**MEDICAL POLICY – 7.01.20**

**Vagus Nerve Stimulation**

**BCBSA Ref. Policy:** 7.01.20

**Effective Date:** May 1, 2016

**Last Revised:** Aug. 25, 2017

**Replaces:** N/A

**RELATED MEDICAL POLICIES:**
- 2.01.526 Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders
- 7.01.63 Deep Brain Stimulation
- 7.01.143 Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy
- 7.01.150 Vagus Nerve Blocking Therapy for Treatment of Obesity
- 7.01.522 Gastric Electrical Stimulation
- 7.01.546 Spinal Cord Stimulation

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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.

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**Introduction**

The vagus nerve starts in the brain stem and runs down the neck, into the chest, and then down to the stomach area. Stimulating this nerve has been studied as a way to treat several different types of conditions. A small device that generates electricity is surgically placed in a person’s chest. A thin wire leads from the device to the vagus nerve. Vagus nerve stimulation may be used to treat seizures that don’t respond to medication. However, for other conditions it’s considered investigational (unproven). There is not yet enough information in published medical studies to show how well it works for other conditions. Similarly, non-implanted devices to stimulate the vagus nerve are also investigational due to lack of evidence.

**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**

<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vagus nerve stimulation</strong></td>
<td>Vagus nerve stimulation may be considered medically necessary as a treatment of medically refractory seizures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vagus nerve stimulation</strong></td>
<td>Vagus nerve stimulation is considered investigational as a treatment of other conditions, including but not limited to heart failure, fibromyalgia, depression, essential tremor, obesity, headaches, tinnitus, and traumatic brain injury.</td>
</tr>
<tr>
<td><strong>Non-implantable vagus nerve stimulation devices</strong></td>
<td>Non-implantable vagus nerve stimulation devices are considered investigational for all indications.</td>
</tr>
</tbody>
</table>

Vagal nerve stimulation (VNS) requires not only the surgical implantation of the device, but also subsequent neurostimulator programming that occurs intraoperatively and during additional outpatient visits.

Vagal nerve blocking is addressed in a separate policy. (See **Related Policies**.)

**Coding**

The specific CPT codes that describe the neurostimulator programming and analysis of cranial nerve stimulation (ie, vagus nerve) are in the following table:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>61885</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array</td>
</tr>
<tr>
<td>61886</td>
<td>Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays</td>
</tr>
<tr>
<td>61888</td>
<td>Revision or removal of cranial neurostimulator pulse generator or receiver</td>
</tr>
</tbody>
</table>
### Code | Description
--- | ---
64553 | Percutaneous implantation of neurostimulator electrodes; cranial nerve
64568 | Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570 | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

### HCPCS
--- | ---
L8680 | Implantable neurostimulator electrode, each
L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682 | Implantable neurostimulator radiofrequency receiver
L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8684 | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
L8689 | External recharging system for battery (internal) for use with implantable neurostimulator

**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).
Definition of Terms

**Medically refractory seizures** are defined as:

- Seizures that occur in spite of therapeutic levels of antiepileptic drugs or
- Seizures that cannot be treated with therapeutic levels of antiepileptic drugs because of intolerable adverse effects of these drugs.

Evidence Review

Description

Stimulation of the vagus nerve can be performed by means of an implantable stimulator within the carotid artery sheath. This technique has been proposed as a treatment for refractory seizures, depression, and other disorders. There are also devices available that are implanted at different areas of the vagus nerve. This evidence review also addresses devices that stimulate the vagus nerve through the skin (transcutaneously).

Background

**Vagus Nerve Stimulation (VNS)**

VNS was initially investigated as a possible treatment for patients with medically refractory partial-onset seizures who were not surgical candidates or who failed to get relief of symptoms after surgery. Over time, the use of VNS has expanded to generalized seizures, and it has been investigated for a range of other conditions.

While the mechanisms for the therapeutic effects of VNS are not fully understood, the basic premise of VNS in the treatment of various conditions is that vagal visceral afferents have a diffuse central nervous system projection, and activation of these pathways has a widespread effect on neuronal excitability. Electrical stimulus is applied to axons of the vagus nerve, which have their cell bodies in the nodose and junctional ganglia and synapse on the nucleus of the solitary tract in the brainstem. From the solitary tract nucleus, vagal afferent pathways project to multiple areas of the brain. There are also vagal efferent pathways that innervate the heart, vocal
cords, and other laryngeal and pharyngeal muscles, and provide parasympathetic innervation to the gastrointestinal tract that may also be stimulated by VNS.

The type of VNS device addressed in this policy consists of an implantable, programmable electronic pulse generator that delivers stimulation to the left vagus nerve at the carotid sheath. The pulse generator is connected to the vagus nerve via a bipolar electrical lead. Surgery for implantation of a vagal nerve stimulator involves implantation of the pulse generator in the infraclavicular region and wrapping two spiral electrodes around the left vagus nerve within the carotid sheath. The programmable stimulator may be programmed in advance to stimulate at regular times or on demand by the patients or their families by placing a magnet against the subclavicular implant site.

Various types of devices that stimulate the vagus nerve transcutaneously have been developed as well. One device made by Cerbomed stimulates the auricular branch of the vagus nerve. Some devices used in studies are not well characterized as to the specific manufacturer or type of device used. The U.S. Food and Drug Administration has not approved any transcutaneous VNS devices.

Other types of implantable vagus nerve stimulators are also available. The Maestro® System (EnteroMedics; St. Paul, MN) consists of a subcutaneously implanted pulse generator and electrodes that are placed in contact with the trunks of the vagus nerve at the gastroesophageal junction. These types of stimulators differ in the location of the pulse generator and electrodes and the stimulation programming settings, and are not addressed in this evidence review.

VNS was originally approved for the treatment of medically refractory epilepsy. Significant advances have been made since then in the surgical and medical treatment of epilepsy, and newer, more recently approved medications are available. Despite these advances, however, 25% to 50% of patients with epilepsy experience breakthrough seizures or suffer from debilitating adverse effects of antiepileptic drugs. For patients such as these, VNS therapy has been used as an alternative or adjunct to epilepsy surgery or medications.

Based on observations that patients treated with VNS experience improvements in mood, VNS has been evaluated for the treatment of refractory depression. VNS has been investigated for multiple other conditions which may be affected by either the afferent or efferent stimulation of the vagus nerve, including headaches, tremor, obesity, heart failure, fibromyalgia, tinnitus, and traumatic brain injury.
Summary of Evidence

The evidence for vagus nerve stimulation (VNS) in individuals who have seizures refractory to medical treatment includes randomized controlled trials (RCTs) and multiple observational studies. Relevant outcomes are symptoms, change in disease status, and functional outcomes. The RCTs reported a significant reduction in seizure frequency for patients with partial-onset seizures. The uncontrolled studies have consistently reported large reductions for a broader range of seizure types in both adults and children. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

The evidence for VNS in individuals who have treatment-resistant depression includes 1 RCT and other nonrandomized comparative studies and case series. Relevant outcomes are symptoms, change in disease status, and functional outcomes. The RCT reported only short-term results and found no significant improvement for the primary outcome. Other available studies are limited by small sample sizes, potential selection bias, and lack of a control group in the case series. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for VNS in individuals who have chronic heart failure or upper-limb impairment due to stroke includes RCTs and case series. Relevant outcomes are symptoms, change in disease status, and functional outcomes. The RCTs for both conditions did not show significant improvements in the primary outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for VNS in individuals who have essential tremor, obesity, headache, fibromyalgia, or tinnitus includes case series. Relevant outcomes are symptoms, change in disease status, and functional outcomes. Case series are insufficient to make conclusions regarding efficacy. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for transcutaneous VNS stimulation in individuals who have epilepsy, depression, schizophrenia, headache, or impaired glucose tolerance includes at least 1 RCT and case series for some of the conditions. Relevant outcomes are symptoms, change in disease status, and functional outcomes. The RCTs are all small and have various methodologic problems. None shows definitive efficacy of transcutaneous VNS in improving outcomes among patients. The evidence is insufficient to determine the effects of the technology on health outcomes.
Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT02089243</td>
<td>Prospective Randomized Controlled Study of Vagus Nerve Stimulation Therapy in the Patients With Medically Refractory Medial Temporal Lobe Epilepsy; Controlled Randomized Vagus Nerve Stimulation Versus Resection (CoRaVNSriR)</td>
<td>40</td>
<td>Jul 2017</td>
</tr>
<tr>
<td><strong>Unpublished</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT01958125a</td>
<td>A Randomized, Multicentre, Double-blind, Parallel, Sham-controlled Study of GammaCore®, a Non-invasive Neurostimulator Device for the Acute Relief of Episodic and Chronic Cluster Headache.</td>
<td>120</td>
<td>Jan 2015</td>
</tr>
<tr>
<td>NCT01792817a</td>
<td>Non-invasive Neurostimulation of the Vagus Nerve With the GammaCore Device for the Treatment of Cluster Headache</td>
<td>150</td>
<td>Oct 2014</td>
</tr>
</tbody>
</table>

NCT: national clinical trial.

*a Denotes industry-sponsored or cosponsored trial.

Practice Guidelines and Position Statements

American Academy of Neurology (AAN)

In 1999, the AAN released a consensus statement on the use of VNS in adults that stated, “VNS is indicated for adults and adolescents over 12 years of age with medically intractable partial seizures who are not candidates for potentially curative surgical resections, such as lesionectomies or mesial temporal lobectomies.”60 AAN released an update to these guidelines in 2013 that stated, “VNS may be considered for seizures in children, for LGS [Lennox-Gastaut-syndrome]-associated seizures, and for improving mood in adults with epilepsy (Level C). VNS may be considered to have improved efficacy over time (Level C).”61
**American Psychiatric Association (APA)**

The APA guidelines on the treatment of major depressive disorder in adults, updated in November 2010, includes the following statement on the use of VNS: “Vagus nerve stimulation (VNS) may be an additional option for individuals who have not responded to at least four adequate trials of antidepressant treatment, including ECT [Electroconvulsive therapy],” with a level of evidence III (May be recommended on the basis of individual circumstances).62

**European Headache Federation (EHF)**

In 2013, the EHF issued a consensus statement on neuromodulation treatments for chronic headaches, which makes the following statement about the use of VNS: “Due to the lack of evidence, VNS should only be employed in chronic headache sufferers using a randomized, placebo controlled trial design.”63

**Medicare National Coverage**

Medicare has a national coverage determination for VNS. Medicare coverage policy notes that “Clinical evidence has shown that vagus nerve stimulation is safe and effective treatment for patients with medically refractory partial onset seizures, for whom surgery is not recommended or for whom surgery has failed. Vagus nerve stimulation is not covered for patients with other types of seizure disorders that are medically refractory and for whom surgery is not recommended or for whom surgery has failed.” Effective for services performed on or after May 4, 2007, VNS is not reasonable and necessary for resistant depression.64

**Regulatory Status**

In 1997, the NeuroCybernetic Prosthesis (NCP®) System (Cyberonics), a vagus nerve stimulation (VNS) device, was approved by the U.S. Food and Drug Administration (FDA) through the premarket approval (PMA) process for use in conjunction with drugs or surgery “...as an adjunctive treatment of adults and adolescents over 12 years of age with medically refractory partial onset seizures.”
On July 15, 2005, Cyberonics received PMA supplement approval by FDA for the VNS Therapy™ System “…for the adjunctive long-term treatment of chronic or recurrent depression for patients 18 years of age or older who are experiencing a major depressive episode and have not had an adequate response to four or more adequate antidepressant treatments.”

Cerbomed has developed a transcutaneous VNS (t-VNS®) system that uses a combined stimulation unit and ear electrode to stimulate the auricular branch of the vagus nerve, which supplies the skin over the concha of the ear. Patients self-administer electrical stimulation for several hours a day; no surgical procedure is required. The device received the CE mark in Europe in 2011, but has not been FDA approved for use in the United States. ElectroCore Medical has developed a noninvasive VNS system (gammaCore®) that is currently being investigated for headache; the device has not been FDA approved for use in the United States.

VNS therapy has been investigated in small studies for use in other conditions such as essential tremor, fibromyalgia, headache, obesity and tinnitus.

FDA product code: LYJ.

References


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**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/25/98</td>
<td>Add to Surgery Section - New Policy</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>01/07/99</td>
<td>Coding Update - 1999 CPT coding release.</td>
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<tr>
<td>06/02/00</td>
<td>Replace Policy - Added cross-references to other stimulation policies.</td>
</tr>
<tr>
<td>01/08/02</td>
<td>Replace Policy - Title change; revised new indication for children, investigational as a treatment for depression. Held for notification, published 4/15/02.</td>
</tr>
<tr>
<td>09/12/03</td>
<td>Replace Policy - Information update; policy statement unchanged.</td>
</tr>
<tr>
<td>10/12/04</td>
<td>Replace Policy - Policy reviewed with literature search. FDA information and a reference added. Statement on investigational status of VNS treatment for essential tremor added.</td>
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<tr>
<td>09/13/05</td>
<td>Replace Policy - Policy updated with literature review and FDA approval of VNS for depression. Added headaches and essential tremor as investigational in the policy statement; remaining policy statements unchanged.</td>
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<tr>
<td>02/06/06</td>
<td>Codes updated - No other changes.</td>
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<tr>
<td>06/09/06</td>
<td>Disclaimer and Scope update - No other changes.</td>
</tr>
<tr>
<td>09/12/06</td>
<td>Replace Policy - Policy updated with June 2006 TEC Assessment (treatment-resistant depression) and literature review for other indications; policy statement unchanged; references added.</td>
</tr>
<tr>
<td>01/08/08</td>
<td>Replace Policy - Policy updated with literature search; no change in policy statement. References and codes added.</td>
</tr>
<tr>
<td>10/14/08</td>
<td>Replace Policy - Policy updated with literature search; no change in policy statement. References and codes added.</td>
</tr>
<tr>
<td>01/13/09</td>
<td>Replace Policy - Policy updated with literature search. Policy statement revised to indicate the VNS may be considered medically necessary in refractory seizures (both partial and generalized) and is investigational in treatment of obesity. References added.</td>
</tr>
<tr>
<td>01/12/10</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statements. Rationale extensively reorganized and condensed. References added.</td>
</tr>
<tr>
<td>03/08/11</td>
<td>Replace Policy - Policy updated with literature search; references 30-32 have been added. No change to policy statements. ICD-10 codes added.</td>
</tr>
<tr>
<td>01/03/12</td>
<td>Deleted codes 64568, 64569, 64570 and 64573 removed.</td>
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<tr>
<td>06/26/12</td>
<td>Replace policy. Policy updated with literature search, references 26-28, 33, 34 added. Policy statement updated to include the addition of heart failure and fibromyalgia to the list of investigational conditions.</td>
</tr>
<tr>
<td>08/27/12</td>
<td>Update Related Policy – Add 2.01.50. Update coding section – ICD-10 codes are now effective 10/01/2014.</td>
</tr>
<tr>
<td>01/10/13</td>
<td>Coding update. New CPT codes 0312T – 0318T, effective 1/1/13, added to policy.</td>
</tr>
<tr>
<td>01/22/13</td>
<td>Update Related Policies. 2.01.50 replaced with 2.01.526.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>02/15/13</td>
<td>Update Related Policies. Change title to policy 2.01.526.</td>
</tr>
<tr>
<td>05/28/13</td>
<td>Replace policy. Policy reviewed. Rationale section reformatted for readability, references renumbered to match the changes. A literature search through January 2013 did not prompt additions to the reference list. Vagus nerve blocking therapy codes (0312T-03127T) removed as inappropriate for this policy. Policy statement unchanged.</td>
</tr>
<tr>
<td>06/13/14</td>
<td>Annual Review. Policy updated with literature review through February 5, 2014. References 7, 13-17, 29-31, and 41-44 added. Policy statement updated to include the addition of tinnitus and traumatic brain injury to the list of investigational conditions. Rationale section reorganized.</td>
</tr>
<tr>
<td>01/26/15</td>
<td>Update Related Policy. Add 7.01.143.</td>
</tr>
<tr>
<td>03/13/15</td>
<td>Update Related Policies. Add 7.01.522.</td>
</tr>
<tr>
<td>05/27/15</td>
<td>Annual Review. Policy updated with literature review through January 27, 2015. Added vBloc Maestro system to Regulatory Status section. References 2, 14-17, 35, 40, 45-46, 51, 54-58, 62 added; others renumbered. Policy statements unchanged. Coding update: ICD-9 and ICD-10 diagnosis codes removed; ICD-9 procedure codes 02.93, 86.96, 86.97, and 86.98 removed; ICD-10 codes added for purposes of remediation.</td>
</tr>
<tr>
<td>09/01/15</td>
<td>Update Related Policies. Add 7.01.150.</td>
</tr>
<tr>
<td>05/01/16</td>
<td>Annual Review, approved April 12, 2016. Policy updated with literature review through January 20, 2016; references 44, 55, and 57 added. Regulatory Status section revised with device information. Policy statements unchanged.</td>
</tr>
<tr>
<td>03/01/17</td>
<td>Coding Update. Removed CPT code 95973 as it was deleted as of 01/01/2016.</td>
</tr>
<tr>
<td>08/25/17</td>
<td>Coding update, removed CPT codes 95971, 95972, 95974, and 95975. Policy moved to new format, no changes to policy statement.</td>
</tr>
</tbody>
</table>

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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

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Deutsche (German):

Hmoob (Hmong):

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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.

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 claves 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.

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. 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 na ito. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno.

ไทย (Thai):
ประกาศนี้มีข้อตกลงสำคัญ ประกาศนี้มีข้อตกลงสำคัญกับการประกันสุขภาพของ Premera Blue Cross และที่มีผลบังคับใช้ในกรณีที่คุณจะมีการส่งต่อการประกันสุขภาพที่มีค่าสูงสุดที่จะมีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคับใช้ในกรณีที่ประกันสุขภาพหรือการค้้นข้อตกลงที่มีผลบังคaba 482-9537.

Polskie (Polish):
To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Polski 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 utraty polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie prawo do bezpłatnej informacji we własnym języku. Zadzwoncie 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 dados importantes neste aviso.

Tiếng Việt (Vietnamese):

Farsi (Persian):
این اعلان خارجی طبعات مهم می‌باشد. این اعلان به هنگام جدی اطلاعات مهمی در مورد تاریخ‌های filtered in acountante, manu للمثل. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان نحوه می‌باشد. مثلاً، عربی تا تاریخ‌های مخصوص بها، این اعلان ن