Pharmacy policy" throughout the document.
06/01/18	Annual Review, approved May 3, 2018. Policy reviewed. No change to UM guideline statements.

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). ©2018 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 ቀዳጅ ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

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

Oromoo (Cushite):

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

Français (French):

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

Kreyòl ayisyen (Creole):

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

Deutsche (German):

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

Hmoob (Hmong):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas 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 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-ayto wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):

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

한국어 (Korean):

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

ລາວ (Lao):

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

ភាសាខ្មែរ (Khmer):

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

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ 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 คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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).