

## MEDICAL POLICY – 7.01.158

## Balloon Dilation of the Eustachian Tube

BCBSA Ref. Policy: 7.01.158

Effective Date: May 1, 2018

Last Revised: April 10, 2018


Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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## Introduction

The eustachian tube is a small, hollow structure that connects the middle ear to the back of the nose. Each ear has a eustachian tube, which is usually filled with air. Its function is to keep pressure inside the ear the same as the pressure outside of the body. It does this by opening and closing, like a valve. These are the tubes that open as a person swallows or yawns, and that make your ears “pop” when you change altitude. If one or both tubes aren’t able to open and close properly, this can lead to symptoms like muffled hearing, a feeling of fullness in the ear, ringing in the ear (tinnitus), and feeling dizzy (vertigo). Over time, ongoing problems with the eustachian tube(s) can lead to inflammation, damage to the eardrum, and possible hearing loss. A technique has been developed in which a small tube containing a balloon is inserted into the nose and then threaded into the eustachian tube. The tiny balloon is then inflated, which opens the tube. The balloon is left in place for a couple of minutes, deflated, and removed. This technique is unproven (investigational). More studies are needed to show how safe and effective it is over the long term.

**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

| Procedure                               | Investigational                                                                                                                                    |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Balloon dilation of the eustachian tube | Balloon dilation of the eustachian tube for treatment of patients with chronic eustachian tube dilatory dysfunction is considered investigational. |

## Coding

| Code         | Description                              |
|--------------|------------------------------------------|
| <b>CPT</b>   |                                          |
| 69799        | Unlisted procedure, middle ear           |
| <b>HCPCS</b> |                                          |
| E1399        | Durable medical equipment, miscellaneous |

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## Related Information

N/A

## Evidence Review

### Description

The eustachian tube is a small, hollow structure that connects the middle ear to the back of the nose. It normally opens under specific circumstances. If it can't open properly, it can cause uncomfortable symptoms. Balloon dilation of the eustachian tube is a procedure intended to



improve the patency of the tube by inflating a balloon in the cartilaginous part of the eustachian tube to open it up.

## **Background**

### ***Eustachian Tube Function***

The eustachian tube (ET) connects the middle ear space to the nasopharynx. It is approximately 36 mm long in adults. The ET ventilates the middle ear space to equalize pressure across the tympanic membrane, clears mucociliary secretions, and protects the middle ear from infection and reflux of nasopharyngeal contents.<sup>1</sup> The tube opens during swallowing or yawning.

Eustachian tube dysfunction (ETD) occurs when the functional valve of the ET fails to open and/or close properly. This failure may be due to inflammation or anatomic abnormalities. ET dilatory dysfunction (ETDD) is most commonly caused by inflammation including rhinosinusitis and allergic rhinitis. ETDD can cause symptoms such as muffled hearing, ear fullness, tinnitus, and vertigo.<sup>2</sup> Chronic ETDD can lead to hearing loss, otitis media, tympanic membrane perforation, and cholesteatomas (a benign skin growth in the middle ear).

### ***Epidemiology of ETD***

The epidemiology of ETD, including its incidence and prevalence in the community as well as among primary care and specialty providers, is not well-characterized. Data are also lacking to describe the natural history of the disorder and its impact on the patient's ability to function.

### ***Diagnosis and Outcome Measures***

The National Institute for Health Research published a Health Technology Assessment in 2014 that determined it was impossible to draw conclusions about the effectiveness of treatments for ETD because of insufficient evidence. They also felt there was a lack of consensus regarding the definition of ETD, clear criteria for its diagnosis, and its relationship to other problems with middle ear ventilation.<sup>3</sup> As a result, an international group of scientists and physicians with expertise in ET disorders developed consensus statements on ETD.<sup>1</sup> The meeting was funded by Acclarent, a manufacturer of a dilation technology. The following summarizes relevant 2015 consensus statements from the group.



- There is no universally accepted set of patient-reported symptom scores, functional tests, or scoring systems to diagnose ETD.
- Diagnosis of ETDD should consider patient-reported symptoms along with evidence of negative pressure in the middle ear assessed by clinical assessment.
- Transient ETD is ETD with symptoms and signs lasting less than 3 months while chronic ETD is ETD with symptoms and signs lasting for more than 3 months.
- Future clinical trials should include outcomes related to patient-reported symptoms, otoscopy, tympanometry, and pure-tone audiometry, and outcomes should be assessed at baseline, in the short-term (6 weeks to 3 months) and the long-term (6-12 months).
- The 7-item Eustachian Tube Dysfunction Questionnaire is the only patient-reported outcome scale to have undergone initial validation studies.

Tympanometry is a frequently used outcome measure in ETD. Tympanometry measures the mobility of the tympanic membrane and graphically displays results in tympanograms. Tympanograms are classified by the height and location of the tympanometric peak. They are classified into 3 general patterns: type A indicates normal middle ear and ET function; type B indicates poor tympanic membrane mobility (“flat” tympanogram), and type C indicates the presence of negative middle ear pressure.<sup>4</sup>

The 7-item Eustachian Tube Dysfunction Questionnaire is used to assess ETD-related symptoms such as pressure, pain, “clogged” ears, and muffled hearing over the previous month. The 7 items are rated by patients on a 7-level scale from 1 (no problem) to 7 (severe problem). The overall score is reported as a mean item score with a range from 1.0 to 7.0. The Eustachian Tube Dysfunction Questionnaire has been shown to be a valid and reliable symptom score for use in adults with ETD with overall score of 2.1 or higher having high accuracy to detect the presence of ETD.<sup>5</sup>

Other important outcomes for evaluating a treatment for ETD are hearing outcomes, otitis media, clearance of middle ear effusion, tympanic membrane retraction, and quality of life. Another important consideration is the need for additional treatment, eg, additional surgical procedures (including reintervention).

### ***Treatment of ETDD***

Medical management of ETDD is determined by the underlying etiology: treatment of viral or bacterial rhinosinusitis; systemic decongestants, antihistamines, or nasal steroid sprays for



allergic rhinitis; behavioral modifications and/or proton pump inhibitors for laryngopharyngeal reflux; and treatment of mass lesions. Although topical nasal steroids are commonly used for ETDD, a randomized, placebo-controlled, double-blind trial published in 2011 failed to show significant benefit of triamcinolone acetonide in patients ages 6 and older who presented with otitis media with effusion and/or negative middle ear pressure.<sup>6</sup>

Patients who continue to have symptoms following medical management may be treated with surgery. Available surgical management includes myringotomy with the placement of tympanostomy tubes or eustachian tuboplasty. There is limited evidence and no randomized controlled trials supporting the use of these surgical techniques.<sup>7</sup> Norman et al (2014) reported that eustachian tuboplasty (other than balloon dilation) has been evaluated in 7 case series and was associated with improvement in symptoms in 36% to 92% of patients with low rates (13%-36%) of conversion to type A tympanogram (which is normal). Myringotomy and tympanostomy have been evaluated in 2 case series and were associated with symptom alleviation in a subgroup of patients.<sup>7</sup>

### ***Balloon Dilatation of the ET***

Balloon dilation is a tuboplasty procedure intended to improve the patency of the cartilaginous eustachian tube. During the procedure, a saline-filled balloon catheter is introduced into the eustachian tube through the nose using a minimally invasive transnasal endoscopic method. Pressure is maintained for approximately 2 minutes after which the balloon is emptied and removed. The procedure is usually performed under general anesthesia.<sup>8,9</sup>

### **Summary of Evidence**

For individuals who have chronic ET dilatory dysfunction despite medical management who receive balloon dilation of the ET, the evidence includes case series, systematic reviews of case series, and an RCT. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. The criteria for diagnosing ET dilatory dysfunction are not standardized. Several medical and surgical treatments are used for ET dilatory dysfunction, but there is limited evidence for available treatments. Most case series assessed herein provided follow-up of less than a year and all showed short-term improvement comparing symptoms before and after balloon dilation. The number of revision procedures required due to the failure of the first ET balloon dilation procedure was reported in 3 case series (n=714 patients); 122 revisions were reported. In the published RCT evaluating balloon dilation of the ET, patients



were eligible if they reported persistent ET dilatory dysfunction symptoms as measured on the 7-item ETDQ, a tool to assess symptoms, and had abnormal tympanometry. A greater proportion of patients in the balloon dilation group demonstrated tympanogram normalization (52%) compared with the medical management group (14%) at 6 weeks and reported a reduction in symptoms at 6 weeks on the ETDQ. The durability of effect at 24 weeks was demonstrated in a subset of patients. The rate of adverse events was low, and none of the serious adverse events were thought to be related to the device or procedure. The 52-week follow-up data have not been reported. The durability of effect, rates of reoperation or revisions, and safety data over the first year are needed. 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**

| NCT No.                                  | Trial Name                            | Planned Enrollment | Completion Date    |
|------------------------------------------|---------------------------------------|--------------------|--------------------|
| <b>Ongoing</b>                           |                                       |                    |                    |
| <a href="#">NCT02391584</a> <sup>a</sup> | XprESS Eustachian Tube Dilation Study | 70                 | Sep 2017 (ongoing) |

NCT: national clinical trial.

<sup>a</sup> Denotes industry-sponsored or cosponsored trial.

## Practice Guidelines and Position Statements

### *National Institute for Health and Care Excellence*

In 2011, the National Institute for Health and Care Excellence published guidance on balloon dilation of the eustachian tube.<sup>15</sup> The guidance stated:

Current evidence on the efficacy and safety of balloon dilatation of the Eustachian tube is inadequate in quantity and quality. Therefore, this procedure should only be used in the



context of research, which should address the efficacy of the procedure in the short and longer term, and also document safety outcomes.

## 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

In September 2016, the AERA® (Acclarent) was granted a de novo 510(k) classification by the U.S. Food and Drug Administration (FDA) (class II, FDA product code: PNZ). The new classification applies to this device and substantially equivalent devices of this generic type. The AERA® is cleared for dilating the eustachian tube in patients ages 22 and older with persistent ETD.

In December 2016, the XprESS™ ENT Dilation System (Entellus Medical, Plymouth, MN) was cleared for marketing by FDA through the 510(k) process (K163509). FDA determined that this device was substantially equivalent to existing devices for use in eustachian tube dysfunction. The predicate devices are XprESS™ Multi-Sinus Dilation System and AERA® Eustachian Tube Balloon Dilation System.

## References

1. Schilder AG, Bhutta MF, Butler CC, et al. Eustachian tube dysfunction: consensus statement on definition, types, clinical presentation and diagnosis. *Clin Otolaryngol*. Oct 2015;40(5):407-411. PMID 26347263
2. Seibert JW, Danner CJ. Eustachian tube function and the middle ear. *Otolaryngol Clin North Am*. Dec 2006;39(6):1221-1235. PMID 17097443
3. Llewellyn A, Norman G, Harden M, et al. Interventions for adult Eustachian tube dysfunction: a systematic review. *Health Technol Assess*. Jul 2014;18(46):1-180, v-vi. PMID 25029951
4. Katz J. *Handbook of Clinical Audiology*. 5th ed. Baltimore: Lippincott Williams & Wilkins; 2002.
5. McCoul ED, Anand VK, Christos PJ. Validating the clinical assessment of eustachian tube dysfunction: The Eustachian Tube Dysfunction Questionnaire (ETDQ-7). *Laryngoscope*. May 2012;122(5):1137-1141. PMID 22374681
6. Gluth MB, McDonald DR, Weaver AL, et al. Management of eustachian tube dysfunction with nasal steroid spray: a prospective, randomized, placebo-controlled trial. *Arch Otolaryngol Head Neck Surg*. May 2011;137(5):449-455. PMID 21576556



7. Norman G, Llewellyn A, Harden M, et al. Systematic review of the limited evidence base for treatments of Eustachian tube dysfunction: a health technology assessment. Clin Otolaryngol. Feb 2014;39(1):6-21. PMID 24438176
8. Poe DS, Hanna BM. Balloon dilation of the cartilaginous portion of the eustachian tube: initial safety and feasibility analysis in a cadaver model. Am J Otolaryngol. Mar-Apr 2011;32(2):115-123. PMID 20392533
9. Schroder S, Lehmann M, Ebmeyer J, et al. Balloon Eustachian tuboplasty: a retrospective cohort study. Clin Otolaryngol. Dec 2015;40(6):629-638. PMID 25867023
10. Huisman JML, Verdam FJ, Stegeman I, et al. Treatment of Eustachian tube dysfunction with balloon dilation: A systematic review. Laryngoscope. Jan 2018;128(1):237-247. PMID 28799657
11. Hwang SY, Kok S, Walton J. Balloon dilation for eustachian tube dysfunction: systematic review. J Laryngol Otol. Jul 2016;130 Suppl 4:S2-6. PMID 27488333
12. Poe D, Anand V, Dean M, et al. Balloon dilation of the eustachian tube for dilatory dysfunction: A randomized controlled trial. Laryngoscope. Sep 20 2017. PMID 28940574
13. Food and Drug Administration. De Novo Classification Request For Acclarent Aera™ Eustachian Tube Balloon Dilation System. 2015; [https://www.accessdata.fda.gov/cdrh\\_docs/reviews/DEN150056.pdf](https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN150056.pdf) Accessed April 2018.
14. Food and Drug Administration. 510(k) Summary: XprESS ENT Dilation System. 2017; [https://www.accessdata.fda.gov/cdrh\\_docs/pdf16/K163509.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf16/K163509.pdf) Accessed April 2018.
15. National Institute for Health and Care Excellence. Balloon Dilation of the Eustachian tube [IPG 409]. 2011; <https://www.nice.org.uk/guidance/ipg409/chapter/1-Guidance> Accessed April 2018.

## History

| Date     | Comments                                                                                                                                                                                                                                            |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05/01/18 | New policy, approved April 10, 2018. Policy created with literature review through October 2017. Balloon dilation of the Eustachian tube for treatment of patients with chronic Eustachian tube dilatory dysfunction is considered investigational. |

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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):**

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. 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 ដល់កិច្ចការច្នៃផ្ទះកំចាត់ឆ្នាំឆ្នោត ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក 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 ਨੋਟਿਸ ਨਵ 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 (کلیران 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. Această notificare poate 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 คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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).