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MEDICAL POLICY – 2.04.135

Testing Serum Vitamin D Level

BCBSA Ref Policy: 2.04.135

Effective Date:	March 1, 2020	RELATED MEDICAL POLICIES:
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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

Vitamin D is an important nutrient for maintaining good health. It is especially important for good bone health and calcium metabolism. Many studies and articles have been published in scientific journals and in lay magazines about the benefits of vitamin D. Despite all of this interest, there is very little data about optimal levels of vitamin D, and most published studies are of low quality. The endocrine society and public health experts strongly recommend against measuring vitamin D levels in healthy individuals. Vitamin D is found in some foods, has been added to other foods (cereals and milk), and is increased with exposure to the sun. The U.S. National Institutes of Health (NIH) has recommended vitamin D supplementation for Americans based on age (600 IU per day for ages 1 to 70 years of age). Testing for vitamin D levels is covered when a person has signs or symptoms of vitamin D deficiency or risk factors for vitamin D deficiency.

Claims for vitamin D tests are reviewed after submission based on the diagnosis listed. The diagnoses considered medically necessary and that are covered are listed in this medical policy.

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

Testing Condition	Medical Necessity
Asymptomatic	**Testing vitamin D levels is considered medically necessary for asymptomatic patients when:** • The patient has risk factors for vitamin D deficiency: ○ Chronic kidney disease, stage ≥3 ○ Cirrhosis/chronic liver disease ○ Malabsorption states (eg, cystic fibrosis, inflammatory bowel disease, Crohn's disease, bariatric surgery, radiation enteritis, short bowel syndrome, pancreatitis, amyloidosis, celiac sprue) ○ Osteomalacia ○ Osteoporosis ○ Rickets ○ Hypo- or hyper-calcemia ○ Granulomatous diseases (eg, sarcoidosis, tuberculosis, histoplasmosis, coccidiomycosis, berylliosis) ○ Vitamin D deficiency, on replacement ○ Obstructive jaundice/biliary tract disease ○ Osteogenesis imperfecta ○ Osteosclerosis/osteopetrosis ○ Chronic use of anticonvulsant medication or corticosteroids ○ Parathyroid disorders ○ Osteopenia • The patient is institutionalized (see **Definition of Terms**) **Testing vitamin D levels is considered not medically necessary for asymptomatic patients when criteria in this policy are not met.**

Testing Condition	Medical Necessity
Symptomatic = Vitamin D Deficiency	**Testing vitamin D levels may be considered medically necessary when the patient presents with signs and symptoms of vitamin D deficiency.**

Testing Condition	Medical Necessity

	• Signs and symptoms of vitamin D deficiency are largely manifested by changes in bone health and biochemical markers associated with bone production and resorption.
	  ○ In most cases, a clinical diagnosis of an abnormality in bone health (eg, rickets, osteomalacia, osteoporosis) will lead to a decision to test vitamin D levels.
	  ○ Symptoms related to the clinical condition may be present, such as pain or low-impact fractures, but these symptoms are usually not indications for testing prior to a specific diagnosis.
	  ○ Some biochemical markers of bone health may indicate an increased risk for vitamin D deficiency, as such testing of vitamin D levels may therefore be appropriate. These biochemical markers include unexplained abnormalities in serum calcium, phosphorous, alkaline phosphatase, and/or parathyroid hormone.

Symptomatic = Vitamin D Toxicity (hypervitaminosis D)	**Testing vitamin D levels may be considered medically necessary when the patient presents with signs and symptoms of vitamin D toxicity (hypervitaminosis D).**
	• Signs and symptoms of vitamin D toxicity generally result from induced hypercalcemia.
	  ○ Acute intoxication can cause symptoms of confusion, anorexia, vomiting, weakness, polydipsia, and polyuria.
	  ○ Chronic intoxication can cause bone demineralization, kidney stones, and bone pain.

Repeat testing	**A repeat test may be appropriate to determine whether supplementation has been successful in restoring normal serum levels when the initial test was for a medically necessary indication (as noted above).** **More than 1 repeat test may be indicated in cases where supplementation has not been successful in restoring levels, documented by continued or recurrent signs and symptoms (as noted above), which may indicate ongoing deficiency, and/or inadequate absorption.**

Coding

The following codes are specific to vitamin D testing and related to medically necessary diagnoses:

Code	Descriptor
CPT	
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
ICD-10 Diagnosis Codes - Covered	
A15.0	Tuberculosis
B38.0-B38.9	Coccidiomycosis
B39.0-B39.9	Histoplasmosis
D71	Functional disorders of polymorphonuclear neutrophils
D86.0 – D86.9	Sarcoidosis
E20.0 – E20.9	Hypoparathyroidism, code range
E21.0 – E21.5	Hyperparathyroidism and other disorders of parathyroid gland
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E55.0; E55.9	Vitamin D deficiency codes
E67.3	Hypervitaminosis D
E72.0 – E72.09	Disorders of amino-acid transport, unspecified
E74.21	Galactosemia
E83.30 – E83.39	Disorder of phosphorus metabolism
E83.50 – E83.59	Disorder of calcium metabolism
E84.0-E84.9	Cystic fibrosis
E85.0-E85.9	Amyloidosis
E89.2	Postprocedural hypoparathyroidism

Code	Descriptor
J63.2	Berylliosis
K50.00-K50.919	Crohn disease
K51.00-K51.919	Inflammatory bowel disease
K52.0	Radiation enteritis
K70.0 – K77	Disorders of the liver, code range
K83.1 – K83.9	Other diseases of biliary tract
K86.0-K86.9	Pancreatitis
K90.0 – K90.9	Intestinal malabsorption, code range
K91.2	Postsurgical malabsorption, not elsewhere classified
L92.0 – L92.9	Granulomatous disorders of skin and subcutaneous tissue
M80.00 – M81.8	Osteoporosis, code range
M83.0 – M83.9	Osteomalacia, code range
M85.80 – M85.9	Other specified disorders of bone density and structure
N18.1 – N18.9	Chronic kidney disease (CKD), code range
N20.0 – N20.9	Calculus of kidney and ureter
N22	Calculus of urinary tract in diseases classified elsewhere
N25.81	Secondary hyperparathyroidism of renal origin
P71.0 – P71.9	Transitory neonatal disorders of calcium and magnesium metabolism
Q78.0	Osteogenesis imperfecta
Q78.2	Osteopetrosis
R17	Unspecified jaundice
Z79.52	Long term (current) use of systemic steroids
Z79.899	Other long term (current) drug therapy
Z98.84	Bariatric surgery

Related Information

Definition of Terms

Institutionalized: For the purposes of this policy, "institutionalized" refers to patients who reside at long-term care facilities where some degree of medical care is provided. These circumstances and facilities can include long-term hospital stays, nursing homes, assisted living facilities, and similar environments.

Benefit Application

Consistent with federal mandates, vitamin D supplements are covered as preventive care for individuals age 65 and older (without cost sharing) when the member's contract is subject to those mandates. A written prescription is needed for coverage.

The USPSTF recommends exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls. (Grade B recommendation)

Note: The USPSTF does not recommend routine testing of vitamin D levels as a preventive strategy (see **Practice Guidelines and Position Statements**).

Evidence Review

Description

Vitamin D, also known as calciferol, is a fat-soluble vitamin that has a variety of physiologic effects, most prominently in calcium homeostasis and bone metabolism. In addition to the role it plays in bone metabolism, other physiologic effects include inhibition of smooth muscle proliferation, regulation of the renin-angiotensin system, a decrease in coagulation, and a decrease in inflammatory markers.

Background

Vitamin D

Vitamin D, also known as calciferol, is a fat-soluble vitamin that has a variety of physiologic effects, most prominently in calcium homeostasis and bone metabolism. In addition to the role vitamin D plays in bone metabolism, other physiologic effects include inhibition of smooth muscle proliferation, regulation of the renin-angiotensin system, a decrease in coagulation, and a decrease in inflammatory markers.[1]

Vitamin D deficiency is best assessed by measuring serum levels of 25-hydroxyvitamin D. However, there is no consensus on the minimum vitamin D level or on the optimal serum level for overall health. A 2011 Institute of Medicine (IOM) report concluded that a serum level of 20 ng/mL is sufficient for most healthy adults.[2] Some experts, such as the National Osteoporosis Foundation and the American Geriatrics Society, recommend a higher level (30 ng/mL).[2]

Vitamin D deficiency, as defined by suboptimal serum levels, is common in the United States. In the National Health and Nutrition Examination Survey covering the period of 2000-2004, 30% of individuals over the age of 12 had 25 -hydroxyvitamin D levels less than 20 ng/mL.[3] Vitamin D deficiency occurs most commonly as a result of inadequate dietary intake coupled with inadequate sun exposure. Evidence from the National Nutrition Monitoring System and the National Health and Nutrition Examination Survey has indicated that the average dietary consumption is below recommended levels of intake. Yetley (2008) estimated that average daily intake for U.S. adults ranged from 228 to 335 IU/d, depending on gender and ethnicity.[3] This level is below the average daily requirement, estimated by IOM (400 IU/d for healthy adults) and well below IOM's required daily allowance (estimated to be 600 IU for nonelderly adults and 800 IU for elderly adults).

Vitamin D deficiency may occur less commonly for other reasons. Kidney or liver disease can cause deficiency as a result of impaired conversion of inactive vitamin D to its active products. In rare situations, there is vitamin D resistance at the tissue level, which causes a functional vitamin D deficiency despite "adequate" serum levels.

The safe upper level for serum vitamin D is also not standardized. The IOM report concluded that there is potential harm associated with levels greater than 50 ng/mL and recommended that serum levels be maintained in the 20- to 40-ng/mL range.[2] However, conclusions on this point have differed. A 2011 Agency for Healthcare Research and Quality (AHRQ) systematic review on vitamin D and bone health concluded that "There is little evidence from existing trials that vitamin D above current reference intakes is harmful."[4] The Women's Health Initiative concluded that hypercalcemia and hypercalciuria in patients receiving calcium and vitamin D were not associated with adverse clinical events.[5] The Women's Health Initiative did find a small increase in kidney stones for women aged 50 to 79 years who received vitamin D and calcium.

Associations of vitamin D levels with various aspects of health have been noted over the last several decades,[6-10] and these findings have led to the question of whether supplementation improves health outcomes. For example, a relation between vitamin D levels and overall mortality has been reported in most observational studies examining this association.[11,12] Mortality is lowest at vitamin D levels in the 25- to 40-nmol/L range. At lower levels of serum vitamin D, mortality increases steeply, and overall mortality in the lowest quintile was more than 3 times that in the middle quintiles. Theodoratou et al (2014) identified 107 systematic reviews of observational studies examining the association between vitamin D levels and more than 100 different outcomes.[13]

Vitamin D Replacement

The Institute of Medicine (IOM) has recommended reference values for intake of vitamin D and serum levels, based on available literature and expert consensus.[2] Recommended daily allowances are 600 IU/d for individuals between 1 and 70 years of age and 800 IU/d for individuals older than 70 years.

Estimates of vitamin D requirements are complicated by the many other factors that affect serum levels. Sun exposure is the most prominent factor that affects serum levels, and this is because individuals can meet their vitamin D needs entirely through adequate sun exposure. Other factors such as age, skin pigmentation, obesity, physical activity, and nutritional status also affect vitamin D levels and can result in variable dietary intake requirements to maintain adequate serum levels.

Excessive intake of vitamin D can be toxic. Toxic effects are usually due to hypercalcemia and may include confusion, weakness, polyuria, polydipsia, anorexia, and vomiting. In addition, high levels of vitamin D may promote calcium deposition and has the potential to exacerbate conditions such as calcium kidney stones and atherosclerotic vascular disease.

The IOM defined 3 parameters of nutritional needs for vitamin D, on the assumption of minimal sun exposure. These parameters were the estimated average requirement, defined as the minimum intake required to maintain adequate levels; the recommended daily allowance, defined as the optimal dose for replacement therapy; and the upper-level intake, defined as the maximum daily dose to avoid toxicity. These recommendations are summarized in **Table 1**.

Table 1. Institute of Medicine Recommendations for Vitamin D Dietary Intake[2]

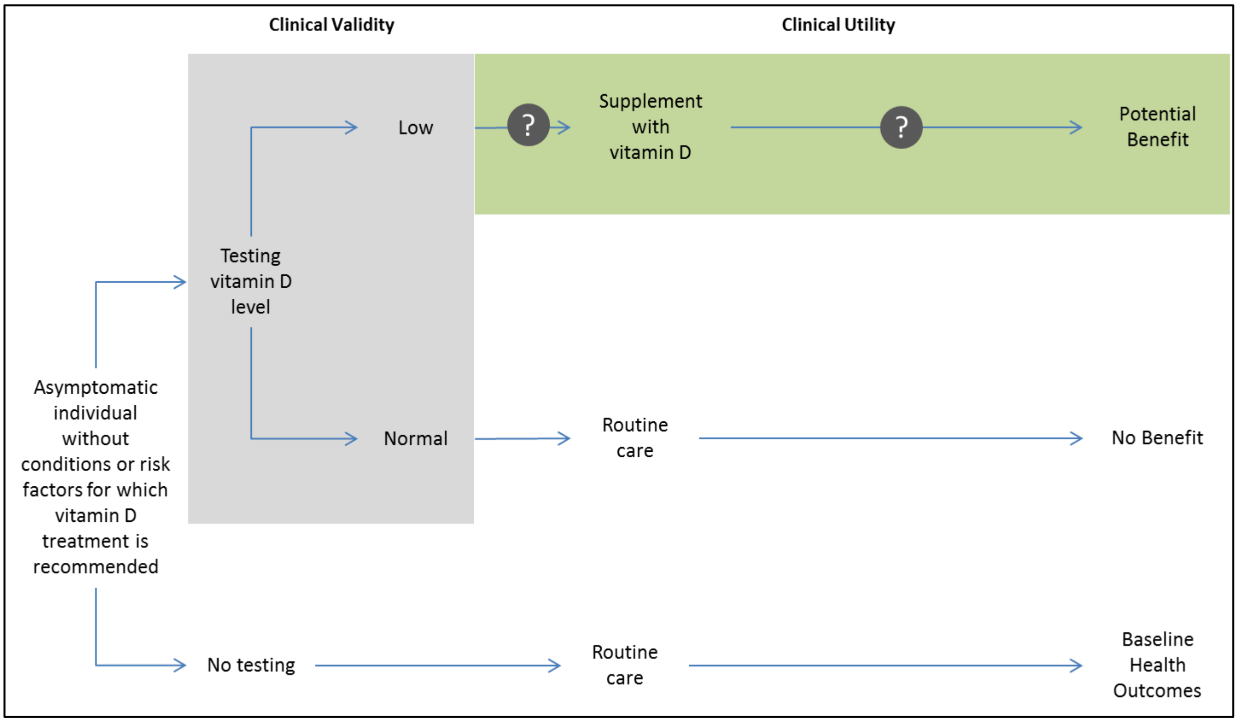
Patient Group	Estimated Average Requirement, IU/d	Recommended Daily Allowance, IU/d	Upper Limit Intake, IU/d
1-3 years old	400	600	2500
4-8 years old	400	600	3000
9-70 years old	400	600	4000
>70 years old	400	800	4000

Adapted from Institute of Medicine (2011)[2]

Analytic Framework

Figure 1 summarizes the approach to this policy. The diagram demonstrates the framework for how vitamin D testing affects outcomes. Using this framework, the main question is whether testing individuals for vitamin D deficiency improves outcomes.

Figure 1. Analytic Framework



Based on this analytic framework, the most relevant studies for showing clinical utility of vitamin D testing are trials that directly compare care including testing vitamin D levels against care without testing vitamin D levels. Should vitamin D screening in nonsymptomatic, general population be shown to be effective, guidelines would then be needed to establish criteria for screening, screening intervals, and appropriate follow-up for positive tests. Indirect evidence of the utility of vitamin D testing would include evidence of the effectiveness of supplementation from trials testing supplementation to no supplementation in patients who are vitamin D deficient. Many of the existing randomized controlled trials (RCTs), including the largest trial (Women's Health Initiative), did not test vitamin D levels prior to treatment. Rather, they treated all patients enrolled regardless of vitamin D levels. Results of some of the main systematic reviews that take this approach will be reviewed, but this evidence is indirect and must be extrapolated from treatment of all patients to treatment of patients who are vitamin D deficient.

Summary of Evidence

For individuals who are asymptomatic without conditions or risk factors for which vitamin D treatment is recommended who receive testing of vitamin D levels, the evidence includes no RCTs of clinical utility (ie, evidence that patient care including testing vitamin D levels vs care without testing vitamin D levels improves outcomes). The relevant outcomes are overall survival, test validity, symptoms, morbid events, and treatment-related morbidity. Indirect evidence of the potential utility of testing includes many RCTs and systematic reviews of vitamin D supplementation. There is a lack of standardized vitamin D testing strategies and cutoffs for vitamin D deficiency are not standardized or evidence-based. In addition, despite the large quantity of evidence, considerable uncertainty remains about the beneficial health effects of vitamin D supplementation. Many RCTs have included participants who were not vitamin D deficient at baseline and did not stratify results by baseline 25-hydroxyvitamin D level. Nonwhite race/ethnic groups are underrepresented in RCTs but have an increased risk of vitamin D deficiency. For skeletal health, there may be a small effect of vitamin D supplementation on falls, but there does not appear to be an impact on reducing fractures for the general population. The effect on fracture reduction may be significant in elderly women, and with higher doses of vitamin D. For patients with asthma, there may be a reduction in severe exacerbations with vitamin D supplementation, but there does not appear to be an effect on other asthma outcomes. For overall mortality, there is also no benefit to the general population. RCTs evaluating extraskeletal, cancer, cardiovascular, and multiple sclerosis outcomes have not reported a statistically significant benefit for vitamin D supplementation. Although vitamin D toxicity and adverse events appear to be rare, few data on risks have been reported. 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 2**.

Table 2. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT01169259	Vitamin D and Omega-3 Trial (VITAL)	25,871	Nov 2020
NCT01490502	A Randomized Controlled Trial of Vitamin D Supplementation in Multiple Sclerosis (VIDAMS)	172	Mar 2021
NCT00920621	Randomized Trial: Maternal Vitamin D Supplementation to Prevent Childhood Asthma (VDAART)	876	Feb 2024
NCT02166333	Vitamin D Supplements to Prevent Falls in Older Adults: A	1200	Jun 2019

NCT No.	Trial Name	Planned Enrollment	Completion Date
	Dose-Response Trial (STURDY)		
Unpublished			
NCT02750293	The Effect of Vitamin D Supplementation on Cardiovascular Risk Factors in Subjects with Low Serum 25-hydroxyvitamin D Levels (D-COR)	411	Sep 2017 (completed; last update posted 10/26/17)
NCT02424552	EVITA Trial: Effect of Vitamin D as add-on Therapy for Vitamin D Insufficient Patients with Severe Asthma: a Randomized, Double-blind, Placebo-controlled Trial	54	Mar 2017 (terminated due to recruitment difficulties)

NCT: national clinical trial

Practice Guidelines and Position Statements

Endocrine Society

The Endocrine Society (2011) published clinical practice guidelines on the evaluation, treatment and prevention of vitamin D deficiency.[55] The following recommendations were made regarding testing vitamin D levels:

- 25-hydroxyvitamin D serum level testing is recommended "to evaluate vitamin D status only in patients who are at risk of deficiency." The guideline did not recommend screening of individuals not at risk of vitamin D deficiency.
- 1,25-dihydroxyvitamin D testing is not recommended to evaluate vitamin D status. However, the guideline did recommend monitoring calcitriol levels in certain conditions.

American College of Obstetrics and Gynecology

The American College of Obstetrics and Gynecology (2011, reaffirmed 2017, 2019) issued a committee opinion on the testing of vitamin D levels and vitamin D supplementation in pregnant women.[56] The following recommendation was made concerning testing vitamin D levels:

- "At this time there is insufficient evidence to support a recommendation for screening all pregnant women for vitamin D deficiency. For pregnant women thought to be at increased risk of vitamin D deficiency, maternal serum 25-hydroxyvitamin D levels can be considered and should be interpreted in the context of the individual clinical circumstance. When vitamin D deficiency is identified during pregnancy, most experts agree that 1,000-2,000 international units per day of vitamin D is safe."

American Academy of Family Physicians

The American Academy of Family Physicians (2014) concluded that the current evidence was insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency.[57]

In 2018, key recommendations for practice concluded that there was insufficient information to recommend screening the general population for vitamin D deficiency and that treating asymptomatic individuals with identified deficiency has not been shown to improve health.[58]

U.S. Preventive Services Task Force Recommendations

The U.S. Preventive Services Task Force published a recommendation in 2014[59] and associated guidelines in 2015[60] on vitamin D screening. The Task Force concluded that the current evidence was insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic individuals (grade I [insufficient evidence]). As of December 2016, the final recommendation upholds the same conclusion and an update is currently in progress.[61]

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

The U.S. Food and Drug Administration has cleared a number of immunoassay in vitro diagnostic devices for the quantitative measurement of total 25-hydroxyvitamin D through the 510(k) process.

Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratory-developed tests must meet the general regulatory standards of the Clinical Laboratory Improvement Amendments. Lab tests for vitamin D are available under the auspices of the Clinical Laboratory Improvement Amendments. Laboratories that offer laboratory-developed tests must be licensed by the Clinical Laboratory Improvement Amendments for high-complexity testing. To date, the U.S. Food and Drug Administration has chosen not to require any regulatory review of this test.

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History

Date	Comments
01/12/16	New policy, add to Pathology/Laboratory testing section. Replaces 2.04.507; testing of vitamin D serum levels may be considered medically necessary when criteria are met.
02/04/16	Coding update. Added ICD10 diagnosis code E74.21.
02/19/16	Coding update. Minor clarifications to osteomalacia code range and correction to code K70.0.
08/01/16	Interim Update, approved July 12, 2016. Policy published in new template with introduction added. Clarified institutional information. Intent remains the same.
03/01/17	Annual review, approved February 14, 2017. Policy updated literature review through October 10, 2016; references 14-16, 29, 31-36, 43, and 45 added. Policy statements unchanged.
08/15/17	Minor formatting updates.
03/01/18	Annual Review, approved February 6, 2018. Policy updated with literature review through October 2017; references 32-34 and 36-48 added; notes 15 and 62 updated. Policy statements unchanged.
10/01/18	Coding update. Updated diagnosis code range for "other diseases of biliary tract" from K83.0 – 8.39 to K83.1 – K83.9.
12/01/18	Interim Review, approved November 6, 2018. Clarified policy statements regarding repeat testing. Added diagnosis code range L92.0 – L92.9.
02/01/19	Annual Review, approved January 22, 2019. Policy updated, literature review through October 2018; reference 58 added; reference 57, 59, and 61 updated. Policy statements unchanged. Coding update, added diagnosis ranges A15.0, B38.0-B38.9, B39.0-B39.9,

Date	Comments
	E84.0-E84.9, E85.0-E85.9, J63.2, K50.00-K50.919, K51.00-K51.919, K52.0, K86.0-K86.9, and Z98.84. Added code 0038U.
03/01/20	Annual Review, approved February 4, 2020. Policy updated literature review through October 2019; references on Guidelines updated. Policy statements unchanged.

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).

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.

PREMERA BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

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).

አማሪኛ (Amharic):
ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት።በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

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

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

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

Français (French):
Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez 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 resevwa 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 ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnub 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 apliksayonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

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

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

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 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 ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):
សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្ងៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):
ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ਼ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਤੇ ਆਪਣੀ 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 حقظ 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 (کاربران 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 zwrócic uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

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

Română (Romanian):
Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastre 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 privitoare 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. Ang paunawa na ito ay maaaring 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 ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน 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 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 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).