

MEDICAL POLICY – 7.01.18

Automated Percutaneous and Percutaneous Endoscopic Discectomy


BCBSA Ref. Policy: 7.01.18

Effective Date: Sept. 1, 2020
 Last Revised: Nov. 1, 2020
 Replaces: N/A

| RELATED MEDICAL POLICIES: | |
|---------------------------|---|
| 7.01.72 | Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty |
| 7.01.93 | Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty) |
| 7.01.126 | Image-Guided Minimally Invasive Decompression for Spinal Stenosis |
| 7.01.551 | Lumbar Spine Decompression Surgery: Discectomy, Foraminotomy, Laminotomy, Laminectomy |
| 7.01.560 | Cervical Spine Surgeries: Discectomy, Laminectomy, and Fusion in Adults |

Select a hyperlink below to be directed to that section.

- [POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
- [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

The bones that make up the spine are called vertebrae. Between each of the vertebra is a disc, which prevents the bones from rubbing together. When the disc deteriorates, the gel-like material that’s inside it can leak out and irritate nerves. Cutting away part of the disc is one way to relieve pain and other symptoms. The usual way of performing this surgery is by making an open incision (cut). Newer methods are being studied. One uses a probe and special tools that cut away the disc herniations and suction them out. Another new method uses a small scope with a camera at the end and specialized tools. Both of these methods are considered unproven (investigational). There is not enough medical evidence to show how effective they are.

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

| Discectomy | Investigational |
|---|--|
| Automated percutaneous discectomy Percutaneous endoscopic discectomy | Automated percutaneous discectomy and percutaneous endoscopic discectomy are considered investigational as techniques of intervertebral disc decompression in patients with back pain and/or radiculopathy related to disc herniation in the lumbar, thoracic, or cervical spine. |

Coding

CPT code 62287 specifically describes a percutaneous decompression procedure of the lumbar spine. This code is specifically limited to the lumbar region. Although most percutaneous discectomies are performed on lumbar vertebrae, FDA labeling of the Stryker DeKompressor Percutaneous Discectomy Probe and the Nucleotome includes the thoracic and cervical vertebrae.

| Code | Description |
|--------------|---|
| CPT | |
| 0274T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic |
| 0275T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar |
| 62287 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar |
| 62380 | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar |
| HCPCS | |



| Code | Description |
|-------|---------------------------------------|
| C2614 | Probe, percutaneous lumbar discectomy |

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

Related Information

Benefit Application

Percutaneous discectomy may be performed by surgeons, but anesthesiologists or other physicians whose practices focus on pain management may also perform this procedure.

Evidence Review

Description

Surgical management of herniated intervertebral discs most commonly involves discectomy or microdiscectomy, performed manually through an open incision. Automated percutaneous discectomy involves placement of a probe within the intervertebral disc under image guidance with aspiration of disc material using a suction cutting device. Endoscopic discectomy involves the percutaneous placement of a working channel under image guidance, followed by visualization of the working space and instruments through an endoscope, and aspiration of disc material.

Background

Back pain or radiculopathy related to herniated discs is an extremely common condition and a frequent cause of chronic disability. Although many cases of acute low back pain and radiculopathy will resolve with conservative care, surgical decompression is often considered when the pain is unimproved after several months and is clearly neuropathic in origin, resulting from irritation of the nerve roots. Open surgical treatment typically consists of discectomy in



which the extruding disc material is excised. When performed with an operating microscope, the procedure is known as microdiscectomy.

Minimally invasive options have also been researched, in which some portion of the disc material is removed or ablated, although these techniques are not precisely targeted at the offending extruding disc material. Ablative techniques include laser discectomy and radiofrequency decompression (see [Related Policies](#)). Intradiscal electrothermal annuloplasty is another minimally invasive approach to low back pain. In this technique, radiofrequency energy is used to treat the surrounding disc annulus (see [Related Policies](#)).

This policy addresses automated percutaneous and endoscopic discectomy, in which the disc decompression is accomplished by the physical removal of disc material rather than its ablation. Traditionally, discectomy was performed manually through an open incision, using cutting forceps to remove nuclear material from within the disc annulus. This technique was modified by automated devices that involve placement of a probe within the intervertebral disc and aspiration of disc material using a suction cutting device. Endoscopic techniques may be intradiscal or may involve extraction of noncontained and sequestered disc fragments from inside the spinal canal using an interlaminar or transforaminal approach. Following insertion of the endoscope, decompression is performed under visual control.

Summary of Evidence

For individuals who have herniated intervertebral disc(s) who receive automated percutaneous discectomy, the evidence includes randomized controlled trials (RCTs) and systematic reviews of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The published evidence from small RCTs is insufficient to evaluate the impact of automated percutaneous discectomy on the net health outcome. Well-designed and executed RCTs are needed to determine the benefits and risks of this procedure. Clinical input suggests this intervention may be an appropriate treatment option for the highly selected patient who has a small focal disc fragment compressing a lumbar nerve causing radiculopathy in the absence of lumbar stenosis or severe bony foraminal stenosis. However, the clinical input is not generally supportive of a clinically meaningful improvement in net health outcome. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have herniated intervertebral disc(s) who receive percutaneous endoscopic discectomy, the evidence includes a number of RCTs and systematic reviews of RCTs. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Many of the more recent RCTs are conducted at institutions within China. There are few reports



from the United States. Results do not reveal a consistently significant improvement in patient-reported outcomes and treatment-related morbidity with percutaneous endoscopic discectomy in comparison to other discectomy interventions. Clinical input suggests this intervention may be an appropriate treatment option for the highly selected patient who has a small focal disc herniation causing lumbar radiculopathy according to clinical input expert opinion. However, respondents were mixed in the level of support of this indication, and overall there was not a preponderance of clinical input support in general cases. 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 |
|---|--|--------------------|-----------------------|
| Ongoing | | | |
| NCT01997086 | Percutaneous Transforaminal Endoscopic Discectomy (PTED) vs. Microendoscopic Discectomy (MED) for the treatment of Lumbar Disc Herniation: A Prospective Randomized Controlled Study | 125 | Aug 2023 |
| NCT02602093 | (Cost) Effectiveness of Percutaneous Transforaminal Endoscopic Discectomy vs. Open Microdiscectomy for Patients With Symptomatic Lumbar Disc Herniation (PTED-study) | 682 | Apr 2021 |
| NCT02742311 | EuroPainClinics® Study V Prospective Observational Study (EPCSV) | 500 | Dec 2020 |
| Unpublished | | | |
| NCT02441959 | Full-Endoscopic vs Open Discectomy for the Treatment of Symptomatic Lumbar Herniated Disc: A Prospective Multi-Center Randomized Study | 200 | Jul 2018 (terminated) |
| NCT01622413^a | Transforaminal Endoscopic Surgery Cost Outcome Research Trial (TESCORT) | 0 | Sep 2017 (withdrawn) |
| NCT02358291 | Microendoscopic Discectomy Vs Transforaminal Endoscopic Lumbar Discectomy Vs Open Discectomy for the Treatment of Lumbar Disc Herniation | 240 | Mar 2017 (unknown) |



NCT: national clinical trial.

^a Denotes industry-sponsored or cosponsored trial.

Clinical Input Received from Physician Specialty Societies and Academic Medical Centers

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

2018 Input

In response to requests, clinical input on automated percutaneous discectomy and percutaneous endoscopic discectomy for herniated intervertebral disc(s) was received from three respondents, including two specialty society-level responses and including physicians with academic medical center affiliation, while this policy was under review in 2018.

2013 Input

In response to requests, input was received from four physician specialty societies and three academic medical centers while this policy was under review in 2013. Overall, the input agreed that percutaneous and endoscopic discectomy are investigational. Most reviewers considered discectomy with tubular retractors to be a variant of open discectomy, with the only difference being the type of retraction used.

Practice Guidelines and Position Statements

National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE; 2005) published guidance on automated percutaneous mechanical lumbar discectomy, indicating that there was limited evidence of efficacy based on uncontrolled case series of heterogeneous groups of patients, and evidence from small RCTs showed conflicting results.⁶⁵ The guidance indicated that, in view of



uncertainty about the efficacy of the procedure, it should not be done without special arrangements for consent and for audit or research. The guidance was considered for update in 2009, but failed review criteria; the 2005 guidance is therefore considered to be current.

A NICE (2016) guidance on percutaneous transforaminal endoscopic lumbar discectomy for sciatica was published in 2016.⁶⁶ The guidance stated that current evidence is adequate to support the use of percutaneous transforaminal endoscopic lumbar discectomy for sciatica. Choice of operative procedure (open discectomy, microdiscectomy, or percutaneous endoscopic approaches) may be influenced by symptoms, and location and size of prolapsed disc.

A NICE (2016) guidance on percutaneous interlaminar endoscopic lumbar discectomy for sciatica was also published in 2016.⁶⁷ The guidance stated that current evidence is adequate to support the use of percutaneous interlaminar endoscopic lumbar discectomy for sciatica. Choice of operative procedure (open discectomy, microdiscectomy, or percutaneous endoscopic approaches) may be influenced by symptoms and location and size of prolapsed disc.

American Society of Interventional Pain Physicians

The guidelines from the American Society of Interventional Pain Physicians (2013) indicated that the evidence for percutaneous disc decompression with the DeKompressor was limited.³ There were no recommended indications for the DeKompressor.

North American Spine Society

The North American Spine Society (2014) published clinical guidelines on the diagnosis and treatment of lumbar disc herniation.⁶⁸ **Table 2** summarizes recommendations specific to percutaneous endoscopic discectomy and automated percutaneous discectomy.

Table 2. Recommendations for Lumbar Disc Herniation with Radiculopathy

| Recommendations | Grade or LOE ^a |
|---|---------------------------|
| Endoscopic percutaneous discectomy is suggested for carefully selected patients to reduce early postoperative disability and reduce opioid use compared with open discectomy. | B |



| | |
|--|----|
| There is insufficient evidence to make a recommendation for or against the use of automated percutaneous discectomy compared with open discectomy. | I |
| Endoscopic percutaneous discectomy may be considered for treatment. | C |
| Automated percutaneous discectomy may be considered for treatment. | C |
| Patients undergoing percutaneous endoscopic discectomy experience better outcomes if <40 years and symptom duration <3 months. | II |

LOE: level of evidence; NASS: North American Spine Society.

^a Grade B: fair evidence (level II or III studies with consistent findings; grade C: poor quality evidence (level IV or V studies). Level of evidence II: lesser quality randomized controlled trial (eg, <80% follow-up, no blinding, or improper randomization), prospective comparative study, systematic review of level II studies or level I studies with inconsistent results; level of evidence III: case control, retrospective, systematic review of level III studies; level of evidence IV: case series; level of evidence V: expert opinion.

American Pain Society

The clinical practice guidelines from the American Pain Society (2009) found insufficient evidence to evaluate alternative surgical methods to standard open discectomy and microdiscectomy, including laser or endoscopic-assisted techniques, various percutaneous techniques, coblation nucleoplasty, or the Dekompressor.⁶⁹

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

The DeKompressor® Percutaneous Discectomy Probe (Stryker), Herniatome Percutaneous Discectomy Device (Gallini Medical Devices), and the Nucleotome® (Clarus Medical) are examples of percutaneous discectomy devices that have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. The FDA indication for these products is for “aspiration of disc material during percutaneous discectomies in the lumbar, thoracic and cervical regions of the spine.”

FDA product code: HRX



A variety of endoscopes and associated surgical instruments have also been cleared for marketing by FDA through the 510(k) process.

References

1. Lewis RA, Williams NH, Sutton AJ, et al. Comparative clinical effectiveness of management strategies for sciatica: systematic review and network meta-analyses. *Spine J.* Jun 01 2015; 15(6): 1461-77. PMID 24412033
2. Haines SJ, Jordan N, Boen JR, et al. Discectomy strategies for lumbar disc herniation: results of the LAPDOG trial. *J Clin Neurosci.* Jul 2002; 9(4): 411-7. PMID 12217670
3. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician.* Apr 2013; 16(2 Suppl): S49-283. PMID 23615883
4. Cong L, Zhu Y, Tu G. A meta-analysis of endoscopic discectomy versus open discectomy for symptomatic lumbar disk herniation. *Eur Spine J.* Jan 2016; 25(1): 134-143. PMID 25632840
5. Li XC, Zhong CF, Deng GB, et al. Full-Endoscopic Procedures Versus Traditional Discectomy Surgery for Discectomy: A Systematic Review and Meta-analysis of Current Global Clinical Trials. *Pain Physician.* Mar 2016; 19(3): 103-18. PMID 27008284
6. Phan K, Xu J, Schultz K, et al. Full-endoscopic versus micro-endoscopic and open discectomy: A systematic review and meta-analysis of outcomes and complications. *Clin Neurol Neurosurg.* Mar 2017; 154: 1-12. PMID 28086154
7. Shi R, Wang F, Hong X, et al. Comparison of percutaneous endoscopic lumbar discectomy versus microendoscopic discectomy for the treatment of lumbar disc herniation: a meta-analysis. *Int Orthop.* Apr 2019; 43(4): 923-937. PMID 30547214
8. Yu P, Qiang H, Zhou J, et al. Percutaneous Transforaminal Endoscopic Discectomy versus Micro-Endoscopic Discectomy for Lumbar Disc Herniation. *Med Sci Monit.* Mar 30 2019; 25: 2320-2328. PMID 30927349
9. Xu J, Li Y, Wang B, et al. Minimum 2-Year Efficacy of Percutaneous Endoscopic Lumbar Discectomy versus Microendoscopic Discectomy: A Meta-Analysis. *World Neurosurg.* Feb 26 2020; 138: 19-26. PMID 32109644
10. Yoon SM, Ahn SS, Kim KH, et al. Comparative Study of the Outcomes of Percutaneous Endoscopic Lumbar Discectomy and Microscopic Lumbar Discectomy Using the Tubular Retractor System Based on the VAS, ODI, and SF-36. *Korean J Spine.* Sep 2012; 9(3): 215-22. PMID 25983818
11. Li M, Yang H, Yang Q. Full-Endoscopic Technique Discectomy Versus Microendoscopic Discectomy for the Surgical Treatment of Lumbar Disc Herniation. *Pain Physician.* Jul-Aug 2015; 18(4): 359-63. PMID 26218939
12. Sinkemani A, Hong X, Gao ZX, et al. Outcomes of Microendoscopic Discectomy and Percutaneous Transforaminal Endoscopic Discectomy for the Treatment of Lumbar Disc Herniation: A Comparative Retrospective Study. *Asian Spine J.* Dec 2015; 9(6): 833-40. PMID 26713113
13. Song HP, Sheng HF, Xu WX. A case-control study on the treatment of protrusion of lumbar intervertebral disc through PELD and MED. *Exp Ther Med.* Oct 2017; 14(4): 3708-3712. PMID 29042967
14. Tu Z, Li YW, Wang B, et al. Clinical Outcome of Full-endoscopic Interlaminar Discectomy for Single-level Lumbar Disc Herniation: A Minimum of 5-year Follow-up. *Pain Physician.* Mar 2017; 20(3): E425-E430. PMID 28339442
15. Liu X, Yuan S, Tian Y, et al. Comparison of percutaneous endoscopic transforaminal discectomy, microendoscopic discectomy, and microdiscectomy for symptomatic lumbar disc herniation: minimum 2-year follow-up results. *J Neurosurg Spine.* Mar 2018; 28(3): 317-325. PMID 29303471



16. Li H, Jiang C, Mu X, et al. Comparison of MED and PELD in the Treatment of Adolescent Lumbar Disc Herniation: A 5-Year Retrospective Follow-Up. *World Neurosurg.* Apr 2018; 112: e255-e260. PMID 29325949
17. Abudurexiti T, Qi L, Muheremu A, et al. Micro-endoscopic discectomy versus percutaneous endoscopic surgery for lumbar disk herniation. *J Int Med Res.* Sep 2018; 46(9): 3910-3917. PMID 29900752
18. Chen Z, Zhang L, Dong J, et al. Percutaneous transforaminal endoscopic discectomy compared with microendoscopic discectomy for lumbar disc herniation: 1-year results of an ongoing randomized controlled trial. *J Neurosurg Spine.* Mar 2018; 28(3): 300-310. PMID 29303469
19. Liu T, Zhou Y, Wang J, et al. Clinical efficacy of three different minimally invasive procedures for far lateral lumbar disc herniation. *Chin Med J.* Mar 2012; 125(6): 1082-8. PMID 22613535
20. Wu XC, Zhou Y, Li CQ. Percutaneous tranforaminal endoscopic discectomy versus microendoscopic discectomy for lumbar disc herniation: a prospective randomized controlled study. *J Third Mil Med Univ.* 2009;31(9):843-846.
21. Yang L, Liao XQ, Zhao XJ, et al. Comparison of surgical outcomes between percutaneous transforaminal endoscopic discectomy and micro-endoscopic discectomy for lumbar disc herniation. *China J Endosc.* 2015;21(9):962-965
22. Duan XF, Jin W, Chen JJ, et al. Contrast observation of comparing microendoscopic discectomy with percutaneous endoscopic lumbar discectomy for the treatment of simple lumbar disc herniation. *Chin J Clin.* 2016;10(1):144-147
23. Zhao XW, Han K, Ji ZW, et al. Comparison of efficacy between microendoscopic discectomy and percutaneous endoscopic lumbar discectomy for treatment of lumbar disc herniation. *Prog Mod Biomed.* 2016;16(23):4454-4457
24. Ding YZ, Hu JN, Zhou Y, et al. Study on the effect contrast between microendoscopic discectomy and percutaneous endoscopic lumbar discectomy using TESSYS technique for the treatment of lumbar disc herniation. *J Cervicodynia & Lumbodynia.* 2017;38(5):492-493
25. Li ZY, Guo PG, Han D, et al. Analysis of curative effects and prognosis in different procedures of discectomy for patients with lumbar disc herniation. *J Clin Med Pract.* 2017;21(15):149-150,158
26. Liu HP, Hao DJ, Wang XD, et al. Comparison of two surgeries in treatment of lumbar disc herniation. *Chin J Pain Med.* 2017;23(6):438-442
27. Luo DK, Zhou NX, Zhao HW, et al. Clinical effectiveness of minimally invasive treatment for lumbar disc herniation. *Orthopaedics.* 2017;8(6):439-444
28. Qu JX, Li QZ, Chem M, et al. Comparison of the efficacies between percutaneous transforaminal endoscopic discectomy and microendoscopic discectomy for the treatment of single-segmental lumbar disc herniation. *Chin J Bone Jt Inj.* 2017;32(1):70-71
29. Chen Q, Qin L, Li MW, et al. Comparison of the therapeutic effect of percutaneous transforaminal endoscopic discectomy and posterior discectomy on senile single segmental lumbar disc herniation. *Chin J Front Med Sci.* 2018;10(2):60-64
30. Wu YM, Bai M, Yin HP, et al. Comparison of the efficacies between two kinds of minimally invasive procedures for the treatment of simple lumbar disc herniation. *J Pract Orthop.* 2018;24(4):357-360
31. Belykh E, Giers MB, Preul MC, et al. Prospective Comparison of Microsurgical, Tubular-Based Endoscopic, and Endoscopically Assisted Discectomies: Clinical Effectiveness and Complications in Railway Workers. *World Neurosurg.* Jun 2016; 90: 273-280. PMID 26898494
32. Chen HC, Lee CH, Wei L, et al. Comparison of percutaneous endoscopic lumbar discectomy and open lumbar surgery for adjacent segment degeneration and recurrent disc herniation. *Neurol Res Int.* 2015; 2015: 791943. PMID 25861474
33. Choi KC, Kim JS, Park CK. Percutaneous Endoscopic Lumbar Discectomy as an Alternative to Open Lumbar Microdiscectomy for Large Lumbar Disc Herniation. *Pain Physician.* Feb 2016; 19(2): E291-300. PMID 26815256
34. Garg B, Nagraja UB, Jayaswal A. Microendoscopic versus open discectomy for lumbar disc herniation: a prospective randomised study. *J Orthop Surg (Hong Kong).* Apr 2011; 19(1): 30-4. PMID 21519072
35. Hermantin FU, Peters T, Quartararo L, et al. A prospective, randomized study comparing the results of open discectomy with those of video-assisted arthroscopic microdiscectomy. *J Bone Joint Surg Am.* Jul 1999; 81(7): 958-65. PMID 10428127



36. Huang TJ, Hsu RW, Li YY, et al. Less systemic cytokine response in patients following microendoscopic versus open lumbar discectomy. *J Orthop Res.* Mar 2005; 23(2): 406-11. PMID 15734255
37. Hussein M, Abdeldayem A, Mattar MM. Surgical technique and effectiveness of microendoscopic discectomy for large uncontained lumbar disc herniations: a prospective, randomized, controlled study with 8 years of follow-up. *Eur Spine J.* Sep 2014; 23(9): 1992-9. PMID 24736930
38. Kleinpeter G, Markowitsch MM, Bock F. Percutaneous endoscopic lumbar discectomy: minimally invasive, but perhaps only minimally useful? *Surg Neurol.* Jun 1995; 43(6): 534-9; discussion 540-1. PMID 7482230
39. Lee DY, Shim CS, Ahn Y, et al. Comparison of percutaneous endoscopic lumbar discectomy and open lumbar microdiscectomy for recurrent disc herniation. *J Korean Neurosurg Soc.* Dec 2009; 46(6): 515-21. PMID 20062565
40. Martin-Laez R, Martinez-Agueros JA, Suarez-Fernandez D, et al. Complications of endoscopic microdiscectomy using the EASYGO! system: is there any difference with conventional discectomy during the learning-curve period?. *Acta Neurochir (Wien).* Jun 2012; 154(6): 1023-32. PMID 22446750
41. Mayer HM, Brock M. Percutaneous endoscopic discectomy: surgical technique and preliminary results compared to microsurgical discectomy. *J Neurosurg.* Feb 1993; 78(2): 216-25. PMID 8267686
42. Ohya J, Oshima Y, Chikuda H, et al. Does the microendoscopic technique reduce mortality and major complications in patients undergoing lumbar discectomy? A propensity score-matched analysis using a nationwide administrative database. *Neurosurg Focus.* Feb 2016; 40(2): E5. PMID 26828886
43. Pan L, Zhang P, Yin Q. Comparison of tissue damages caused by endoscopic lumbar discectomy and traditional lumbar discectomy: a randomised controlled trial. *Int J Surg.* 2014; 12(5): 534-7. PMID 24583364
44. Righesso O, Falavigna A, Avanzi O. Comparison of open discectomy with microendoscopic discectomy in lumbar disc herniations: results of a randomized controlled trial. *Neurosurgery.* Sep 2007; 61(3): 545-9; discussion 549. PMID 17881967
45. Ruetten S, Komp M, Merk H, et al. Full-endoscopic interlaminar and transforaminal lumbar discectomy versus conventional microsurgical technique: a prospective, randomized, controlled study. *Spine.* Apr 20 2008; 33(9): 931-9. PMID 18427312
46. Ruetten S, Komp M, Merk H, et al. Recurrent lumbar disc herniation after conventional discectomy: a prospective, randomized study comparing full-endoscopic interlaminar and transforaminal versus microsurgical revision. *J Spinal Disord Tech.* Apr 2009; 22(2): 122-9. PMID 19342934
47. Sasaoka R, Nakamura H, Konishi S, et al. Objective assessment of reduced invasiveness in MED. Compared with conventional one-level laminotomy. *Eur Spine J.* May 2006; 15(5): 577-82. PMID 15926058
48. Schizas C, Tsiridis E, Saksena J. Microendoscopic discectomy compared with standard microsurgical discectomy for treatment of uncontained or large contained disc herniations. *Neurosurgery.* Oct 2005; 57(4 Suppl): 357-60; discussion 357-60. PMID 16234685
49. Teli M, Lovi A, Brayda-Bruno M, et al. Higher risk of dural tears and recurrent herniation with lumbar micro-endoscopic discectomy. *Eur Spine J.* Mar 2010; 19(3): 443-50. PMID 20127495
50. Ruetten S, Komp M, Merk H, et al. Use of newly developed instruments and endoscopes: full-endoscopic resection of lumbar disc herniations via the interlaminar and lateral transforaminal approach. *J Neurosurg Spine.* Jun 2007; 6(6): 521-30. PMID 17561740
51. Ruetten S, Komp M, Merk H, et al. Full-endoscopic anterior decompression versus conventional anterior decompression and fusion in cervical disc herniations. *Int Orthop.* Dec 2009; 33(6): 1677-82. PMID 19015851
52. Ruetten S, Komp M, Merk H, et al. Full-endoscopic cervical posterior foraminotomy for the operation of lateral disc herniations using 5.9-mm endoscopes: a prospective, randomized, controlled study. *Spine.* Apr 20 2008; 33(9): 940-8. PMID 18427313
53. Wang B, Lu GH, Li J, et al. [Contrast study of full-endoscopic interlaminar approach for the surgical treatment of lumbar disc herniation]. *Zhonghua Wai Ke Za Zhi.* Jan 01 2011; 49(1): 74-8. PMID 21418844



54. Lee SH, Chung SE, Ahn Y, et al. Comparative radiologic evaluation of percutaneous endoscopic lumbar discectomy and open microdiscectomy: a matched cohort analysis. *Mt Sinai J Med.* Sep 2006; 73(5): 795-801. PMID 17008941
55. Liu JL, Zhen WX, Gao GY, et al. A prospective and controlled study of percutaneous transforaminal endoscopic discectomy versus fenestration discectomy for lumbar disc herniation. *Chin J Bone Joint.* 2014;3:245-250
56. Wang F, Guo D, Sun T, et al. A comparative study on short-term therapeutic effects of percutaneous transforaminal endoscopic discectomy and microendoscopic discectomy on lumbar disc herniation. *Pak J Med Sci.* Mar-Apr 2019; 35(2): 426-431. PMID 31086527
57. Gibson JNA, Subramanian AS, Scott CEH. A randomised controlled trial of transforaminal endoscopic discectomy vs microdiscectomy. *Eur Spine J.* Mar 2017; 26(3): 847-856. PMID 27885470
58. Gotecha S, Ranade D, Patil SV, et al. The role of transforaminal percutaneous endoscopic discectomy in lumbar disc herniations. *J Craniovertebr Junction Spine.* Oct-Dec 2016; 7(4): 217-223. PMID 27891030
59. Lee DY, Lee SH. Learning curve for percutaneous endoscopic lumbar discectomy. *Neurol Med Chir (Tokyo).* Sep 2008; 48(9): 383-8; discussion 388-9. PMID 18812679
60. Wang B, Lu G, Patel AA, et al. An evaluation of the learning curve for a complex surgical technique: the full endoscopic interlaminar approach for lumbar disc herniations. *Spine J.* Feb 2011; 11(2): 122-30. PMID 21296295
61. Tenenbaum S, Arzi H, Herman A, et al. Percutaneous Posterolateral Transforaminal Endoscopic Discectomy: Clinical Outcome, Complications, and Learning Curve Evaluation. *Surg Technol Int.* Dec 2011; 21: 278-83. PMID 22505002
62. Casal-Moro R, Castro-Menendez M, Hernandez-Blanco M, et al. Long-term outcome after microendoscopic discectomy for lumbar disk herniation: a prospective clinical study with a 5-year follow-up. *Neurosurgery.* Jun 2011; 68(6): 1568-75; discussion 1575. PMID 21311384
63. Wang M, Zhou Y, Wang J, et al. A 10-year follow-up study on long-term clinical outcomes of lumbar microendoscopic discectomy. *J Neurol Surg A Cent Eur Neurosurg.* Aug 2012; 73(4): 195-8. PMID 22825836
64. Choi KC, Lee JH, Kim JS, et al. Unsuccessful percutaneous endoscopic lumbar discectomy: a single-center experience of 10,228 cases. *Neurosurgery.* Apr 2015; 76(4): 372-80; discussion 380-1; quiz 381. PMID 25599214
65. National Institute for Health and Care Excellence (NICE). Automated percutaneous mechanical lumbar discectomy-guidance [IPG141]. 2005; <http://guidance.nice.org.uk/IPG141/Guidance/pdf/English>. Accessed July, 2020
66. National Institute for Health and Care Excellence (NICE). Percutaneous interlaminar endoscopic lumbar discectomy for sciatica [IPG555]. 2016; <https://www.nice.org.uk/guidance/ipg555>. Accessed July, 2020
67. National Institute for Health and Care Excellence (NICE). Percutaneous transforaminal endoscopic lumbar discectomy for sciatica [IPG556]. 2016; <https://www.nice.org.uk/guidance/ipg556>. Accessed July, 2020
68. Kreiner DS, Hwang SW, Easa JE, et al. An evidence-based clinical guideline for the diagnosis and treatment of lumbar disc herniation with radiculopathy. *Spine J.* Jan 2014; 14(1): 180-91. PMID 24239490
69. Chou R, Loeser JD, Owens DK, et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. *Spine.* May 01 2009; 34(10): 1066-77. PMID 19363457

History



| Date | Comments |
|----------|--|
| 01/97 | Add to Surgery Section - New Policy |
| 08/13/02 | Replace Policy - Policy reviewed without literature review; new review date only |
| 07/13/04 | Replace Policy - Policy reviewed without literature review; new review date only. |
| 06/14/05 | Replace Policy - Policy revised with literature review; now considered investigational; references provided. Status changed to BC. Title changed by removing Lumbar. Hold for notification; publish 11/1/05. |
| 06/16/06 | Replace Policy - Policy reviewed with literature search; no change in policy statement; Scope and Disclaimer updated. |
| 11/13/07 | Replace Policy - Policy reviewed with literature search; no change in policy statement; references added. |
| 05/13/08 | Cross Reference Update - No other changes |
| 10/14/08 | Cross Reference Update - No other changes. |
| 01/13/09 | Replace Policy - Policy reviewed with literature search; no change in policy statement; references added. |
| 03/09/10 | Replace Policy - Policy updated with literature search; no change to the policy statement. References added. |
| 05/10/11 | Replace Policy - Policy updated with literature review, rationale section extensively revised, no change in policy statement. Title changed to "Automated Percutaneous Discectomy". ICD-10 codes added to policy. |
| 04/10/12 | Replace policy. Endoscopic discectomy added to policy with literature review through October 2011; Rationale revised; references added and reordered; 1 reference removed; title changed to "Automated Percutaneous and Endoscopic Discectomy". Endoscopic discectomy is considered investigational. |
| 09/26/12 | Update Related Policies – Add 7.01.126; ICD-10 codes are now effective 10/01/2014. |
| 06/10/13 | Replace policy. Policy updated with literature review through January 9, 2013; references added and reordered; clinical input reviewed; policy statement clarified to read "back pain and/or radiculopathy". |
| 09/30/13 | Update Related Policies. Change title to 7.01.72 and 7.01.93. |
| 01/21/14 | Update Related Policies. Add 7.01.551. |
| 03/11/14 | Coding Update. Code 80.59 was removed per ICD-10 mapping project; this code is not utilized for adjudication of policy. |
| 06/19/14 | Annual Review. Policy updated with literature review through March 27, 2014, references 13-14 and 18 added; policy statements unchanged. Diagnosis and procedure codes removed (ICD-9 and ICD-10) – performed outpatient. |



| Date | Comments |
|----------|---|
| 06/17/15 | Annual Review. Policy updated with literature review through March 23, 2015; references 17-18, 27, and 34 added; policy statements unchanged. CPT codes 0274T and 0275T added to the policy Coding section. |
| 08/25/15 | Update Related Policies. Remove deleted policy 7.01.537. |
| 07/01/16 | Annual Review, approved June 14, 2016. Policy updated with literature review through February 23, 2016; references 10 and 18 added. Policy statements unchanged. |
| 01/01/17 | Coding update. Added new CPT code 62380 effective 1/1/17. |
| 07/01/17 | Annual Review, approved June 6, 2017. Policy moved into new format. Policy updated with literature review through March 6, 2017; references 15-16 and 21 added. Policy statements unchanged. Policy title changed to "Automated Percutaneous and Percutaneous Endoscopic Discectomy". |
| 01/01/19 | Annual Review, approved December 19, 2018. Policy updated with literature review through June 2018; reference 21 added. Policy statements unchanged. |
| 02/01/19 | Minor update, added 7.01.560 to related policies. |
| 09/01/19 | Annual Review, approved August 6, 2019. Policy updated with literature review through April 2019; references added. Policy statements unchanged. |
| 09/01/20 | Annual Review, approved August 4, 2020. Policy updated with literature review through May 2020; references added. Policy statements unchanged. |
| 11/01/20 | Coding update. Added HCPCS code C2614. |

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). ©2020 Premera All Rights Reserved.

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



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).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማመጠን በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

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

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 devez 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 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 hnuv 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 aplikasyonyo 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-atyto 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. 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 ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ 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 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 ਕਰਮ 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).