MEDICAL POLICY – 7.01.48

Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions

BCBSA Ref. Policy: 7.01.48*

 RELATED MEDICAL POLICIES:
1.01.10 Continuous Passive Motion in the Home Setting
7.01.15 Meniscal Allografts and Other Meniscal Implants
8.01.52 Orthopedic Applications of Stem-Cell Therapy (Including Allograft and Bone Substitute Products Used with Autologous Bone Marrow)
11.01.524 Site of Service: Select Surgical Procedures

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

Cartilage is firm, rubbery tissue that covers the ends of bones at the joints. Damaged cartilage can cause pain and adversely impact how the joint works. One treatment to repair knee cartilage involves using a person’s own cartilage cells, which are called chondrocytes. In the first step, cartilage cells are removed from the knee. They are sent to a lab where, over the next several weeks, a large number of cells are grown. The second step requires open surgery. The damaged cartilage is removed from the end of the bone, a sheet of special material is placed over that area, and the cells that were grown in the lab are suspended within a liquid and injected in the space between the bone and the material. This policy describes when this surgery may be considered medically necessary for the knee. It has not been well studied in other locations in the body and is considered unproven (investigational) for other joints.

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

Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

<table>
<thead>
<tr>
<th>Site of Service for Elective Surgical Procedures</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medically necessary sites of service:</strong></td>
<td>Certain elective surgical procedures will be covered in the most appropriate, safe, and cost effective site. These are the preferred medically necessary sites of service for certain elective surgical procedures.</td>
</tr>
<tr>
<td>• Off campus-outpatient hospital/medical center</td>
<td></td>
</tr>
<tr>
<td>• On campus-outpatient hospital/medical center</td>
<td></td>
</tr>
<tr>
<td>• Ambulatory Surgical Center</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient hospital/medical center</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. This site is considered medically necessary only when the patient has a clinical condition which puts him or her at increased risk for complications including any of the following (this list may not be all inclusive):</td>
<td></td>
</tr>
<tr>
<td>• Anesthesia Risk</td>
<td></td>
</tr>
<tr>
<td>o ASA classification III or higher (see definition)</td>
<td></td>
</tr>
<tr>
<td>o Personal history of complication of anesthesia</td>
<td></td>
</tr>
<tr>
<td>o Documentation of alcohol dependence or history of cocaine use</td>
<td></td>
</tr>
<tr>
<td>o Prolonged surgery (&gt;3 hours)</td>
<td></td>
</tr>
<tr>
<td>• Cardiovascular Risk</td>
<td></td>
</tr>
<tr>
<td>o Uncompensated chronic heart failure (NYHA class III or IV)</td>
<td></td>
</tr>
<tr>
<td>o Recent history of myocardial infarction (MI) (&lt;3 months)</td>
<td></td>
</tr>
<tr>
<td>o Poorly controlled, resistant hypertension*</td>
<td></td>
</tr>
<tr>
<td>o Recent history of cerebrovascular accident (&lt; 3 months)</td>
<td></td>
</tr>
<tr>
<td>o Increased risk for cardiac ischemia (drug eluting stent placed &lt; 1 year or angioplasty &lt;90 days)</td>
<td></td>
</tr>
</tbody>
</table>
### Site of Service for Elective Surgical Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| Autologous chondrocyte implantation (MACI is current product name) | **Autologous chondrocyte implantation may be considered medically necessary when ALL of the following criteria are met:**  
  - Severe disabling knee pain and loss of knee function that interferes with activities of daily living or work ability  
  - Tried and failed all conservative therapy for at least 3 months |
### Procedure | Medical Necessity
---|---
|  | (includes NSAIDs, and at least 6 PT visits)
- Patient is between the ages of 16 and 55 years of age
- Body mass index is 35 or less
- Focal, full-thickness (grade III or IV Outerbridge scale) unipolar lesions of the weight-bearing surface of the femoral condyles, trochlea, or patella that are at least 1.5 cm² in size
- Documented minimal to absent degenerative changes in the surrounding articular cartilage (Outerbridge grade II or less), and normal-appearing hyaline cartilage surrounding the border of the defect
- All of the following on exam:
  - Stable knee with intact or reconstructed ligaments (ACL or PCL) are planned with the procedure (see Related Information below)
  - Normal joint alignment
  - Normal joint space

### Procedure | Investigational
---|---
**Autologous chondrocyte implantation (all other joints)** | Autologous chondrocyte implantation for all other joints, including talar, and any indications other than those listed above is considered investigational.

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT</strong></td>
<td></td>
</tr>
<tr>
<td>27412</td>
<td>Autologous chondrocyte implantation, knee</td>
</tr>
<tr>
<td>29870</td>
<td>Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)</td>
</tr>
<tr>
<td>29877</td>
<td>Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)</td>
</tr>
<tr>
<td>29879</td>
<td>Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture</td>
</tr>
<tr>
<td>29880</td>
<td>Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty),</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>29881</td>
<td>Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed</td>
</tr>
<tr>
<td>29882</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)</td>
</tr>
<tr>
<td>29883</td>
<td>Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7330</td>
<td>Autologous cultured chondrocytes, implant</td>
</tr>
<tr>
<td>S2112</td>
<td>Arthroscopy, knee, surgical, for harvesting of cartilage (chondrocyte cells)</td>
</tr>
</tbody>
</table>

**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**

For smaller lesions (eg, <4 cm²), if débridement is the only prior surgical treatment, then consideration should be given to marrow-stimulating techniques before autologous chondrocyte implantation (ACI) is performed.

The average defect size reported in the literature is about 5 cm²; many studies treated lesions as large as 15 cm².

Severe obesity (eg, body mass index >35 kg/m²) may affect outcomes due to the increased stress on weight-bearing surfaces of the joint.

Misalignment and instability of the joint are contraindications. Therefore, additional procedures, such as repair of ligaments or tendons or creation of an osteotomy for realignment of the joint, may be performed at the same time. In addition, meniscal allograft transplantation may be performed in combination, either concurrently or sequentially, with ACI. The charges for the culturing component of the procedure are submitted as part of the hospital bill.

The entire matrix-induced ACI procedure consists of 4 steps: (1) initial arthroscopy and biopsy of normal cartilage, (2) culturing of chondrocytes on an absorbable collagen matrix, (3) a separate arthrotomy to place a small patch over the damaged cartilage and inject the chondrocytes beneath the patch, and (4) postsurgical rehabilitation. The initial arthroscopy may be scheduled...
as a diagnostic procedure; as part of this procedure, a cartilage defect may be identified, prompting biopsy of normal cartilage in anticipation of a possible chondrocyte transplant. The biopsied material is then sent for culturing and returned to the hospital when the implantation procedure (ie, arthrotomy) is scheduled.

**Definition of Terms**

**American Society of Anesthesiologists (ASA) Score:**

ASA 1 A normal healthy patient.
ASA 2 A patient with mild systemic disease.
ASA 3 A patient with severe systemic disease.
ASA 4 A patient with severe systemic disease that is a constant threat to life.
ASA 5 A moribund patient who is not expected to survive

**New York Heart Association (NYHA) Classification:**

Class I No symptoms and no limitation in ordinary physical activity, e.g. shortness of breath when walking, climbing stairs etc.
Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, eg, walking short distances (20–100 m).Comfortable only at rest.
Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients

**Modified Outerbridge Classification**

The Outerbridge classification is a grading system for joint cartilage breakdown. It has been modified to report MRI results, and was originally used for arthroscopy results. Below is correlation between the two.

<table>
<thead>
<tr>
<th>GRADE</th>
<th>MRI Results</th>
<th>Arthroscopy Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>focal areas of hyperintensity with normal contour</td>
<td>cartilage with softening and swelling</td>
</tr>
<tr>
<td>II</td>
<td>blister-like swelling/fraying of articular cartilage extending to surface</td>
<td>fragmentation and fissuring within soft areas of articular cartilage</td>
</tr>
<tr>
<td>III</td>
<td>partial thickness cartilage loss with focal</td>
<td>partial thickness cartilage loss with fibrillation</td>
</tr>
<tr>
<td>MRI Results</td>
<td>Arthroscopy Results</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td>ulceration</td>
<td>(crab-meat appearance)</td>
<td></td>
</tr>
<tr>
<td>GRADE IV</td>
<td>full thickness cartilage loss with underlying bone reactive changes</td>
<td>cartilage destruction with exposed subchondral bone*</td>
</tr>
</tbody>
</table>

*Subchondral bone is the bone underneath the white joint cartilage

Evidence Review

**Description**

A variety of procedures are being developed to resurface articular cartilage defects. Autologous chondrocyte implantation (ACI) involves harvesting chondrocytes from healthy tissue, expanding the cells in vitro, and implanting the expanded cells into the chondral defect. Second- and third-generation techniques include combinations of autologous chondrocytes, scaffolds, and growth factors.

**Background**

**Articular Cartilage Lesions**

Damaged articular cartilage typically fails to heal on its own and can be associated with pain, loss of function, and disability and may lead to debilitating osteoarthritis over time. These manifestations can severely impair a patient’s activities of daily living and adversely affect quality of life.

**Treatment**

Conventional treatment options include débridement, subchondral drilling, microfracture, and abrasion arthroplasty. Débridement involves the removal of synovial membrane, osteophytes, loose articular debris, and diseased cartilage and is capable of producing symptomatic relief. Subchondral drilling, microfracture, and abrasion arthroplasty attempt to restore the articular surface by inducing the growth of fibrocartilage into the chondral defect. Compared with the original hyaline cartilage, fibrocartilage has less capability to withstand shock or shearing force.
and can degenerate over time, often resulting in the return of clinical symptoms. Osteochondral grafts and autologous chondrocyte implantation (ACI) attempt to regenerate hyaline-like cartilage and thereby restore durable function. Osteochondral grafts for the treatment of articular cartilage defects are discussed in a separate medical policy (see Related Policies above).

With ACI, a region of healthy articular cartilage is identified and biopsied through arthroscopy. The tissue is sent to a facility licensed by the U.S. Food and Drug Administration (FDA) where it is minced and enzymatically digested, and the chondrocytes are separated by filtration. The isolated chondrocytes are cultured for 11 to 21 days to expand the cell population, are tested, and then shipped back for implantation. With the patient under general anesthesia, an arthrotomy is performed, and the chondral lesion is excised up to the normal surrounding cartilage. Methods to improve the first-generation ACI procedure have been developed, including the use of a scaffold or matrix-induced autologous chondrocyte implantation (MACI) composed of biocompatible carbohydrates, protein polymers, or synthetics. The only FDA-approved MACI product to date is supplied in a sheet, which is cut to size and fixed with fibrin glue. This procedure is considered technically easier and less time consuming than the first-generation technique, which required suturing of a periosteal or collagen patch and injection of chondrocytes under the patch.

Desired features of articular cartilage repair procedures are the ability (1) to be implanted easily, (2) to reduce surgical morbidity, (3) not to require harvesting of other tissues, (4) to enhance cell proliferation and maturation, (5) to maintain the phenotype, and (6) to integrate with the surrounding articular tissue. In addition to the potential to improve the formation and distribution of hyaline cartilage, use of a scaffold with MACI eliminates the need for harvesting and suture of a periosteal or collagen patch. A scaffold without cells may also support chondrocyte growth.

**Summary of Evidence**

For individuals who have focal articular cartilage lesion(s) of the weight-bearing surface of the femoral condyles, trochlea, or patella who receive autologous chondrocyte implantation (ACI), the evidence includes systematic reviews, randomized controlled trials (RCTs), and prospective observational studies. Relevant outcomes are symptoms, change in disease status, morbid events, functional outcomes, and quality of life. There is a large body of evidence on ACI for the treatment of focal articular cartilage lesions of the knee. For large lesions, ACI results in better outcomes than microfracture, particularly in the long term. In addition, there is a limit to the size of lesions that can be treated with another procedure called osteochondral autograft transfer,
due to a limit on the number of osteochondral cores that can be safely harvested. As a result, ACI has become the established treatment for large articular cartilage lesions in the knee. In 2017, first-generation ACI with a collagen cover was phased out and replaced with an ACI preparation that seeds the chondrocytes onto a bioresorbable collagen sponge. Although the implantation procedure for this second-generation ACI is less technically demanding, studies to date have not shown improved outcomes compared to first-generation ACI. Some evidence has suggested an increase in hypertrophy (overgrowth) of the new implant that may exceed that of the collagen membrane covered implant. Long-term studies with a larger number of patients will be needed to determine whether this hypertrophy impacts graft survival. Based on mid-term outcomes that approximate those of first-generation ACI and the lack of alternatives, second-generation ACI may be considered an option for large disabling full-thickness cartilage lesions of the knee. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have focal articular cartilage lesions of joints other than the knee who receive ACI, the evidence includes an RCT and systematic reviews of case series. Relevant outcomes are symptoms, change in disease status, morbid events, functional outcomes, and quality of life. The greatest amount of literature is for ACI of the talus. One systematic review found that outcomes following ACI treatment were inferior to microfracture. However, as has been found with cartilage lesions for the knee, marrow stimulation may have a higher failure rate with larger lesions. Comparative trials are needed to determine whether ACI improves outcomes for larger lesions in joints other than the knee. 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>Ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT01656902</td>
<td>A Prospective Randomized Controlled Multicenter Phase-III Clinical Study to Evaluate the Safety and Effectiveness of NOVOCART® 3D Plus Compared to the Standard Procedure</td>
<td>261</td>
<td>Mar 2020</td>
</tr>
</tbody>
</table>
### Clinical Input Received from Physician Specialty Societies and Academic Medical Centers

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

#### 2015 Input

In response to requests on the use of autologous chondrocyte implantation (ACI) for patellar lesions, input was received from 2 physician specialty societies (6 reviewers) and 4 academic medical centers while this policy was under review in 2015. Input was generally supportive of the use of ACI for large patellar lesions, although the degree of support varied. Reviewers indicated that outcomes were improved when realignment procedures were performed concurrently with ACI of the patella, and that success rates were lower when using ACI after a prior microfracture.

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT01222559</td>
<td>Prospective, Randomised, Open Label, Multicentre Phase-III Clinical Trial to Compare the Efficacy and Safety of the Treatment With the Autologous Chondrocyte Transplantation Product co.Don Chondrosphere (ACT3D-CS) With Microfracture in Subjects With Cartilage Defects of the Knee With a Defect Size Between 1 and 4 cm²</td>
<td>102</td>
<td>Dec 2020</td>
</tr>
<tr>
<td>NCT01251588</td>
<td>An Extension Protocol for Participants of Genzyme-Sponsored Prospective, Randomized, Open-Label, Parallel-Group, Multicenter Study of Matrix-Induced Autologous Chondrocyte Implantation (MACI® Implant) for the Treatment of Symptomatic Articular Cartilage Defects of the Femoral Condyle Including the Trochlea for the Repair of Articular Cartilage Injuries in the Knee</td>
<td>128</td>
<td>Mar 2015 (completed)</td>
</tr>
</tbody>
</table>

NCT: national clinical trial.

*a* Denotes industry-sponsored or cosponsored trial.
Most reviewers recommended that a prior surgical procedure not be required for lesions greater than 4 cm$^2$.

2011 Input

In response to requests, input was received from 2 physician specialty societies and 3 academic medical centers while this policy was under review in 2011. Input was generally in agreement with the stated criteria for ACI, except the following: input was mixed on the requirement for an inadequate response to a prior surgical procedure and the requirement for an absence of meniscal pathology. Input was also mixed on the investigational status of ACI in patellar and talar joints.

Practice Guidelines and Position Statements

American Academy of Orthopaedic Surgeons

In their 2010 guidelines on the diagnosis and treatment of osteochondritis dissecans (OCD), the American Academy of Orthopaedic Surgeons (AAOS) made no recommendation regarding a specific cartilage repair technique in any symptomatic patients with an unsalvageable OCD lesion.27 This finding of insufficient evidence was based on a systematic review that found 4 level IV studies addressing cartilage repair techniques for an unsalvageable OCD lesion. Because each level IV article used different techniques, different outcome measures, and differing lengths of follow-up, AAOS deemed the evidence for any specific technique to be inconclusive.

Medicare National Coverage

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

Regulatory Status

The culturing of chondrocytes is considered by the U.S. Food and Drug Administration (FDA) to fall into the category of manipulated autologous structural cells, which are subject to a biologic licensing requirement. In 1997, Carticel® (Genzyme; now Vericel) received FDA approval for the
repair of clinically significant, “...symptomatic cartilaginous defects of the femoral condyle (medial, lateral or trochlear) caused by acute or repetitive trauma....”

In December 2016, MACI® (Vericel), a matrix-induced autologous chondrocyte implant, was approved by the FDA for “the repair of symptomatic, single or multiple full-thickness cartilage defects of the knee with or without bone involvement in adults.” MACI® consists of autologous chondrocytes which are cultured onto a bioreabsorbable porcine-derived collagen membrane. In 2017, production of Carticel® was phased out, and MACI® is the only ACI product that is available in the United States.

A number of other second-generation methods for implanting autologous chondrocytes in a biodegradable matrix are currently in development or testing or are available outside of the United States. They include Atelocollagen (Koken), a collagen gel; Bioseed® C (BioTissue Technologies), a polymer scaffold; CaReS (Ars Arthro), collagen gel; Cartilix (Biomet), a polymer hydrogel; Chondron (Sewon Cellontech), a fibrin gel; Hyalograft C (Fidia Advanced Polymers), a hyaluronic acid-based scaffold; NeoCart (Histogenics), an autologous chondrocyte implantation (ACI) with a 3-dimensional chondromatrix in a phase 3 trial; and Novocart®3D (Aesculap Biologics), a collagen-chondroitin sulfate scaffold in a phase 3 trial. ChondroCelect® (TiGenix), a characterized chondrocyte implantation with a completed phase 3 trial, uses a gene marker profile to determine in vivo cartilage-forming potential and thereby optimizes the phenotype (eg, hyaline cartilage vs fibrocartilage) of the tissue produced with each ACI cell batch. Each batch of chondrocytes is graded based on the quantitative gene expression of a selection of positive and negative markers for hyaline cartilage formation.

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/01/17</td>
<td>New policy, approved September 12, 2017, effective January 5, 2018. This policy was previously archived and is now reinstated. Autologous chondrocyte implantation may be considered medically necessary when criteria are met, considered investigational when criteria not met. *This policy varies slightly from the BCBSA reference policy (policy bullet 1-4, 7 added, bullets 5 and 6 match BCBSA reference policy).</td>
</tr>
<tr>
<td>03/01/18</td>
<td>Annual Review, approved February 27, 2018. Policy updated with literature review through November 2017, focusing on matrix-induced autologous chondrocyte implantation of the patella; references 12-18 added. Matrix-induced autologous chondrocyte implantation of the patella is considered medically necessary. Note added that this policy has been revised. Added Surgery Site of Service criteria, which becomes effective June 1, 2018.</td>
</tr>
<tr>
<td>06/01/18</td>
<td>Minor update; removed note and link to updated policy. Surgery Site of Service criteria becomes effective.</td>
</tr>
</tbody>
</table>

**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). ©2018 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 AppealsDepartmentinquines@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 S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

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).


Français (French): Cet avis a d’importantes informations. Cet avis peut avoir d’importantes informations sur votre demande ou la couverture par l’intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d’aide avec les coûts. Vous avez le droit d’obtenir cette information et de l’aide dans votre langue à aucun coût
Appelez le 800-722-1471 (TTY: 800-842-5357).


Ilokano (Ilocano): Daytoy a pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar maabalina nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyon wenyu coverage babaen iti Premera Blue Cross. Daytoy ket maabalina dagiti importante a pelsa iti daytoy a pakdaar. Maabalina nga adda rumbenga nga aramiendyo nga addang sakyb dagiti partikular a naituding nga alaw tapno mapagtalainedyo ti coverage ti salun-atyo wenyu tulong kadagit gastos. Adda karbenganyo a mangle nga daytoy nga impormasion ken tulong ti bukodo a pagasaso nga awan ti bayadanyo. Tumawag ti 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.
Chiamà 800-722-1471 (TTY: 800-842-5357).

Premera Blue Cross. (TTY: 800-842-5357)