

UTILIZATION MANAGEMENT GUIDELINE – 11.01.523

Site of Service: Infusion Drugs and Biologic Agents

Effective Date: Jan. 1, 2021*
 Last Revised: Dec. 17, 2020
 Replaces: N/A


*This policy has been updated.
View the changes.

RELATED MEDICAL POLICIES:

- 5.01.536 Nulojix® (belatacept) for Adults
- 5.01.550 Pharmacotherapy of Athropathies
- 5.01.556 Rituximab: Non-oncologic and Miscellaneous Uses
- 5.01.563 Pharmacotherapy of Inflammatory Bowel Disorder
- 5.01.564 Pharmacotherapy of Miscellaneous Autoimmune Diseases
- 5.01.565 Pharmacotherapy of Multiple Sclerosis
- 5.01.570 Exondys 51® (eteplirsen)
- 5.01.571 C5 Complement Inhibitors
- 5.01.576 Drugs for Rare Diseases
- 8.01.503 Immune Globulin Therapy

Select a hyperlink below to be directed to that section.

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

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Infusion of a drug is the delivery of a drug directly into the bloodstream of a patient through a vein, usually located in the arm or hand. This is also called infusion therapy or intravenous (IV) therapy. IV therapy is used to treat and manage certain diseases and may be recommended by a doctor as part of a treatment approach for many neurological and similar disorders.

IV therapy can be given in many different places. One is a location within a hospital for people who are not staying in the hospital under a doctor’s order. This is called a hospital-based outpatient infusion center. IV therapy can also be provided in an infusion center or infusion suite, which is not located within a hospital and is designed specifically to provide IV therapy services. Patients can also be given IV therapy in their doctor’s office or in their home through companies that specialize in these services and hire licensed nurses to deliver IV therapy.

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 providers about when a service may be covered.

Policy Coverage Criteria

We will review specific intravenous (IV) and injectable drugs for medical necessity for all ages.

For those age 13 and older, we also will review the site of service for medical necessity. Site of service is defined as the location where the drug is administered, such as a hospital-based outpatient setting, an infusion center, a physician’s office, or at home.

Site of Service Administration	Medical Necessity
<p>Medically necessary sites of service</p> <ul style="list-style-type: none"> • Physician’s office • Infusion center • Home infusion 	<p>IV infusion therapy of various medical or biologic agents will be covered in the most appropriate, safe and cost-effective site:</p> <ul style="list-style-type: none"> • These are the preferred medically necessary sites of service for specified drugs.
<p>Hospital-based outpatient setting</p> <ul style="list-style-type: none"> • Outpatient hospital IV infusion department • Hospital-based outpatient clinical level of care 	<p>IV infusion therapy of various medical or biologic agents will be covered in the most appropriate, safe and cost-effective site.</p> <p>This site is considered medically necessary for the first 90 days for the following:</p> <ul style="list-style-type: none"> • The initial course of infusion of a pharmacologic or biologic agent <p>OR</p> <ul style="list-style-type: none"> • Re-initiation of an agent after 6 months or longer following discontinuation of therapy* <p>*Note: This does not include when standard dosing between infusions is 6 months or longer</p> <p>This site is considered medically necessary when there is no outpatient infusion center within 50 miles of the patient’s home and there is no contracted home infusion agency that</p>



Site of Service Administration	Medical Necessity
	<p>will travel to their home, or a hospital is the only place that offers infusions of this drug.</p> <p>This site is considered medically necessary only when the patient has a clinical condition which puts him or her at increased risk of complications for infusions, including any ONE of the following:</p> <ul style="list-style-type: none"> • Known cardiac condition (eg, symptomatic cardiac arrhythmia) or pulmonary condition (eg, significant respiratory disease, serious obstructive airway disease, %FVC ≤ 40%) that may increase the risk of an adverse reaction • Unstable renal function which decreases the ability to respond to fluids • Difficult or unstable vascular access • Acute mental status changes or cognitive conditions that impact the safety of infusion therapy • A known history of severe adverse drug reactions and/or anaphylaxis to prior treatment with a related or similar drug
<p>Hospital-based outpatient setting</p> <ul style="list-style-type: none"> • Outpatient hospital IV infusion department • Hospital-based outpatient clinical level of care 	<p>These sites are considered not medically necessary for infusion and injectable therapy services of various medical and biologic agents when the site-of-service criteria in this policy are not met.</p>

Note: This policy does not address intravenous (IV) and injectable therapy services for patient’s receiving inpatient services.

This guideline applies to any of the following selected drugs in the injected and/or infused form:

Pharmacologic / Biologic Agent	Medical Policy (see Related Policies above)
<p>Immune globulins:</p> <ul style="list-style-type: none"> • Bivigam® • Cuvitru® 	<p>8.01.503 Immune Globulin Therapy</p>



Pharmacologic / Biologic Agent	Medical Policy (see Related Policies above)
<ul style="list-style-type: none"> • Flebogamma® DIF • Gammagard® • Gammaked® • Gammaplex® • Gamunex-C® • Hizentra® • Hyqvia® • Octagam® • Privigen® 	
Immunosuppressive: <ul style="list-style-type: none"> • Nulojix® (belatacept) 	5.01.536 Nulojix® (belatacept) for Adults
Miscellaneous monoclonal antibodies and others: <ul style="list-style-type: none"> • Actemra® • Avsola™ • Benlysta® • Entyvio® • Inflectra® • Orencia® • Remicade® • Renflexis® • Rituxan® (non-oncologic) • Ruxience™ (non-oncologic) • Simponi Aria® • Truxima® (non-oncologic) • Tysabri® (natalizumab) 	5.01.550 Pharmacotherapy of Arthropathies 5.01.556 Rituximab: Non-oncologic and Miscellaneous Uses 5.01.563 Pharmacotherapy of Inflammatory Bowel Disorders 5.01.564 Pharmacotherapy of Miscellaneous Autoimmune Diseases
C5 complement inhibitors <ul style="list-style-type: none"> • Soliris® (eculizumab) • Ultomiris™ (ravulizumab-cwvz) 	5.01.571 C5 Complement Inhibitors
<ul style="list-style-type: none"> • Exondys 51® (eteplirsen) 	5.01.570 Exondys 51® (eteplirsen)
Multiple sclerosis <ul style="list-style-type: none"> • Ocrevus® (ocrelizumab) • Tysabri® (natalizumab) 	5.01.565 Pharmacotherapy of Multiple Sclerosis
Drugs for rare diseases: <ul style="list-style-type: none"> • Cerezyme® 	5.01.576 Drugs for Rare Diseases



Pharmacologic / Biologic Agent	Medical Policy (see Related Policies above)
<ul style="list-style-type: none"> • Crysvita® • Elaprase® • Elelyso® • Fabrazyme® • Lumizyme® • Vimizim® • Vpriv® 	

Coding

Code	Description
CPT	
90283	Immune globulin (IgIV), human, for intravenous use
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
HCPCS	
J0129	Injection, abatacept (Orencia®)
J0180	Injection, agalsidase beta (Fabrazyme®), 1 mg
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
J0485	Injection, belatacept (Nulojix®), 1 mg
J0490	Injection, belimumab (Benlysta®), 10 mg
J0584	Injection, burosumab-twza (Crysvita®) 1 mg
J1300	Injection, eculizumab (Soliris®), 10 mg
J1303	Injection, ravulizumab-cwvz, (Ultomiris®) 10 mg (new code effective 10/1/19)
J1322	Injection, elosulfase alfa (Vimizim®), 1 mg
J1428	Injection, eteplirsen (Exondys 51®), 10 mg
J1459	Injection, immune globulin, intravenous, nonlyophilized (Privigen®) (eg, liquid), 500 mg
J1555	Injection, immune globulin (Cuvitru), 100 mg
J1556	Injection, immune globulin (Bivigam®), 500 mg



Code	Description
J1557	Injection, immune globulin (Gammaplex®), intravenous, nonlyophilized (eg, liquid), 500 mg
J1559	Injection, immune globulin (Hizentra®), 100 mg
J1561	Injection, immune globulin (Gamunex®/Gamunex-C®/Gammaked®), nonlyophilized (eg, liquid), 500 mg
J1562	Injection, immune globulin (Vivaglobin®), 100 mg
J1566	Injection, immune globulin (Carimune®), intravenous, lyophilized (eg, powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin (Octagam®), intravenous, nonlyophilized (eg, liquid), 500 mg
J1569	Injection, immune globulin (Gammagard® liquid), nonlyophilized, (eg, liquid), 500 mg
J1572	Injection, immune globulin (Flebogamma®/Flebogamma Dif®), intravenous, nonlyophilized (eg, liquid), 500 mg
J1575	Injection, immune globulin/hyaluronidase (Hyqvia®), 100 mg immunoglobulin
J1602	Injection, golimumab (Simponi Aria®), 1 mg, for intravenous use
J1743	Injection, idursulfase (Elaprase®), 1 mg
J1745	Injection infliximab (Remicade®), 10 mg
J1786	Injection, imiglucerase (Cerezyme®), 10 units
J3060	Injection, taliglucerase alfa (Eleyso®), 10 units
J2323	Injection, natalizumab (Tysabri®), 1mg
J2350	Injection, ocrelizumab (Ocrevus®), 1 mg
J3262	Injection, tocilizumab (Actemra®), 1 mg
J3380	Injection, vedolizumab (Entyvio®), 1 mg
J3385	Injection, velaglucerase alfa (Vpriv®), 100 units
J9312	Injection, rituximab (Rituxan®), 10 mg
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra®), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis™), 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5119	Injection, Rituximab-pvvr, biosimilar, (Ruxience), 10 mg
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg

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Related Information

Definition of Terms

Admitted: A patient who is receiving inpatient services with a doctor's order.

Hospital-based outpatient/outpatient services: These services include emergency department services, intravenous drug infusion or injection, observation services, outpatient surgery, lab tests, or X-rays, or any other hospital services, and the doctor hasn't written an order to admit the patient to a hospital as an inpatient. The patient's status is considered outpatient even if the patient spends the night in the hospital.

Infusion services: A service that provides infusion of a drug that is delivered directly into the bloodstream of a patient through a vein, usually located in the arm or hand.

Infusion center (aka, infusion suite): A location where infusion services are provided and is independent of a hospital.

Inpatient services: Services provided when a patient is formally admitted to the hospital with a doctor's order.

Evidence Review

Consideration of Age

The age described in this policy for medical necessity of select intravenous and injectable therapy services is 13 years of age or older. The age criterion is based on the following: Pediatric patients are not small adults. Pediatric patients differ physiologically, developmentally, cognitively, and emotionally from adult patients, and vary by age groups from infancy to teen. Children often require smaller doses than adults, lower infusion rates, appropriately sized equipment, the right venipuncture site determined by therapy and age, and behavioral management during administration of care. Specialty infusion training is therefore necessary for pediatric IV insertions and therapy. Due to pediatrics unique physiology and psychology, this policy is limited to patients above the age of 13.



References

N/A

History

Date	Comments
03/10/16	New policy, add to Utilization Management section. Policy outlines medical necessity criteria for hospital-based infusion administration of drugs as specified; considered medically necessary ONLY when criteria are met. Policy effective July 1, 2016, pursuant to provider notification.
04/14/16	Coding update. HCPCS codes J0180, J0202, J0220, J0221, J0256, J0257, J0638, J1300, J1324, J1599, J1786, J2323, J2796 and J3060 removed from the policy; the drugs associated with the codes are not subject to review for site of service. Age criteria added: site of service review only applies to patients aged 13 years or older.
07/01/16	Interim Review, approved June 14, 2016. Coverage Guidelines updated and Definition of Terms clarified.
11/01/16	Interim Review, approved October 11, 2016. Clarified age criteria language indicating that site of service review is applicable to only those age 13 and older; drug criteria review applies to all ages. Added HCPCS code Q5102 to coding section.
03/01/17	Annual Review, approved February 14, 2017. Added "Aria" to Simponi to designate IV formulation.
06/20/17	Minor edit. Policy section and coding updated with Soliris.
09/01/17	Interim Review, approved August 15, 2017. Added Renflexis to coverage criteria and to the coding section.
11/01/17	Interim Review, approved October 3, 2017. Clarified site of service exception criterion related to access: There is no outpatient infusion center within 50 miles of the patient's home and there is no contracted home infusion agency that will travel to their home, or a hospital is the only place that offers infusions of this drug. Removed related policy 5.01.566; it does not have site of service review application.
11/21/17	Coding update, removed HCPCS code J1560.
01/01/18	Coding update; added HCPCS code J1555 (new code effective 1/1/18).



Date	Comments
02/14/18	Interim Review, approved February 13, 2018. Update hospital based outpatient coverage from 30 days to 90 days.
02/20/18	Coding update; removed HCPCS code J1460.
04/01/18	Coding update; added new HCPCS codes Q5103 and Q5104 (effective 4/1/18), noted that Q5102 terminated 4/1/18.
04/27/18	Coding updated, added HCPCS codes J1428, J0180, J0221, J1322, J1743, and J1786 that will be subject to review for site of service effective June 1, 2018.
06/01/18	Minor update; removed note and link to updated policy. Added Exondys 51 (etepirsen) to list of agents. Added 5.01.570 to Related Policies.
06/21/18	Added 5.01.576 to Related Policies, added HCPCS code J3385 to policy.
11/01/18	Annual Review, approved October 19, 2018. Reorganized policy statements with minor edits for clarity only. No other changes made.
11/16/18	Minor update; clarifying edits were made to the "hospital-based outpatient setting" criteria.
01/01/19	Coding update, added new HCPCS codes J0584, J9311, J9312, and Q5109 (new codes effective 1/1/19).
09/01/19	Annual Review, approved August 22, 2019, effective December 5, 2019. Added Cuvitru and Hyqvia to Immune Globulin Therapy policy for site of service. Added Ultomiris to C5 Compliment Inhibitors policy for site of service. Added Truxima to Rituximab: Non-oncologic and Miscellaneous Uses policy for site of service. Added HCPCS code J1303 for Ultomiris (new code effective 10/1/19) and added HCPCS code Q5115 for Truxima. Removed HCPCS Q5102 as it was terminated 4/1/18.
12/01/19	Interim Review, approved November 12, 2019, effective March 5, 2020. Added Ocrevus to Pharmacotherapy of Multiple Sclerosis policy for site of service.
12/12/19	Coding update, added HCPCS code J3060.
01/01/20	Coding update. Removed HCPCS code J9310 as it was terminated 1/1/19.
07/01/20	Annual Review, approved June 18, 2020, effective October 2, 2020. Added Avsola and Ruxience (non-oncologic) to site of service policy under miscellaneous monoclonal antibodies and others. Changes to Avsola and Ruxience (non-oncologic) for site of service review are effective for dates of service on or after October 2, 2020, following 90-day provider notification. Added HCPCS codes Q5119 and Q5121.
10/01/20	Interim Review, approved September 8, 2020, effective January 1, 2021. Added site of service review for Tysabri (natalizumab) for dates of service on or after January 1, 2021. Added HCPCS J2323.
01/01/21	Interim Review, approved Dec. 17, 2020. Removed Simponi from miscellaneous monoclonal antibodies and others (Simponi Aria remains) with change effective January 1, 2021. Carimune NF and GamaSTAN S/D removed from list of immune



Date	Comments
	globulins with change effective January 1, 2021. Removed HCPCS codes J9311 and Q5109.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማመልከት በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

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

中文 (Chinese):

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

Oromoo (Cushite):

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

Français (French):

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

Kreyòl ayisyen (Creole):

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

Deutsche (German):

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

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnu tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyto wenna tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

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

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਦ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیر بران TTY تماس با شماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).