

MEDICAL POLICY – 2.01.77

Automated Point-of-Care Nerve Conduction Tests

BCBSA Ref. Policy: 2.01.77

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RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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Introduction

A nerve conduction test looks at how well nerves work. The purpose of the test is to see if a nerve is damaged. Two electrodes — patches attached to the skin that can transmit electrical signals — are placed along the path of the nerve being tested. An electrical signal is sent to the first electrode, with the second electrode receiving and recording the signal. The time it takes the electrical signal to travel between the two electrodes indicates how well the signal travels along the nerve. Specialized equipment is needed to do these tests. Newer types of portable equipment have been developed to try to do nerve conduction tests. Portable equipment is not as specialized and doesn't require special training to use it. Portable equipment for nerve conduction studies is considered unproven. More studies are needed to show if the nerve conduction studies done on portable equipment by non-specialists gives information that is the same as or better information than standard nerve conduction studies.

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.

Testing	Investigational
Automated point-of-care nerve conduction tests	Automated point-of-care nerve conduction tests are considered investigational.

Coding

Code	Description
CPT	
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
HCPCS	
G0255	Current perception threshold/sensory nerve conduction test (SNCT), per limb

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

N/A

Evidence Review

Description

Portable devices have been developed to provide point-of-care (POC) nerve conduction studies (NCSs). These devices have computational algorithms that can drive stimulus delivery, measure and analyze the response, and report study results. Automated nerve conduction could be used in various settings, including primary care, without the need for specialized training or equipment.



Background

Electrodiagnostic Testing

Nerve conduction studies (NCSs) and needle electromyography (EMG), when properly performed by a trained practitioner, are considered the criterion standard of electrodiagnostic testing for the evaluation of focal and generalized disorders of peripheral nerves. However, the need for specialized equipment and personnel may limit the availability of electrodiagnostic testing for some patients.

Carpal Tunnel Syndrome

Carpal tunnel syndrome is a pressure-induced entrapment neuropathy of the median nerve as it passes through the carpal tunnel, resulting in sensorimotor disturbances. This syndrome is defined by its characteristic clinical symptoms, which may include pain, subjective feelings of swelling, and nocturnal paresthesia.

Diagnosis

A variety of simple diagnostic tools are available, and a positive response to conservative management (steroid injection, splints, modification of activity) can confirm the clinical diagnosis.¹ Electrodiagnostic studies may also be used to confirm the presence or absence of a median neuropathy at the wrist, assess the severity of the neuropathy, and assess associated diagnoses. Nerve conduction is typically assessed before the surgical release of the carpal tunnel, but the use of EMG in the diagnosis of carpal tunnel syndrome is controversial. One proposed use of automated nerve conduction devices is to assist in the diagnosis of carpal tunnel syndrome.

Lumbosacral Radiculopathy

Electrodiagnostic studies are useful in the evaluation of lumbosacral radiculopathy in the presence of disabling symptoms of radiculopathy or neuromuscular weakness. These tests are most commonly considered in patients with persistent disabling symptoms when neuroimaging findings are inconsistent with clinical presentation. Comparisons of automated point-of-care



(POC) NCSs with EMGs and standardized NCSs have been evaluated as alternative electrodiagnostic tools.

Peripheral Neuropathy

Peripheral neuropathy is relatively common in patients with diabetes, and the diagnosis is often made clinically through the physical examination. Diabetic peripheral neuropathy can lead to morbidity including pain, foot deformity, and foot ulceration.

Diagnosis

Clinical practice guidelines have recommended using simple sensory tools such as the 10-g Semmes-Weinstein monofilament or the 128-Hz vibration tuning fork for diagnosis.² These simple tests show the presence of neuropathy defined by electrophysiologic criteria with a high level of accuracy. Electrophysiologic testing may be used in research studies and may be required in cases with an atypical presentation. POC nerve conduction testing has been proposed as an alternative to standard electrodiagnostic methods for the diagnosis of peripheral neuropathy and, in particular, for detecting neuropathy in patients with diabetes.

Normative Values

NeuroMetrix (2009) published reference ranges for key nerve conduction parameters in healthy subjects.³ Data analyzed were pooled from 5 studies, including from 92 to 848 healthy subjects with data on the median, ulnar, peroneal, tibial, and sural nerves. Subject age and height were found to affect the parameters. In addition to providing reference ranges for clinicians to use (providing that NCS techniques are consistent with those described in the article), the authors stated that clinicians could use the same method to develop their reference ranges. At this time, the proposed reference ranges have not been validated in a clinical patient population.

Due to the lack of uniform standards in nerve conduction testing in the United States, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) identified 7 criteria that would identify high-quality NCS articles that would be appropriate for using as referent standards (2016). AANEM identified normative criteria for nerve conduction velocity tests based on a review of high-quality published studies (see [Table 1](#)). In March 2017, the American Academy of Neurology affirmed AANEM's recommendations.⁵



Table 1. Criteria for Evaluating Published Sources for Normative Standards

Criteria	Description
Year published	Published during or after 1990, written in or translated from other languages into English
Sample size	>100 normal subjects
Subjects	Inclusion and exclusion criteria must be methodologically sound and reflect a true “normal” group of asymptomatic individuals
Testing factors	Use of digital electromyographic equipment Methods of temperature control stated Testing techniques with electrode placement and distances between stimulating and recording electrodes specified Filter settings specified Screen display parameters (milliseconds per division, microvolts/millivolts per division) specified
Age	Wide distribution of subject ages >18 years with adequate sampling of the elderly
Statistical analyses	Data distribution should be described and appropriate statistical methods used to account for non-Gaussian distributions Cutoff values expressed and derived as percentiles of the distribution (the preferred method) Percentage of subjects who have an absent response should be reported
Data presentation	Reference values and cutoff points for NCS parameters clearly presented in a useful format

Adapted from Dillingham et al (2016)⁴

NCS: nerve conduction study

Chen (2016) published reference values for upper and lower NCSs in adults, as a companion study to the Dillingham et al (2016) report (above), to address the need for greater standardization in the field of electrodiagnostic medicine.⁶ Using the consensus-based criteria developed by AANEM, a comprehensive literature search was conducted for 11 routinely performed sensory and motor NCS from 1990 to 2012. Over 7500 articles were found, but after review, a single acceptable study meeting all criteria was identified for the 11 nerves. Reviewers determined there were multifactorial reasons that so few studies met the criteria. Large-scale normative studies are time intensive, requiring significant resources and cost. Data from many studies did not address the non-Gaussian distribution of NCS parameters and often derived cutoff values using the mean and standard deviations rather than percentiles.



Summary of Evidence

For individuals who have entrapment carpal tunnel syndrome who received automated POC NCSs, the evidence includes studies on the technical accuracy, diagnostic accuracy, and clinical outcomes from industry-sponsored trials, nonrandomized trials, and registry data. Relevant outcomes are test accuracy and validity, symptoms, and functional outcomes. Four RCTs have reported on the diagnostic accuracy of automated POC nerve conduction testing to diagnose carpal tunnel syndrome. Sensitivity testing has suggested there could be diagnostic value in detecting carpal tunnel syndrome; specificity testing was inconsistent across trials. No reference ranges were validated, and normative values were not defined in these studies. No validation testing by trained medical assistants vs trained specialists was reported in the studies. The evidence on clinical outcomes is limited to a single nonrandomized clinical trial and NeuroMetrix registry data. Neither reported health outcomes assessing patient symptoms or changes in functional status. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with lumbosacral radiculopathy who received automated POC NCSs, the evidence includes industry-sponsored trials and a nonrandomized study of diagnostic accuracy. Relevant outcomes are test accuracy and validity, symptoms, and functional outcomes. The evidence on the diagnostic accuracy of POC NCS in this population has shown variable test results across reported trials. No normative values were defined. Weaknesses of the studies included lack of applicable or valid reference ranges for testing, and variable test results validating or confirming pathology. The results of the 2 studies on diagnostic performance were inconclusive, with high false-positive results in a single trial. No trials on health outcomes assessing patient symptoms or changes in functional status were identified. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals with diabetic peripheral neuropathy who received automated POC NCSs, the evidence includes industry-sponsored observational trials and nonrandomized studies on diagnostic accuracy. Relevant outcomes are test accuracy and validity, symptoms, and functional outcomes. Of 3 studies reporting evidence on diagnostic accuracy, two used NC-stat DPN-Check. Sensitivity testing has suggested there could be diagnostic value in detecting diabetic peripheral neuropathy in symptomatic patients; the evidence to detect patients who are suspected of disease but who have mild symptoms was inconsistent. No reference ranges were validated, and normative values were not defined in 2 of the 3 studies. No validation testing by trained medical assistants vs trained specialists was reported in the studies. No trials on health outcomes assessing patient symptoms or changes in functional status were identified. The evidence is insufficient to determine the effects of the technology on health outcomes.



Ongoing and Unpublished Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in May 2018 did not identify any ongoing or unpublished trials that would likely influence this review.

Practice Guidelines and Position Statements

American Association of Neuromuscular & Electrodiagnostic Medicine

The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) issued a position statement (2006) that illustrated how standardized nerve conduction studies (NCSs) performed independently of needle electromyography may miss data essential for an accurate diagnosis.²⁰ AANEM discussed how nerve disorders are far more likely to be misdiagnosed or missed completely if a practitioner without the proper skill and training is interpreting the data, making a diagnosis, and establishing a treatment plan. The Association stated that, “the standard of care in clinical practice dictates that using a predetermined or standardized battery of NCSs for all patients is inappropriate,” and concluded that, “It is the position of the AANEM that, except in unique situations, NCSs and needle EMG should be performed together in a study design determined by a trained neuromuscular physician.” This position statement was reviewed, updated, and approved by AANEM in 2014.²¹ No changes were made to the earlier statement on NCSs.

American Academy of Orthopaedic Surgeons

The American Academy of Orthopaedic Surgeons (2016) released guidelines on the management of carpal tunnel syndrome.²² The guidelines were endorsed by other specialty societies including the American College of Radiology and American College of Surgeons. The guidelines found “limited evidence” for a “hand-held nerve conduction study.”

Medicare National Coverage

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



Regulatory Status

Multiple devices have been cleared for POC neural conduction testing. For example, in 1986, Neurometer® CPT/C (Neurotron®) was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process (K853608). The device evaluates and documents sensory nerve impairments at cutaneous or mucosal sites. The evaluation detects and quantifies hyperesthesia in early stages of progressive neuropathy and hypoesthesia in more advanced conditions.

In 1998 NC-stat® (NeuroMetrix) was cleared by FDA through the 510(k) process (K982359). NC-stat® is intended “to measure neuromuscular signals that are useful in diagnosing and evaluating systemic and entrapment neuropathies.” This version is no longer commercially available. It is the predicate device for the NC-stat DPNCheck® (K041320), cleared in 2004, and the NeuroMetrix Advance (K070109), cleared in 2008. The NC-stat DPNCheck device measures the conduction velocity and amplitude of the action potential going down the sural nerve of the leg. It is a handheld device with an infrared thermometer, noninvasive electrical stimulation probes, and a single-use biosensor for each test. NC-stat DPNCheck is designed specifically for NCS of the sural nerve in the assessment of diabetic peripheral neuropathy. The NeuroMetrix ADVANCE is a POC test that can be used to perform needle EMG in addition to surface electrodes for the performance of NCSs. If the needle EMG module is used, then the device is also intended to measure signals useful in evaluating disorders of muscles.

On January 23, 2017, Cadwell Sierra Summit, Cadwell Sierra Ascent (Cadwell Industries) was cleared for marketing by FDA through the 510K process (K162383). There are portable laptop versions and a desktop application with a handheld device. The system is used for acquisition, display, storage, transmission, analysis, and reporting of electrophysiologic and environmental data including EMG, NCS, evoked potentials, and autonomic responses (RR interval variability). The Cadwell Sierra Summit is used to detect the physiologic function of the nervous system, and to support the diagnosis of neuromuscular diseases or conditions.

FDA product code: JXE.

Other examples of devices cleared for marketing by FDA through the 510(k) process are noted in [Table 2](#).



Table 2. Select FDA Cleared Devices for Neural Conduction Testing

Device	Manufacturer	Date Cleared	510(k)	Indications
Axon II™	PainDX	1998	K980866	Part of a routine neurologic exam or screening procedure for detection of peripheral neuropathy, which may be caused by various pathologic conditions or exposures to toxic substances
Brevio®	Neurotron Medical	2001	K012069	To measure nerve response latency and amplitude in the diagnosis and monitoring of peripheral neuropathies
NC-stat®, NC-stat DPN-Check	NeuroMetrix	2004	K041320	To stimulate and measure neuromuscular signals in diagnosing and evaluating systemic and entrapment neuropathies. Added the sural biosensor for use in diagnosing neuropathies affecting the sural nerve.
NC-stat®	NeuroMetrix	2006	K060584	Addition of the modified median motor-sensory biosensor to stimulate and measure neuromuscular signals useful in diagnosing and evaluating systemic and entrapment neuropathies
XLTEK NEUROPATH	Excel Tech	2006	K053058	To stimulate and measure neuromuscular signals useful in diagnosing and evaluating systemic and entrapment neuropathies
NeuroMetrix Advance™	NeuroMetrix	2008	K070109	To measure neuromuscular signals useful as an aid in diagnosing and evaluating patients suspected of having focal or systemic neuropathies. If the elective needle EMG module is used, then the device is also intended to measure signals useful as an aid in evaluating disorders of muscles.

EMG: electromyography; FDA: U.S. Food and Drug Administration

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History

Date	Comments
06/12/07	Add to Medicine Section - New Policy
05/13/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Reference and code added.
09/15/09	Replace Policy - Policy updated with literature search; no change to the policy statement. References added.
08/10/10	Replace Policy - Policy updated with literature search through April 2010; references have been added and reordered. The policy statement remains unchanged. Code 95905 has been added.
08/09/11	Replace Policy – Policy updated with literature review through April 2011; references 15 and 16 added and references reordered; policy statement unchanged. Codes updated.
08/20/12	Replace policy. Policy updated with literature review through March 2012; reference 18 added and references reordered; policy statement unchanged.
08/16/13	Replace policy. Policy updated with literature review through April 29, 2013; policy statement unchanged.
09/03/14	Annual Review. Policy updated with literature review through May 23, 2014; no new references added. Policy statement unchanged.
08/11/15	Annual Review. Policy updated with literature review through May 12, 2015; references 13 and 23 added. Policy statement unchanged.
12/16/15	Update Related Polices. Remove 2.01.39 as it is archived.
09/01/16	Annual Review, approved August 9, 2016. Policy updated with literature review through June 2016; 1 reference added. Policy statement unchanged.
10/01/17	Annual Review, approved September 21, 2017. Policy updated with literature review through July 6, 2017; references 11-13, 22, and 25-26 added. Policy statement unchanged.



Date	Comments
09/01/18	Annual Review, approved August 10, 2018. Policy updated with literature review through April 2018; reference 22 added. Policy statement unchanged.

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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 pab kom koj ua tsis pub dhau cov caij nyuog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo 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. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ 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 ਨਵਚ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ 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 (کلیربران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

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

Português (Portuguese):

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

Română (Romanian):

Prezenta notificare conține informații importante 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).