MEDICAL POLICY – 2.01.31
Intra-Articular Hyaluronan Injections for Osteoarthritis

BCBSA Ref. Policy: 2.01.31
Effective Date: July 1, 2018
Last Revised: Jan. 1, 2019
Replaces: N/A
RELATED MEDICAL POLICIES:
7.01.549 Knee Arthroscopy in Adults

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

Hyaluronan, or sodium hyaluronate, is a natural substance found in some joints of the human body. This substance acts as a lubricant to help the joints work better. There are also other substances similar to hyaluronan that have been used for the past several years to try to treat knee pain due to osteoarthritis of the knee. These substances have been manufactured to be injected into the knee one or more times. Early studies suggested the injections helped decrease pain. However, during the past 5 years, re-analysis of the best early medical studies that included thousands of patients have shown that these injections do not offer significant relief for most people. Some professional societies recommend that these injections not be used. Based on the changing scientific evidence, the plan considers hyaluronan injections in the knee not medically necessary. Use of these injections in all other joints is considered investigational (unproven) because there are so few studies published about other joints. The plan does not pay for services that are not medically necessary or investigational.

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.
### Medical Necessity

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra-articular hyaluronan injections of the knee</td>
<td>Intra-articular hyaluronan injections of the knee are considered not medically necessary.</td>
</tr>
</tbody>
</table>

### Investigational

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra-articular hyaluronan injections, all other joints</td>
<td>Intra-articular hyaluronan injections are considered investigational for all other joints.</td>
</tr>
</tbody>
</table>

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS</td>
<td></td>
</tr>
<tr>
<td>J7318</td>
<td>Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg (new code effective 1/1/19)</td>
</tr>
<tr>
<td>J7320</td>
<td>Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg</td>
</tr>
<tr>
<td>J7321</td>
<td>Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7322</td>
<td>Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg</td>
</tr>
<tr>
<td>J7323</td>
<td>Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7324</td>
<td>Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7325</td>
<td>Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg</td>
</tr>
<tr>
<td>J7326</td>
<td>Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7327</td>
<td>Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose</td>
</tr>
<tr>
<td>J7328</td>
<td>Hyaluronan or derivative, for intra-articular injection, 0.1 mg</td>
</tr>
<tr>
<td>J7329</td>
<td>Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg (new code effective 1/1/19)</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).
Evidence Review

Description

Intra-articular (IA) injection of hyaluronan into osteoarthritic joints is proposed to reduce pain and improve function. It is thought to replace endogenous hyaluronan and restore the viscoelastic properties of the synovial fluid. Most studies to date have assessed hyaluronan injections for knee osteoarthritis (OA), and this is the U.S. Food and Drug Administration-approved indication. Other joints (eg, hip, shoulder) are being investigated for IA hyaluronan treatment of osteoarthritis.

Background

Knee Osteoarthritis

Knee osteoarthritis (OA) is common, costly cause of substantial disability. Among U.S. adults, the most common causes of disability are arthritis and rheumatic disorders.

Treatment

Currently, no curative therapy is available for OA, and thus the overall goals of management are to reduce pain, disability, and the need for surgery.

Intra-articular (IA) injection of hyaluronan has been proposed as a means of restoring the normal viscoelasticity of the synovial fluid in patients with OA and improving pain and function. This treatment may also be called viscosupplementation. Hyaluronan is a naturally occurring macromolecule that is a major component of synovial fluid and is thought to contribute to its viscoelastic properties. Chemical crosslinking of hyaluronan increases its molecular weight; cross-linked hyaluronans are referred to as hylans. In OA, the overall length of hyaluronan chains present in cartilage and the hyaluronan concentration in the synovial fluid are decreased.
Summary of Evidence

For individuals who have OA of the knee who receive IA hyaluronan injections, the evidence includes randomized controlled trials (RCTs) and systematic reviews of RCTs. Relevant outcomes are symptoms, functional outcomes, and treatment-related morbidity. Many RCTs have been published over the last 2 decades. While outcomes of these RCTs are mixed, the RCT evidence base is characterized by studies showing small treatment effects of IA hyaluronan injections. In many cases, these trials are at risk of bias, and it cannot be determined with certainty whether there is a true treatment effect or whether the reported differences are due to bias. Meta-analyses of RCTs have also resulted in mixed findings. Some meta-analyses estimating the magnitude of treatment benefit have concluded that there is no clinically significant benefit; others have concluded that there is a clinically significant benefit. These meta-analyses have also highlighted the limitations of this evidence base, most notably publication bias and small trial bias. For example, a meta-analysis (2016) found more than a 3-fold larger treatment effect in small trials than in larger trials (ie, >100 participants). Overall, given the lack of a definitive treatment benefit despite a large quantity of literature, and given the biases present in the available evidence, it is unlikely that there is a treatment benefit which is clinically meaningful. The evidence is sufficient to determine that the technology is unlikely to improve the net health outcome.

For individuals who have OA of joints other than the knee who receive IA hyaluronan injections, the evidence includes RCTs, systematic reviews of RCTs, and observational studies. Relevant outcomes are symptoms, functional outcomes, and treatment-related morbidity. Meta-analyses of RCTs either have not found statistically significant benefits on health outcomes or have found benefits that were statistically, but likely not clinically, significant (eg, 0.27-point improvement on a 10-point analogue scale for hip OA). The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 1.
### Table 1. Summary of Key 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>NCT02776514</td>
<td>Steroids, Hyaluronic Acid or Platelet Rich Plasma Versus Placebo for the Knee Osteoarthritis (KIT)</td>
<td>240</td>
<td>July 2018</td>
</tr>
<tr>
<td>NCT03200288*</td>
<td>A Phase 3, Randomized, Double-blind, Placebo-controlled Study to Evaluate the Clinical Performance and Safety of an Intra-articular Solution of High and Low Molecular Weight Hyaluronic Acid (HL-01) in the Treatment of Symptomatic Knee Osteoarthritis</td>
<td>720</td>
<td>Dec 2018</td>
</tr>
<tr>
<td><strong>Unpublished</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02629380</td>
<td>Early Viscosupplementation After Partial Meniscectomy: a Double Blind, Placebo Controlled Randomized Trial</td>
<td>90</td>
<td>Mar 2016 (completed)</td>
</tr>
<tr>
<td>NCT02280538</td>
<td>Trial to Assess the Structural Effect and Long-term Symptomatic Relief of Intra-articular Injections of Hyaluronic Acid in Primary Knee OA (ViscOA)</td>
<td>300</td>
<td>Jan 2018 (unknown)</td>
</tr>
</tbody>
</table>

NCT: national clinical trial
* Denotes industry-sponsored or cosponsored trial

---

**Clinical Input Received From Physician Specialty Societies and Academic Medical Centers**

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, the input does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

In response to requests, input was received from 5 academic medical centers (6 reviewers) and 3 physician specialty societies while this policy was under review in 2011. Most reviewers agreed that intra-articular hyaluronan of the knee was medically necessary. In addition, those providing input supported an interval of 6 months for repeat injections. In response to a question about total number of treatment courses, there was no consensus.
Practice Guidelines and Position Statements

**American Medical Society for Sport Medicine**

The 2016 scientific statement from the American Medical Society for Sport Medicine recommended (IA) hyaluronan for “appropriate” patients with knee osteoarthritis (OA) based on high-quality evidence. Patient selection criteria include individuals age 60 and older with Kellgren-Lawrence grade 2 or 3 OA. The society also “suggests” IA hyaluronan for patients under age 60 with knee OA based on moderate-quality indirect evidence.

**American Academy of Orthopaedic Surgeons**

The 2013 guidelines from the American Academy of Orthopaedic Surgeons (AAOS) on treatment of OA of the knee indicated that AAOS could not recommend using IA hyaluronan for patients with symptomatic knee OA. This recommendation was strong, meaning that the quality of the supporting evidence was high. It was based on a meta-analysis of 3 high-strength and 11 moderate-strength studies that showed that the overall effect was less than 0.5 minimally important different units, indicating a low likelihood that an appreciable number of patients achieved clinically important benefits. AAOS indicated that practitioners should follow a strong recommendation unless a clear and compelling rationale for an alternative approach is present. These guidelines replaced 2008 guidelines, which included a statement that a recommendation could not be made for IA hyaluronan due to inconclusive evidence.

The 2017 AAOS clinical practice guidelines on hip OA included a recommendation that IA hyaluronic acid could not be recommended in patients with symptomatic hip OA, because it was not better than placebo. This was based on strong evidence as assessed in 8 high-quality studies that evaluated IA hyaluronan against corticosteroids and placebo. Several studies showed no difference in patient pain and function after treatment with IA hyaluronan against placebo. Studies reviewing different formulations of IA hyaluronan were also considered. The 2009 (reaffirmed 2014) AAOS clinical practice guidelines on glenohumeral joint OA included a weak grade C recommendation that, “The use of injectable viscosupplementation is an option when treating patients with glenohumeral [shoulder] osteoarthritis.” Grade C recommendations are based on poor-quality evidence. In this instance, the recommendation was based on a single case series of 30 patients with OA of the glenohumeral joint who received 3 weekly IA injections of hylan G-F 20 (Synvisc). At 1, 3, and 6 months, clinically significant improvements were seen in pain, function, and quality of life measures.
**American College of Rheumatology**

The American College of Rheumatology updated is guidelines in 2012 on OA of the hand, hip, and knee.\(^{36}\) A conditional recommendation was given for the use of IA hyaluronan to treat OA of the knee. The College recommended not using IA hyaluronan for OA of the hand. For OA of the hip, the College explicitly made no recommendation due to the lack of randomized controlled trials.

**Osteoarthritis Research Society International**

The 2014 Osteoarthritis Research Society International guidelines, developed by consensus after review of existing guidelines and systematic reviews, gave an “uncertain” recommendation for the use of intra-articular injection of IA hyaluronan for knee OA and a recommendation of “not appropriate” for multiple-joint OA.\(^{37}\)

**National Institute for Health and Clinical Excellence**

The 2014 guidance by the National Institute for Health and Clinical Excellence stated: “Do not offer intra-articular hyaluronan injections for the management of osteoarthritis.”\(^{38}\)

**Medicare National Coverage**

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

**Regulatory Status**

Several preparations of IA hyaluronan have been approved by the U.S. Food and Drug Administration (FDA) as an alternative to nonsteroidal anti-inflammatory drug therapy in the treatment of OA of the knee:

- Synvisc® and Synvisc-One® (Genzyme)
- Gel-One® (Zimmer)
- Hyalgan® (Fidia)
- Supartz FX™ (Bioventus)
- Orthovisc® (Anika)
- Euflexxa®, previously named Nuflexxa (Savient)
- Monovisc® (Anika Therapeutics)
- Durolane® (Bioventus)
- Gel-Syn™ (Institut Biochimique SA)

All products are manufactured from rooster combs except for Durolane®, Euflexxa®, Orthovisc®, Monovisc®, Gel-Syn™ and GenVisc® 850, which are produced from bacterial fermentation. Also, Synvisc® undergoes additional chemical crosslinking to create hylans with increased molecular weight (6000 kDa) compared with Hyalgan® (500-730 kDa) and Supartz™ (620-1170 kDa). Monovisc® is also cross-linked with a proprietary cross-linker. The differing molecular weights of the products lead to different half-lives; the half-life of Hyalgan® or Supartz™ is estimated at 24 hours, while the half-life of Synvisc® may range up to several days.

According to manufacturers’ prescribing information for Synvisc® and Euflexxa®, IA hyaluronan is “indicated for the treatment of pain in OA of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy, and to simple analgesics, eg, acetaminophen.” The product inserts further indicate that Synvisc® and Euflexxa® should be injected intra-articularly into the knee joint once per week for a total of 3 injections over a 2- to 3-week period. In contrast, 5 weekly injections are recommended for the Hyalgan® and Supartz™ products, and 3 to 4 weekly injections are recommended for OrthoVisc®. In 2009, the FDA approved the use of single-dose hylan G-F 20 (Synvisc-One®) for the treatment of OA of the knee. In 2011, the FDA approved the use of the single-dose cross-linked hyaluronate Gel-One® (also known as Gel-200) for the treatment of OA of the knee. In 2014, Monovisc® was also approved as a single-dose treatment, while Gel-Syn™ was approved as a course of 3 weekly injections. In 2015, GenVisc 850 was approved as a course of 3 weekly injections. In 2017, Durolane was approved as a single-dose treatment.

In 2000, FDA approved removal of a precautionary statement from the package inserts for Hyalgan® and Synvisc that stated that the safety and efficacy of repeat courses have not been established.

FDA has not approved IA hyaluronan for joints other than the knee.
FDA product code: MOZ

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/08/12</td>
<td>New policy, add to Medicine section. This policy replaces 5.01.506. Added the table listing FDA approved hyaluronic products and recommended course(s) of treatment per MPC request. The 3rd sentence of the 4th paragraph regarding The product inserts further indicates...was moved from the description to the policy guidelines section for ease of policy administration. Policy approved with 90-day hold for provider notification. The policy effective date is November 7, 2012.</td>
</tr>
<tr>
<td>08/03/12</td>
<td>Correct Error on Related Policy number. Changed from 7.01.118 to 7.01.117.</td>
</tr>
<tr>
<td>08/27/12</td>
<td>Update Coding Section – ICD-10 codes are now effective 10/01/2014.</td>
</tr>
<tr>
<td>11/07/12</td>
<td>Policy effective after hold for provider notification. 5.01.506 is deleted.</td>
</tr>
<tr>
<td>03/08/13</td>
<td>Policy updated. Rationale and references revised. “in the knee when the above criteria are not met, and” was added to the investigational statement.</td>
</tr>
<tr>
<td>07/16/13</td>
<td>Update Related Policies. Add 7.01.549, and remove 7.01.188 as it was archived.</td>
</tr>
<tr>
<td>11/11/13</td>
<td>Replace Policy. Policy updated with literature review through July 31, 2013; reference 7 added; policy changed to not medically necessary based on new guidelines from the American Academy of Orthopaedic Surgeons. Policy change aligns with UM initiative and recent change in coverage from BCBSA. Policy held for provider notification; the effective date is April 1, 2014.</td>
</tr>
<tr>
<td>12/09/13</td>
<td>Minor update: When this policy was approved last month a sentence was left out. A second policy statement is now included: “Intra-articular hyaluronic injections are considered not medically necessary to treat osteoarthritis of any joint other than the knee.”</td>
</tr>
<tr>
<td>01/23/14</td>
<td>Policy implementation delayed; the effective date of the policy is moved to June 1, 2014.</td>
</tr>
<tr>
<td>03/03/14</td>
<td>Policy implementation delayed; the effective date of the policy is moved to July 1, 2014.</td>
</tr>
<tr>
<td>05/09/14</td>
<td>Revised implementation date September 1, 2014. Delayed due to Plan internal system</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>07/24/14</td>
<td>Update Related Policies. Change title to 7.01.549.</td>
</tr>
<tr>
<td>08/25/14</td>
<td>Policy implementation delayed until December 1, 2014.</td>
</tr>
<tr>
<td>12/08/14</td>
<td>Interim review. Policy updated with literature review; the policy statement is unchanged. Intra-articular hyaluronan for osteoarthritis is considered not medically necessary. Effective 03/1/15.</td>
</tr>
<tr>
<td>01/05/15</td>
<td>Coding update. New HCPCS code J7327 added to the policy.</td>
</tr>
<tr>
<td>02/09/15</td>
<td>Policy implementation date extended to May 1, 2015.</td>
</tr>
<tr>
<td>03/13/15</td>
<td>Policy implementation date extended to June 1, 2015.</td>
</tr>
<tr>
<td>03/24/15</td>
<td>Update Related Policies. Change title to 7.01.549.</td>
</tr>
<tr>
<td>04/14/15</td>
<td>Implementation update: Policy will now be effective July 1, 2015. In the interim, see policy 2.01.534 (effective 4/14/15) for coverage (link provided in header).</td>
</tr>
<tr>
<td>06/01/15</td>
<td>Coding update. ICD-9 codes removed; these are not utilized in policy adjudication.</td>
</tr>
<tr>
<td>12/08/15</td>
<td>Annual Review. Policy reviewed with literature search. No change to policy statements.</td>
</tr>
<tr>
<td>01/19/16</td>
<td>Coding update. New HCPCS codes J7328 and Q9980, effective 1/1/16, added to policy.</td>
</tr>
<tr>
<td>09/30/16</td>
<td>Policy moved into new format; no change to policy statements.</td>
</tr>
<tr>
<td>01/01/17</td>
<td>Coding update; added new HCPCS codes J7320 and J7322 effective 1/1/17.</td>
</tr>
<tr>
<td>01/01/18</td>
<td>Removed HCPCS code Q9980 as it terminated on 1/1/17.</td>
</tr>
<tr>
<td>07/01/18</td>
<td>Annual Review, approved June 5, 2018. Policy updated with literature review through February 2018; references 29 and 33 added. Policy statements unchanged.</td>
</tr>
<tr>
<td>01/01/19</td>
<td>Coding update, added new HCPCS codes J7318 and J7329 (new codes effective 1/1/19)</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 member service representative to determine coverage for a specific medical service or supply.
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 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information on your demand or the 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).

Arabic (Arabic):

لا يمكن للсуك اللطيف أو الأسبر للانسحاب تحت الشاي من Premera Blue Cross. يتم تحديد الخطوات الشاملة التي تستخدم في تأمين الحصص عبر الشاشة وفقًا للمعايير. كما يتم تحديد الكميات السعرية والمستحقة في هذا الإشعار. وقد تحتاج إلى إجراءات توثيقية متعلقة بالضمان، أو هناك حاجة إلى موعد للتحقق من الشاي. إذا كنت بحاجة إلى مساعدة في هذه المعلومات، اتصل بـ 800-722-1471 (TTY: 800-842-5357) بحيث نتمكن من تقديم المساعدة.

Chinese (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).

Italiano (Italian):

Premera Blue Cross Espanol (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):

ไทย (Thai):
ประกาศนี้มีข้อความที่สำคัญเกี่ยวกับการสมัครเพื่อการหลักประกันสุขภาพของคุณกับ Premera Blue Cross และที่มีข้อความในภาษาไทยก็จะมีความสำคัญในการกำหนดเวลาที่ต้องดำเนินการหรือขอความช่วยเหลือที่มีให้ได้รับคุณสมบัติและความช่วยเหลือในกรณี特殊情况ที่ไม่ได้มีไว้ โปรดติดต่อเราทันที.

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 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).

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross는 귀하의 커버리지에 관한 정보를 포함하고 있는 것입니다. 본 통지서에는 책임이 있는 발세이 있어야 할 수 있습니다. 귀하의 커버리지 조건 유지가 되지 않으시면 귀하의 커버리지가 취소될 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 안내에 따라 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오.

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross는 귀하의 커버리지에 관한 정보를 포함하고 있는 것입니다. 본 통지서에는 책임이 있는 발세이 있어야 할 수 있습니다. 귀하의 커버리지 조건 유지가 되지 않으시면 귀하의 커버리지가 취소될 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 안내에 따라 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오.

日本語 (Japanese):
この通報には重要な情報が含まれています。この通報、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。この通報には記載されている情報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。

Türkçe (Turkish):

Čeština (Czech):

Eesti (Estonian):

Polski (Polish):

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).

Premera Blue Cross Espanol (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).