MEDICAL POLICY – 2.01.16
Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions

BCBSA Ref. Policy: 2.01.16
Effective Date: March 1, 2019
Last Revised: Feb. 25, 2019
Replaces: N/A

RELATED MEDICAL POLICIES:
- 2.01.26 Prolotherapy
- 2.01.98 Orthopedic Applications of Platelet-Rich Plasma
- 7.01.149 Amniotic Membrane and Amniotic Fluid
- 8.01.52 Orthopedic Applications of Stem Cell Therapy (Including Allografts and Bone Substitutes Used with Autologous Bone Marrow)
- 8.01.55 Stem Cell Therapy for Peripheral Arterial Disease

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

Special substances that are found in the blood may help cells to grow and divide. Some of these blood-derived growth factors, including some platelet-derived growth factors (PDGFs) and platelet-rich plasma (PRP), have been used to treat wounds and skin ulcers. Some of these growth factors have been made in the lab by manipulating genetic material such as DNA. These are called recombinant blood-derived growth factors. Other growth factors come from your own body. These are called autologous blood-derived growth factors. This policy discusses the use of recombinant and autologous blood-derived growth factors when treating wounds and skin ulcers.

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| Recombinant platelet-derived growth factor (ie, becaplermin) | Recombinant platelet-derived growth factor (ie, becaplermin) may be considered medically necessary when used as an adjunct to standard wound management for the following indications (for information on patient selection criteria, see Additional Guidelines section below):  
  - Neuropathic diabetic ulcers extending into the subcutaneous tissue  
  - Pressure ulcers extending into the subcutaneous tissue  
  Other applications of recombinant platelet-derived growth factor (ie, becaplermin) are considered investigational, including but not limited to:  
  - Ischemic ulcers  
  - Venous stasis ulcers  
  - Ulcers not extending through the dermis into the subcutaneous tissue |

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of platelet-rich plasma (ie, autologous blood-derived preparations)</td>
<td>Use platelet-rich plasma (ie, autologous blood-derived preparations) is considered investigational for the treatment of acute or chronic wounds, including surgical wounds and nonhealing ulcers.</td>
</tr>
</tbody>
</table>

### Additional Guidelines

**Becaplermin**

- Appropriate candidates for becaplermin gel for treatment of neuropathic ulcers should meet **ALL** of the following criteria:
  - Adequate tissue oxygenation, as measured by a transcutaneous partial pressure of oxygen of 30 mm Hg or greater on the foot dorsum or at the margin of the ulcer  
  **AND**  
  - Full-thickness ulcer (ie, stage III or IV), extending through the dermis into subcutaneous tissues
Additional Guidelines

AND
- Participation in a wound management program, which includes sharp debridement, pressure relief (ie, non-weight bearing), and infection control
- Appropriate candidates for becaplermin gel for the treatment of pressure ulcers should meet ALL of the following criteria:
  - Full-thickness ulcer (ie, stage III or IV), extending through the dermis into subcutaneous tissues
  - Ulcer is in an anatomic location that can be off-loaded for the duration of treatment
  - Albumin concentration >2.5 dL
  - Total lymphocyte count >1,000/μL
  - Normal values of vitamins A and C

Patients are typically treated once daily for up to 20 weeks or until completely healed. Application of the gel may be performed by the patient in the home.

Becaplermin is available in 2-g, 7.5-g, and 15-g tubes and is applied in a thin continuous layer, about 1/16 of an inch thick (ie, 1.6 mm or the thickness of a dime). The amount of the gel used will depend on the size of the ulcer, measured in square centimeters. However, an average-sized ulcer, measuring 3 cm², treated for an average length of time of 85 days, will require a little more than one 15-g tube. If the ulcer is treated for the maximum length of time of 140 days, 2 of the 15-g tubes would be required.

Platelet-Rich Plasma (IE, Autologous Blood-Derived Preparations)
- The American Medical Association’s Department of Coding instructs that placement of platelet-rich plasma into an operative site is an inclusive component of the operative procedure performed and is not reported separately.

Documentation Requirements
For recombinant platelet derived growth factor (ie, Regranex® [becaplermin]) to be used as an added treatment to standard wound management the following supporting documentation is required:
- For neuropathic diabetic ulcers extending into the subcutaneous tissue (diabetic ulcers that reach the innermost layer of skin):
  - Adequate tissue oxygenation as shown by a transcutaneous partial pressure of oxygen of
Documentation Requirements

- 30 mm Hg or greater on the top of the foot or at the margin of the ulcer
  
  **AND**
  - Full-thickness ulcer (stage III or IV) ulcer, extending through the dermis and into subcutaneous tissues
  
  **AND**
  - Participation in a wound management program, which includes the cutting away of tissue, pressure relief (that is, non-weight bearing), and infection control

- For Pressure ulcers extending into the subcutaneous tissue (the innermost layer of skin):
  - Full-thickness ulcer (stage III or IV), extending through the dermis and into subcutaneous tissues
  
  **AND**
  - The wound is in a location where pressure can be relieved for the duration of treatment
  
  **AND**
  - Albumin concentration greater than 2.5 dL
  
  **AND**
  - Total lymphocyte count greater than 1,000/μL
  
  **AND**
  - Normal values of vitamins A and C

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>0232T</td>
<td>Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed</td>
</tr>
<tr>
<td>86999</td>
<td>Unlisted transfusion medicine procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G0460</td>
<td>Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment</td>
</tr>
<tr>
<td>P9020</td>
<td>Platelet rich plasma, each unit</td>
</tr>
<tr>
<td>S0157</td>
<td>Becaplermin gel 0.01%, 0.5 gm</td>
</tr>
<tr>
<td>S9055</td>
<td>Procuren or other growth factor preparation to promote wound healing</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>(Please note that Procuren may no longer be available but this code is used to report other growth factor preparations that promote wound healing.)</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

**Related Information**

**Benefit Application**

Becaplermin is used as part of a program of wound management, as described in the Additional Guidelines. Use of becaplermin gel is potentially high, particularly if used for off-label indications, or if used outside the setting of adequate and diligent standard wound management.

**Evidence Review**

**Description**

The use of blood-derived growth factors, including recombinant platelet-derived growth factors (PDGFs) and platelet-rich plasma (PRP), has been suggested as a treatment of wounds or other miscellaneous non-orthopedic conditions, including but not limited to diabetic ulcers, pressure ulcers, venous stasis ulcers, and surgical and traumatic wounds.

**Background**

**Wound Healing Treatment**

A variety of growth factors have been found to play a role in wound healing, including platelet-derived growth factor (PDGF), epidermal growth factor, fibroblast growth factors, transforming growth factors, and insulin-like growth factors. Autologous platelets are a rich source of PDGF, transforming growth factors (that function as a mitogen for fibroblasts, smooth muscle cells,
osteoblasts), and vascular endothelial growth factors. Recombinant PDGF has also been extensively investigated for clinical use in wound healing.

Autologous platelet concentrate suspended in plasma, also known as platelet-rich plasma (PRP), can be prepared from samples of centrifuged autologous blood. Exposure to a solution of thrombin and calcium chloride degranulates platelets, releasing various growth factors, and results in the polymerization of fibrin from fibrinogen, creating a platelet gel. The platelet gel can then be applied to wounds or may be used as an adjunct to surgery to promote hemostasis and accelerate healing. In the operating room setting, PRP has been investigated as an adjunct to a variety of periodontal, reconstructive, and orthopedic procedures. For example, bone morphogenetic proteins are a type of transforming growth factors, and thus PRP has been used in conjunction with bone-replacement grafting (using either autologous grafts or bovine-derived xenograft) in periodontal and maxillofacial surgeries.

PRP is distinguished from fibrin glues or sealants, which have been used for many years as a surgical adjunct to promote local hemostasis at incision sites. Fibrin glue is created from platelet-poor plasma and consists primarily of fibrinogen. Commercial fibrin glues are created from pooled homologous human donors; Tisseel® (Baxter International) and Hemaseel® (Haemacure Corp.) are examples of commercially available fibrin sealants. Autologous fibrin sealants can be created from platelet-poor plasma. This policy does not address the use of fibrin sealants.

**Wound Closure Outcomes**

This policy addresses the use of recombinant PDGF products and PRP for nonorthopedic indications, which include a number of wound closure-related indications.

For this policy, the primary end points of interest for studies of wound closure are as follows, consistent with guidance from the U.S. Food and Drug Administration (FDA) for the industry in developing products for the treatment of chronic cutaneous ulcer and burn wounds:

1. Incidence of complete wound closure
2. Time to complete wound closure (reflecting accelerated wound closure)
3. Incidence of complete wound closure following surgical wound closure
4. Pain control
Summary of Evidence

**Recombinant PDGFs**

For individuals with diabetic lower-extremity ulcers who receive recombinant PDGF, the evidence includes randomized controlled trials (RCTs) and systematic reviews. The relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. Results have shown improved rates of healing with use of recombinant PDGF for diabetic neuropathic ulcers and pressure ulcers. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with pressure ulcers who receive recombinant PDGF, the evidence includes RCTs and systematic reviews. The relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. Results have shown improved rates of healing with use of recombinant PDGF for pressure ulcers. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with venous stasis leg ulcers or acute surgical or traumatic wounds who receive recombinant PDGF, the evidence includes small RCTs. The relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. The level of evidence does not permit conclusions whether recombinant PDGF is effective in treating other wound types, including chronic venous ulcers or acute traumatic wounds. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Platelet-Rich Plasma**

For individuals with chronic wounds or acute surgical or traumatic wounds who receive PRP, the evidence includes a number of small controlled trials. The relevant outcomes are symptoms, change in disease status, morbid events, quality of life, and treatment-related morbidity. Current results of trials using PRP are mixed, and the studies are limited in both size and quality. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with chronic wounds who receive PRP, the evidence includes a number of small controlled trials. The relevant outcomes are symptoms, change in disease status, morbid events, QOL, and treatment-related morbidity. Current results of trials using PRP are mixed and the studies are limited in both size and quality. The evidence is insufficient to determine the effects of the technology on health outcomes.
Ongoing and Unpublished Clinical Trials

Some larger studies that might influence this review are listed in Table 1.

Table 1. Summary of Key Clinical Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02307448</td>
<td>Effectiveness of Autologous Platelet Rich Plasma in the Treatment of Chronic Non-Healing Wounds</td>
<td>1500</td>
<td>Mar 2016 (ongoing)</td>
</tr>
<tr>
<td>NCT02402374</td>
<td>Randomized, Placebo-controlled, Blind-assessor Study to Evaluate the Safety and Efficacy of Autologous Platelet Rich Plasma Gel Prepared With the RegenKit-BCT Plus Family of Kits for the Treatment of Diabetic Foot Ulcer</td>
<td>192</td>
<td>Nov 2016 (ongoing)</td>
</tr>
<tr>
<td>NCT02213952</td>
<td>Efficacy of Autologous Platelet-Rich Plasma in the Treatment of Vascular Ulcers in Primary Care: Clinical Trial Phase III</td>
<td>150</td>
<td>Dec 2020</td>
</tr>
<tr>
<td>NCT02312596</td>
<td>A Prospective, Randomized Clinical Trial of ECLIPSE PRP™ Wound Biomatrix in Non-Healing Diabetic Foot Ulcers</td>
<td>250</td>
<td>Jul 2020</td>
</tr>
<tr>
<td>NCT02312570</td>
<td>Clinical Trial of ECLIPSE PRP™ Wound Biomatrix in Chronic Non-Healing Pressure Ulcers</td>
<td>250</td>
<td>Sep 2019</td>
</tr>
<tr>
<td>NCT02071979</td>
<td>Registry Trial of the Effectiveness of Platelet Rich Plasma for Chronic Non-Healing Wounds (CMS) [Terminated]</td>
<td>1500</td>
<td>Dec 2021</td>
</tr>
<tr>
<td><strong>Unpublished</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02209662</td>
<td>A Multi-Center, Randomized Trial Comparing the Effectiveness of APIC-PRP to Control, When Added to Standard of Care in the Treatment of Non-healing Diabetic Foot Ulcers</td>
<td>274</td>
<td>Dec 2015 (unknown)</td>
</tr>
</tbody>
</table>

NCT: national clinical trial

a Denotes industry-sponsored or cosponsored trial.
Practice Guidelines and Position Statements

**American College of Physicians**

The American College of Physicians (2015) published guidelines on treatment of pressure ulcers. The guidelines noted that “although low quality evidence suggests that dressings containing PDGF [platelet-derived growth factors] promote healing, ACP supports the use of other dressings such as hydrocolloid and foam dressings, which are effective at promoting healing and cost less than PDGF dressings.”

**Association for the Advancement of Wound Care**

The Association for the Advancement of Wound Care developed guideline recommendations for the management of pressure ulcers (2010) and venous ulcers (2015):

- Pressure ulcer: “Growth factors are not indicated for PU [pressure ulcers] at this time” (level C evidence – no RCTs available comparing growth factors with A-level dressings)
- Venous ulcer: “Platelet derived growth factor has shown no significant effects on VU [venous ulcer] healing or recurrence” (level A evidence)

**National Institute for Health and Care Excellence**


**Medicare National Coverage**

The Centers for Medicare & Medicaid Services (2012) revised its national coverage decision on autologous blood-derived products for chronic non-healing wounds. This revision replaces prior noncoverage decisions.
The Centers for Medicare & Medicaid Services covers autologous PRP only for patients who have chronic non-healing diabetic, pressure, and/or venous wounds and when all of the following conditions are met:

The patient is enrolled in a clinical research study that addresses the following questions using validated and reliable methods of evaluation...

The clinical research study must meet the requirements specified below to assess the effect of PRP for the treatment of chronic non-healing diabetic, pressure, and/or venous wounds. The clinical study must address:

Prospectively, do Medicare beneficiaries that have chronic non-healing diabetic, pressure, and/or venous wounds who receive well-defined optimal usual care, along with PRP therapy, experience clinically significant health outcomes compared to patients who receive well-defined optimal usual care for chronic non-healing diabetic, pressure, and/or venous wounds as indicated by addressing at least one of the following:

a. Complete wound healing
b. Ability to return to previous function and resumption of normal activities; or
c. Reduction of wound size or healing trajectory, which results in the patient’s ability to return to previous function and resumption of normal activities?

**Regulatory Status**

*Regranex®*

In 1997, becaplermin gel (Regranex®; Smith & Nephew), a recombinant PDGF product, was approved by the FDA for the following labeled indication:

Regranex Gel is indicated for the treatment of lower extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply. When used as an adjunct to, and not a substitute for, good ulcer care practices including initial sharp débridement, pressure relief and infection control, REGRANEX Gel increases the complete healing of diabetic ulcers.
The efficacy of REGRANEX Gel for the treatment of diabetic neuropathic ulcers that do not extend through the dermis into subcutaneous tissue or ischemic diabetic ulcers has not been evaluated...

In 2008, the manufacturer added the following black box warning to the labeling for Regranex®: “An increased rate of mortality secondary to malignancy was observed in patients treated with 3 or more tubes of Regranex Gel in a postmarketing retrospective cohort study. Regranex Gel should only be used when the benefits can be expected to outweigh the risks. Regranex Gel should be used with caution in patients with known malignancy.”

**Platelet-Rich Plasma**

The FDA regulates human cells and tissues intended for implantation, transplantation, or infusion through the Center for Biologics Evaluation and Research, under Code of Federal Regulation title 21, parts 1270 and 1271. Blood products such as PRP are included in these regulations.

Under these regulations, certain products including blood products such as PRP are exempt and therefore do not follow the traditional FDA regulatory pathway. To date, the FDA has not attempted to regulate activated PRP.²

Numerous PRP preparation systems have been cleared for marketing by the FDA through the 510(k) process. These devices are intended to concentrate patient plasma at the point of care during bone grafting procedures. The use of different devices and procedures can lead to variable concentrations of active platelets and associated proteins, increasing variability between studies of clinical efficacy.

### References


8. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Becaplermin for wound healing. TEC Assessments. 1999;Volume 14:Tab 5. PMID


<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/11/05</td>
<td>Autologel and SafeBlood provided. Title updated by removing Platelet and adding Blood.</td>
</tr>
<tr>
<td>01/10/06</td>
<td>Replace Policy - Policy updated focusing on autologous blood derived wound healing products; reference added; no change in policy statement.</td>
</tr>
<tr>
<td>02/14/06</td>
<td>Presented at January MPC - Policy revised; policy statement added regarding miscellaneous use of platelet-rich plasma as a primary procedure. Description and rationale now include discussion of platelet-rich plasma. MPC requested further research before adopting.</td>
</tr>
<tr>
<td>06/16/06</td>
<td>Replace Policy - Policy revised per MPC request of removing description regarding fibrin sealant and surgical indications (primary wound closure).</td>
</tr>
<tr>
<td>07/10/07</td>
<td>Update Scope and Disclaimer - No other changes</td>
</tr>
<tr>
<td>08/12/08</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement.</td>
</tr>
<tr>
<td>01/13/09</td>
<td>Code Updates - Codes Q4102 and Q4103 added, effective 1/1/09.</td>
</tr>
<tr>
<td>10/13/09</td>
<td>Replace Policy - Policy updated with literature search; policy statement updated to include &quot;acute&quot; wounds for PRP. References added.</td>
</tr>
<tr>
<td>12/27/10</td>
<td>Codes Updated - CPT code 0232T added to policy; no other changes.</td>
</tr>
<tr>
<td>06/13/11</td>
<td>Replace Policy - Policy updated with literature search, reference numbers 11-14, 18, 19, 23, 24 added, policy statements unchanged. ICD-10 codes added to policy. CPT coding related to platelet-rich plasma also updated. Title changed to &quot;Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Conditions.&quot;</td>
</tr>
<tr>
<td>03/22/12</td>
<td>Minor update, Related Policies updated with 7.01.113 and 1.01.16.</td>
</tr>
<tr>
<td>06/26/12</td>
<td>Replace policy. Policy updated with literature search through February 2012; references added and reordered; some references removed; policy statements unchanged. Codes Q4102 and Q4103 removed; these do not apply to this policy and appear on 7.01.113.</td>
</tr>
<tr>
<td>07/25/12</td>
<td>Related Policies Update: 8.01.52 and 8.01.55 have been added.</td>
</tr>
<tr>
<td>08/24/12</td>
<td>Update Related Policies – Remove 1.01.16 as it was archived. Update coding section – ICD-10 codes are now effective 10/01/2014.</td>
</tr>
<tr>
<td>07/23/13</td>
<td>Replace policy. Policy updated with literature search through March 8, 2013; references added and reordered; policy statements unchanged.</td>
</tr>
<tr>
<td>03/17/14</td>
<td>Update Related Policies. Remove 7.01.100 as it was archived.</td>
</tr>
<tr>
<td>07/31/14</td>
<td>Annual Review. Policy updated with literature review through March, 2014. References 6, 19, 22-23, 26, 31, 36, and 48 added; others renumbered/removed. Policy statements</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09/23/14</td>
<td>unchanged. HCPCS code G0460 added to the policy.</td>
</tr>
<tr>
<td>07/14/15</td>
<td>Annual Review. Policy title changed to “Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Non-Orthopedic Conditions.” Orthopedic applications of platelet-rich plasma (PRP) policy statements removed from this policy and placed in new Policy No. 2.01.98. Coding table in Policy Guidelines updated to match Coding section of policy. Policy updated with literature review through April 15, 2015; references 1 and 3 added. Policy statements removed as noted, others remain unchanged. CPT code 20926 removed; platelet-rich plasma is not considered a tissue graft. ICD-9 and ICD-10 codes removed; these were for informational purposes only.</td>
</tr>
<tr>
<td>09/01/15</td>
<td>Update Related Policies. Add 7.01.149</td>
</tr>
<tr>
<td>10/16/15</td>
<td>Update Related Policies. Remove 7.01.142.</td>
</tr>
<tr>
<td>04/01/16</td>
<td>Annual Review, approved March 8, 2016. Policy updated with literature review through October 29, 2015; references 16 and 18-19 added. Policy statements unchanged.</td>
</tr>
<tr>
<td>09/22/17</td>
<td>Policy moved to new format. No changes to policy statements.</td>
</tr>
<tr>
<td>03/01/19</td>
<td>Annual Review, approved February 25, 2019. Policy updated with literature review through October 2018; 12, 27, and 30 references added. Policy statements unchanged.</td>
</tr>
</tbody>
</table>

**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 customer service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

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

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  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.

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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Oromo (Cushite):


French (French):


Kreyòl ayisyen (Creole):

Avis sila a gen Enfòmasyon Empòtan Ladan. Avis sila a kapab genyen enfòmasyon empòtan konsènan aplikayison w lan oswa konsènan kouvètis ansran lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan aminおい a sila a. Ou ka gen pou pran kék aksyon avan seten dat limit pou ka konte kouvètis ansran sante w la oswa pou yo ka ede w avel depans yo. Se dwa w pou reseau enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):


Hmoob (Hmong):

Tsay ntawv tsij xho no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tsij xho no muaj cov ntshiab lus tseem ceeb tsoog kaj daim ntawv thov kev pab los yoj koj chov kev pab cuam los ntawv Premera Blue Cross. Tej zaum muaj cov hnb tseem ceeb cuam sau rau hauv daim ntawv no. Tej zaum kaj yuvu lau tau qee yam uas peb kaj koj us tis puub dham cov caij nyong uas tis puub rau hauv daim ntawv no. Tej zaum kaj kaj yuvu lau tau qee yam uas peb kaj koj us tis puub dham cov cuam sau rau hauv daim ntawv no. Tej zaum kaj kaj yuvu lau tau qee yam uas peb kaj koj us tis puub dham cov cuam sau rau hauv daim ntawv no. Tej zaum kaj kaj yuvu lau tau qee yam uas peb kaj koj us tis puub dham cov cuam sau rau hauv daim ntawv no.

Iloko (Ilocano):

Daytoy a Pakdaar ket naglao iti Napateg nga Impormasion. Daytoy a pakdaar mabal nin nga adda ket naglao iti napateg nga impormasion maipanggep iti aplikayison uyonno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pelsa iti daytoy a pakdaar. Mabal nin nga adda rumbeng nga aramidemo nga adda saskay dagiti partikular a naipating nga adda alaw tapon mapagtalainayo ti coverage ti salan-ayyo wenyu tulong kadagit gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong ti bukodo a pagasaao nga awan ti bayadanoy. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Japanese (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内容が重要である場合を除き、健康保険を提供する企業またはその代理店にご確認ください。葉書は無料で提供されます。0800-722-1471 (TTY: 0800-842-5357)まで電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통한 커버지에 관한 정보를 포함하고 있습니다. 본 통지서에는 백신이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버지를 계획 유지하거나 비용을 절감하기 위해 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 연락처 비용 부담없이 할 수 있는 권리가 있습니다. 0800-722-1471 (TTY: 0800-842-5357)로 전화하십시오.

Lao (Lao):

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 dados 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 0800-722-1471 (TTY: 0800-842-5357).

Română (Romanian):

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 0800-722-1471 (TTY: 0800-842-5357).

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 claras 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 0800-722-1471 (TTY: 0800-842-5357).

Tagalog (Tagalog):

ไทย (Thai):
ประกาศนี้มีสาระสำคัญ ประเภทข้อมูลที่จำเป็นกับการประมวลผลข้อมูลการประกันสุขภาพของคุณผ่าน Premera Blue Cross และหากคุณต้องการในกรณีที่คุณจะต้องการด้วยการประกันสุขภาพของคุณข้อมูลที่มีวิธีที่มีคุณภาพทางวิทยาศาสตร์และการข้อมูลที่เป็นการกำหนดตามที่ที่กำหนดไว้ข้อมูลที่มีคุณภาพทางวิทยาศาสตร์และการข้อมูลที่เป็นการกำหนดตามที่ที่กำหนดไว้ โปรดติดต่อ Premera Blue Cross 0800-722-1471 (TTY: 0800-842-5357).

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального 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 допomoжу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 0800-722-1471 (TTY: 0800-842-5357).

Tiếng Việt (Vietnamese):