


## UTILIZATION MANAGEMENT GUIDELINE– 11.01.508

## Skilled Home Health Care Services

|                 |              |                                                                                              |
|-----------------|--------------|----------------------------------------------------------------------------------------------|
| Effective Date: | June 1, 2018 | RELATED MEDICAL POLICIES:                                                                    |
| Last Revised:   | May 3, 2018  | 8.03.502 Physical Medicine and Rehabilitation – Physical Therapy and Medical Massage Therapy |
| Replaces:       | N/A          | 8.03.503 Occupational Therapy                                                                |
|                 |              | 8.03.505 Speech Therapy                                                                      |
|                 |              | 11.01.522 Skilled Hourly Nursing Care in the Home                                            |

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

Skilled home care refers to care provided in the home by various health professionals working for a home health agency. This type of care is usually covered by a special benefit known as home health. The range of skilled home services is broad and may include nursing care and/or visits by a medical social worker, a physical therapist or occupational therapist. Skilled home health care professionals manage, observe, evaluate, and provide direct care. This includes supervision and care after surgery or injuries as well as providing complex treatments that require medical equipment or medication monitoring. Skilled home health care needs to be ordered by a doctor or other licensed health care professional. Care that can be provided by a person or a family member without the supervision of a nurse or other licensed professional is considered non-skilled home care. (The plan does not cover non-skilled home care.) This policy describes when home health care services may be considered medically necessary.

**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

The term skilled home health care, which is intermittent skilled medical care with a specified frequency and duration, is often used to separate it from non-medical care, custodial care, companion/caregiver care. Skilled hourly care in the home or medically intensive home nursing care is addressed in a separate policy (see [Related Policies](#)).

| Service                    | Not Covered                                                                                                                                 |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maintenance therapy</b> | <p><b>Maintenance therapy programs in the home setting are not covered.</b></p> <p><b>Note:</b> See <a href="#">Definition of Terms</a></p> |

| Service                                             | Medical Necessity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Skilled medical care of any kind in the home</b> | <p><b>Skilled medical care of any kind in the home setting may be considered medically necessary when ALL of the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• The patient is usually confined to the home (home-bound). This means the patient's physical condition makes it difficult to complete activities of daily living (ADLs) including getting in/out of their home without help from at least one other person, in most cases</li> <li>• The patient's condition and care needs must meet skilled care criteria</li> <li>• Skilled home health care services are required for the patient to regain or partially regain a basic level of function for ADLs</li> <li>• Skilled home health care services of one discipline or agency may not duplicate those provided by another</li> <li>• Skilled home health care services must be ordered by a physician/clinician and directly related to an active treatment plan of care established by the home health care agency in collaboration with the physician/clinician</li> </ul> |
| <b>Non-skilled care in the home</b>                 | <b>Non-skilled care in the home setting may be considered not medically necessary.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



| Service | Medical Necessity                                           |
|---------|-------------------------------------------------------------|
|         | <p><b>Note:</b> See <a href="#">Definition of Terms</a></p> |

**Overview of Skilled Medical Home Care Of Any Sort**

Skilled home health care of any sort is provided by personnel from a licensed home health agency and may include but is not limited to, intermittent services by a registered nurse (RN), licensed practical nurse (LPN), home health aide (HHA), certified nursing assistant (CNA), physical therapist (PT), occupational therapist (OT), speech therapist (ST), and medical social worker(MSW).

When care is provided in the home by an independent licensed professional, such as an occupational therapist, speech therapist or mental health provider, and billed as a professional visit, these services are not considered part of the home health benefit. Evolving patterns of care for children with delayed development may include services provided in the home environment. These services should be covered under the most appropriate benefit: rehabilitation, habilitation or mental health.

## Skilled Nursing, Medical Social Work, and Rehabilitation Services in the Home

| Service                                            | Coverage Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Skilled Nursing Services in the Home</b></p> | <p>Skilled nursing care is provided in the home setting by a registered nurse (RN) or Licensed Practical Nurse (LPN).</p> <p>The care must require the technical proficiency, scientific skills, and knowledge of an RN or LPN.</p> <p>Criteria for skilled nursing services in the home setting are:</p> <ul style="list-style-type: none"> <li>• The need for skilled nursing is determined by the condition of the patient, the nature of the services required and the complexity or technical aspects of the services provided. Nursing care is not skilled simply because an RN or LPN delivers it or because a physician orders it.</li> <li>• The following treatments, procedures, or services require the skills and technical expertise of an RN or LPN and home visits to provide them may be considered medically necessary. The</li> </ul> |



| Service | Coverage Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|         | <p>patient must require at least one of the following to qualify for home skilled nursing visits. In conjunction with delivering these services, the nurse is expected to provide teaching and training to the patient, available family members and/or caregiver(s). The goal of this teaching is to facilitate participation in and/or assumption of the patient's care.</p> <ul style="list-style-type: none"> <li>○ Skilled supervision and management is required due to a high probability, as opposed to a possibility, that complications would arise without oversight of the treatment program by a licensed nurse.</li> <li>○ Skilled observation, assessment, and monitoring of the patient are required due to a complicated condition.</li> <li>○ Teaching <ul style="list-style-type: none"> <li>▪ The activity or procedure being taught may or may not be skilled; the teaching is the skilled service.</li> <li>▪ Documentation must state the reason why teaching was not completed in the prior treatment setting, if any, and the patient's capability to understand and be compliant.</li> <li>▪ Visit frequency depends on the complexity of the procedure being taught and the learning ability of the caregiver and/or patient.</li> <li>▪ In general, up to three visits for teaching may be medically necessary. If more than three visits are needed, there must be documentation of learning barriers or unusual circumstances.</li> <li>▪ Once a procedure is mastered by the patient and/or caregiver, further visits to reiterate previous teaching are considered not medically necessary.</li> <li>▪ If a caregiver changes, additional visits may be medically necessary for the purpose of training the new caregiver.</li> </ul> </li> <li>○ Catheter care may be medically necessary for the following services: <ul style="list-style-type: none"> <li>▪ Insertion of urinary catheters, visit frequency should be every 3-6 weeks unless unusual circumstances are documented.</li> <li>▪ Irrigation of indwelling catheters.</li> </ul> </li> </ul> |



| Service | Coverage Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|         | <ul style="list-style-type: none"> <li>▪ Straight catheterization for residual, or to obtain a specimen for a urinary analysis (UA). Ongoing intermittent straight catheterization would be considered non-skilled.</li> <li>▪ Teaching of catheter care</li> <li>▪ Catheter removal</li> <li>○ Feeding tubes (nasogastric, jejunostomy, gastrostomy) may be medically necessary for the following services: <ul style="list-style-type: none"> <li>▪ Feeding tube insertion</li> <li>▪ Feeding tube irrigation, depending on the severity of the patient's condition</li> <li>▪ Teaching feeding tube management and care</li> </ul> </li> <li>○ Non-routine subcutaneous (SQ), intramuscular (IM), or intravenous (IV) medication administration may be medically necessary if the drug is the appropriate treatment for the condition and there is a medical reason for not administering the oral form of the drug, if one is available. Teaching subcutaneous administration management should be accomplished in 1 to 3 visits.</li> <li>○ Complex medication management <ul style="list-style-type: none"> <li>▪ Home visits may be medically necessary for management of a complex range of newly prescribed medications (including oral) where there is a high probability of adverse reactions and/or a change in the dosage or type of medication. Up to 3 visits may be necessary unless the patient's condition changes and a new treatment plan must be made.</li> </ul> </li> <li>○ Wound care may be medically necessary when the following criteria are met: <ul style="list-style-type: none"> <li>▪ Extensive wound care is needed (i.e., packing, debridement, irrigation, using sterile technique) (See Definition of Homebound)</li> <li>▪ Occasional nursing visits for assessment of wound healing may be necessary in complicated cases (eg, diabetics). Visits solely for observation in uncomplicated cases that do not include extensive wound care are considered not medically necessary.</li> </ul> </li> </ul> |



| Service                                                          | Coverage Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                  | <ul style="list-style-type: none"> <li>○ Stoma dilation for colostomy care</li> <li>○ Manual removal of a fecal impaction</li> <li>○ Blood draws if a portable lab service is not available</li> <li>○ Post-partum services: <ul style="list-style-type: none"> <li>▪ Up to 2 home health visits may be covered during the post-partum period to support early mother and baby care and lactation services (regardless of homebound status). These services must be provided by a home health agency and licensed staff. Services beyond these must meet medical necessity criteria.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Skilled Medical Social Worker Services in the Home</b></p> | <p>Skilled medical social workers' (MSW) interventions provided in the home may be indicated to assist with acute emotional issues, short-term and/or long-term planning arrangements and referrals to community services. The MSW must be working in conjunction with the skilled RN or rehabilitation therapist. MSW interventions usually will be completed in 1-2 visits.</p> <p>Criteria for skilled medical MSW services in the home are:</p> <ul style="list-style-type: none"> <li>• The patient/family has social and/or emotional factors that impact their response to treatment and assistance with coping skills (crisis intervention) is needed in order to adjust to the change in health status; or</li> <li>• The patient/family needs help finding community resources (eg, financial assistance for medications, transportation, food/housing, setting up Durable Power of Attorney/Health Care Proxy, SSI application); or</li> <li>• There are barriers to care (eg, patient lacks an external support system; known or suspected substance abuse or chemical dependency; known or suspected physical/mental abuse)</li> </ul> |
| <p><b>Skilled Rehabilitation Services in the Home</b></p>        | <p>Skilled physical/occupational/speech therapy services in the home setting may be needed to help a patient regain or partially regain a prior level of function. The therapy services are addressed in separate medical policies (see <a href="#">Related Policies</a>).</p> <p>An essential factor when considering home based health care is the availability of willing and able family members or other people who can participate in direct care of the patient. If family or other</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



| Service | Coverage Criteria                                                                                                                                                                                                                                                                                                                                        |
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|         | <p>sources of care are not available or are not willing to assume significant caregiver duties after a reasonable period of training, home based health care should not be considered for the member. In these cases the member or family should be informed about and guided to appropriate facilities for the level of care needed by the patient.</p> |

**Non-Skilled Services in the Home**

**Examples of non-skilled services include but are not limited to:**

- Administration and/or set up of oral medications
- Administration of oxygen, intermittent positive pressure breathing (IPPB) treatments and nebulizer treatments
- Administration of suppositories and/or enema
- Application of eye drops or ointments or topical medications
- Custodial care: activities of daily living that can be provided by non-medical people for example, help in bathing, eating, dressing, or preventing a person from self-harm
- Heat treatments such as whirlpool, paraffin baths and heat lamps that can be self-administered
- Home health aides and supervisory visits for observation of home health aides
- Ongoing intermittent straight catheterization for chronic conditions
- Preparation of plans, records, or programs involved in care is considered an administrative function and not direct patient care.
- Routine administration of maintenance medications, including insulin. This applies to oral (PO), subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications
- Routine colostomy care
- Routine enteral feedings
- Routine foot and nail care
- Routine services directed toward the prevention of injury or illness
- Simple dressing changes
- Suctioning of the nasopharynx
- Visits for administrative purposes only, such as recertification assessments

**Note:** Documentation of extraordinary comorbidities and complications may require review and consideration on a case-by-case basis for some of the non-skilled care listed above.



## Documentation Requirements

### The medical records submitted for review need to include clinical documentation supporting:

- The patient is homebound. This means the patient's physical condition makes it difficult to complete activities of daily living (ADLs), including getting in/out of their home without help from at least one other person, in most cases.

#### AND

- The patient's condition and care needs meet skilled care criteria. The service(s) is/are complex enough that they can only be safely and effectively performed only by personnel from a licensed home health agency and may include but is not limited to intermittent services by a registered nurse (RN), licensed practical nurse (LPN), home health aide (HHA), certified nursing assistant (CNA), physical therapist (PT), occupational therapist (OT), speech therapist (ST), and medical social worker (MSW).

#### AND

- A treatment plan with goals for the patient to regain or partially regain a basic level of function for ADLs

#### AND

- The skilled home health care must be ordered by a doctor or other licensed health care professional

#### AND

- Skilled home health care services of one discipline or agency may not duplicate those provided by another

## Coding

N/A

## Related Information





## Definition of Terms

**Activities of Daily Living (ADLs):** These are self-care activities within a member's place of residence that include dressing/bathing, eating, ambulating (walking), toileting, grooming and hygiene.

**Homebound/confined to home:** This means a physician must certify that the member is confined to home. Members may be considered homebound if:

- Their medical condition limits the ability to leave their place of residence unless they use supportive devices such as wheelchairs and walkers, special transportation, and/or they need help of another person; or
- Leaving the home would require a taxing effort; or
- They are receiving extensive wound care that requires the use of a wound vacuum assisted closure (VAC) device; or
- Leaving home is medically contraindicated.
  - A member confined to home may leave the home for medical treatment such as for chemotherapy and/or appointments with medical providers
- Their body's ability to resist infection (immune system) is compromised or their health status or illness will get worse unless they avoid exposure to infection(s) using reverse isolation precautions as recommended by their provider(s). Examples of poor resistance to disease include but are not limited to:
  - Premature infants, or
  - Patients undergoing chemotherapy, or
  - Patients with a chronic disease that has lowered their immune status.
- They require help of another person or medical equipment to perform activities of daily living.

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

**Home health care:** This includes skilled nursing, or rehabilitation therapies such as physical therapy or occupational therapy provided through a licensed home health agency. Home health care is intermittent or part-time skilled health care in a member's place of residence.



**Maintenance program:** This consists of activities that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further functional progress is apparent or expected to occur. This may apply to patients with chronic and stable conditions where skilled supervision is no longer required and clinical improvement is not expected.

**Non-skilled services:** These are services that could be done safely by the patient or a non-medical person without the supervision of a skilled nurse or therapist.

## Benefit Application

Coverage for skilled medical care in the home is based on the member's health plan contract benefits and medical necessity when criteria in this medical policy are met. In some plans, the available home health care benefit is defined by a specific number of skilled visits covered per year regardless of the member's condition or number of visits/course of therapy ordered by the primary health care provider.

The level of care is one element in the determination of availability of contract benefits. The criteria in the member's contract for Rehabilitation and Home Health Care needs to be reviewed when making determinations regarding coverage. All member contracts describe Skilled Care as the level of care that is needed for benefits to be available. In addition to that requirement, it may be necessary to meet other criteria in order for benefits to be available.

## Evidence Review

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Skilled medical services in the home setting may be medically necessary for the treatment of an illness, disease, condition or bodily injury for restoration of function and health. The skilled services are intermittent (part-time) and provided in place of a hospital or nursing home confinement or leaving the home for the skilled care.

Facility based treatment may be shortened and the transition to home made more safe and effective by providing medically necessary care in the home when it has been determined that the condition is medically stable but specific interventions are required to maintain that status and support continued improvement. This is short term, episodic care.



Examples of cases in this category are post-surgical delay or complication of wound healing, newly instituted regimes of care that require self-injected medications, new conditions that require training for self-care such as management of colostomy or ileostomy care, transition to home for members with motor impairments such as stroke or fractures that limit mobility or more severe limitation situations.

The goal of skilled home care is help the member/family reach a level of independence with medical treatments/therapy or home exercise programs so the skilled home visits can decrease then stop. When a member is assessed for home care services, a plan of care needs to be developed that clearly defines the anticipated time to achieve goals for improving functional ability either by the patient, or the caregiver and when home nursing care will cease.

Some medical conditions create the need for observation with possible need for intervention if self-care is compromised by the inability to perform critical functions. This may require long term care and benefits may not be available depending on the individual patient's clinical needs.

Some examples of this category are:

- Communication is severely impaired or non-existent
- Management of secretions is severely impaired or non-existent
- Nutritional needs must be managed by alternative methods
- Voluntary movement is severely impaired or non-existent

**Note:** Other skilled services that may occur in the home setting are addressed in separate medical policies (see [Related Policies](#)).

## References

1. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 40.1.1 Skilled Nursing Care [electronic version]. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed May 2018.
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 50.3 Medical Social Services [electronic version]. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed May 2018.
3. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 40.2 Skilled Therapy Services [electronic version]. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> Accessed May 2018.



4. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Home nurses' visits to patients requiring heparin injection. NCD #290.2 [electronic version]. Source URL: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=210&ncdver=1&DocID=290.2&bc=gAAAAgAAAA&> Accessed May 2018.
5. Washington State Legislature. RCW.48.43.115 (electronic version). Maternity Services. Source URL: <http://app.leg.wa.gov/rcw/default.aspx?cite=48.43.115>. Accessed May 2018.

## History

| Date     | Comments                                                                                                                                                    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11/02/99 | Add to Administrative Section - New Policy                                                                                                                  |
| 07/25/00 | Replace Policy - Proposed Care Management Guidelines/Medical Care Guidelines document addressing Hourly Skilled Nursing Care                                |
| 09/21/02 | Replace Policy - Additional clarification to wording provided by CTCA. No criteria changes.                                                                 |
| 12/10/02 | Replace Policy - Scheduled review; no criteria changes.                                                                                                     |
| 07/13/04 | Replace Policy - Scheduled review; no criteria changes; new review date only.                                                                               |
| 09/01/04 | Replace Policy - Policy Renumbered from PR.10.01.500. No date changes.                                                                                      |
| 07/12/05 | Replace Policy - Policy re-written for ease of understanding. Title changed from Skilled Care, Expanded Nursing Care, Non-Skilled Care, and Custodial Care. |
| 07/11/06 | Replace Policy - Policy reviewed; no change to policy statement; Scope and Disclaimer updated.                                                              |
| 07/10/07 | Replace Policy - Policy updated with literature review; no change in policy statement.                                                                      |
| 10/09/07 | Cross References Updated - No other changes.                                                                                                                |
| 05/13/08 | Cross References Updated - No other changes.                                                                                                                |
| 06/10/08 | Replace Policy - Policy updated with literature search; no change in policy statement.                                                                      |
| 08/12/08 | Cross Reference Update - No other changes.                                                                                                                  |
| 02/10/09 | Replace Policy - Policy updated with literature search. Policy statement updated, minor edits did not change the intent of statement.                       |
| 07/14/09 | Code update - All CPT codes added, no other changes.                                                                                                        |
| 02/09/10 | Replace Policy - Policy updated with literature search; no change in policy statement.                                                                      |
| 12/13/11 | Replace Policy – Policy updated. Removed reference to Interqual criteria.                                                                                   |
| 09/11/12 | Replace policy. Policy updated with literature search; no change in policy statement.                                                                       |
| 10/16/12 | Update Related Policies – Add 11.01.501.                                                                                                                    |



| Date     | Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 07/24/13 | Replace policy. Policy statement clarified to state that coverage determination is based on applicable MCG & additional criteria in the policy. Minor edits & format changes for readability. Policy statement unchanged.                                                                                                                                                                                                                                                              |
| 05/02/14 | Annual Review. Policy review. Title changed to Skilled Home Health Care Services. Added non-skilled care as not medically necessary and maintenance therapy as not covered to the policy statements. Added criteria for MSW and Definition of Terms to the Policy Guidelines. Added Washington state WAC for Alternative Care to Benefit Application section. A literature review through March 2014 did not prompt the addition of new references. Policy statement changed as noted. |
| 06/06/14 | Coding update. HCPCS code G0154 added to the policy; this code is listed on the RMN with reference to this policy. Updating the policy to align.                                                                                                                                                                                                                                                                                                                                       |
| 12/22/14 | Interim Update. Policy reclassified, renumbered from 10.01.500 to 11.01.508 and moved from Medical Policy to UM Guideline. Reference to using MCG as a tool to guide determinations is removed from policy statement. Policy reviewed, minor edits done for readability. Reference 2 removed; new references 2-4 added. Policy statement changed as noted.                                                                                                                             |
| 08/11/15 | Annual Review. Removed references to private duty nursing which is now addressed in a separate policy.                                                                                                                                                                                                                                                                                                                                                                                 |
| 10/22/15 | Update Related Policies. Change title to 11.01.522.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 02/16/16 | Coding Update. G0154 deleted effective 12/31/15. Add G0156.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 04/01/16 | Annual Review, approved March 8, 2016. Title revised. Federal mandate about postpartum visits added to the Policy Guidelines. Policy statements unchanged.                                                                                                                                                                                                                                                                                                                             |
| 03/18/16 | Coding Update. Added S9123, S9124, G0299 and G0300.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 05/11/16 | Update Related Policies. Remove 11.01.501 as it is archived.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10/01/16 | Interim Update, approved September 13, 2016. Added clarification of homebound status that includes example of patients that are getting extensive wound care using the wound VAC system. Policy statements unchanged.                                                                                                                                                                                                                                                                  |
| 10/21/16 | Coding update. Added HCPCS code G0151.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 06/01/17 | Annual Review, approved May 23, 2017. Policy moved into new format. No changes to coverage guidelines.                                                                                                                                                                                                                                                                                                                                                                                 |
| 12/01/17 | Coding update, coding table removed from policy.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 06/01/18 | Annual Review, approved May 3, 2018. Policy reviewed, "Regardless of homebound status" added to postpartum services statement. Otherwise, no other change to UM guideline made. Reference 5 added.                                                                                                                                                                                                                                                                                     |

**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:

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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 በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት 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 معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

**中文 (Chinese):**

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

**Oromoo (Cushite):**

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

**Français (French):**

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

**Kreyòl ayisyen (Creole):**

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

**Deutsche (German):**

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

**Hmoob (Hmong):**

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

**Italiano (Italian):**

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

**日本語 (Japanese):**

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

**한국어 (Korean):**

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

**ລາວ (Lao):**

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

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព 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 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).