

MEDICAL POLICY – 7.01.521

Mastectomy for Gynecomastia

BCBSA Ref. Policy: 7.01.13

Effective Date May 1, 2018

Last Revised: April 3, 2018


Replaces: 7.01.13

RELATED MEDICAL POLICIES:

10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

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Introduction

Gynecomastia is swelling of breast tissue in boys or men. It can happen in one or both breasts. This enlargement may be caused by fat deposits, glands that start growing, or the thickening or increased density of breast tissue. Aging, obesity, or use of certain prescribed and nonprescribed drugs can stimulate the growth of this tissue. Other health problems like an overactive thyroid gland, kidney disease, or cancer can also create other bodily changes that spur breast enlargement. If the enlargement is due to male breast cancer, surgery to remove the breast can be approved without trying other treatments. If the enlargement is due to reasons other than cancer, other treatments must be tried before surgery may be approved.

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

Indication	Medical Necessity
Malignant (cancer) indications for mastectomy	Mastectomy surgery for gynecomastia may be considered medically necessary for diagnosed malignancy (cancer) of the breast(s) regardless of age.
Non-malignant (not cancer) indications for mastectomy in adults and adolescents	<p>Mastectomy surgery for gynecomastia may be considered medically necessary for non-malignant (not cancer) indications according to the criteria for adults and adolescents when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Glandular breast tissue is causing a physical functional impairment <p>AND</p> <ul style="list-style-type: none"> • Unilateral or bilateral Grade III or Grade IV gynecomastia is present (per modified McKinney and Simon, Hoffman and Kohn scales - see Practice Guidelines and Position Statements) <p>AND</p> <ul style="list-style-type: none"> ○ Persists 2 years after pathological causes are ruled out <p>OR</p> <ul style="list-style-type: none"> ○ Persists after 2 years of unsuccessful medical treatment for pathological causes <p>AND</p> <ul style="list-style-type: none"> • Pain and discomfort due to the distention and tightness from the hypertrophied breast(s) has not responded to medical management. <p>Mastectomy for gynecomastia is considered not medically necessary when the above criteria are not met.</p>

Indication	Investigational
Liposuction	Liposuction as a treatment of gynecomastia is considered investigational.

Documentation Requirements
<p>The medical records submitted for review should document that medical necessity criteria are met. The record should include clinical documentation of ALL of the following:</p> <ul style="list-style-type: none"> • The tissue to be removed is glandular breast tissue and it interferes with normal physical



Documentation Requirements

functioning

- Severity of breast enlargement is considered moderate to marked according to the American Society of Plastic Surgeons (grade III or IV) and
 - Persists for 2 years after no other possible medical causes were found

OR

- Persists after 2 years after of unsuccessful medical treatment of a known medical cause
- That the pain and discomfort are directly related to the breast tissue enlargement and has not responded to medical management

Coding

Code	Description
CPT	
19300	Mastectomy for gynecomastia
15877	Suction assisted lipectomy; trunk

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Related Information

Medical necessity is based on the presence of a functional impairment. Typically no functional impairment is associated with gynecomastia. Therefore, determination of coverage eligibility for the surgical treatment of gynecomastia may require consideration of whether or not such surgery would be considered reconstructive. (See [Related Policies](#) for further discussion of functional impairment, and general concepts of reconstructive and cosmetic services.)



Definition of Terms

When specific definitions are not present in a member's plan, the following definition of terms will be applied:

Cosmetic: Cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance or self-esteem.

Physical Functional Impairment: This means a limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Reconstructive Surgery: This refers to surgeries performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

Benefit Application

Contractual definitions of the scope of reconstructive services that may be eligible for coverage vary. Categories of conditions that may be included as part of the contractual definition of reconstructive services include one or more of the following:

- Accidental trauma or injury
- Anatomic variants
- Congenital anomalies
- Diseases
- Post-chemotherapy
- Post-surgery

For example, adolescent gynecomastia may be considered an anatomic variant, while gynecomastia related to liver disease would be considered secondary to a disease process.



Determinations of whether a proposed intervention would be considered reconstructive should always be interpreted in the context of the specific benefits language. State or federal mandates may also dictate coverage decisions.

Evidence Review

Description

Gynecomastia is the benign enlargement of the male breast. The cause of enlargement may be due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. The condition can be bilateral or unilateral. Clinically defined, “true gynecomastia” is the presence of an abnormal development of glandular tissue that may appear as a palpable rubbery or firm mass extending concentrically from the nipples. The condition known as pseudo-gynecomastia, or lipomastia, is characterized by fat deposition (adipose tissue) without glandular proliferation.¹ Pathological gynecomastia is breast enlargement due to a pathological process. The following are examples and are not all inclusive:

- An underlying hormonal disorder (ie, conditions causing either estrogen excess or testosterone deficiency such as liver disease or an endocrine disorder)
- A side effect of certain drugs (ie, hormone therapy for prostate cancer, anabolic steroids, cimetidine, etc.)
- Obesity
- Related to specific age groups, for example:
 - Neonatal gynecomastia, related to the action of maternal or placental estrogens
 - Adolescent gynecomastia, which consists of transient, bilateral breast enlargement which may be tender
 - Gynecomastia of aging, related to the decreasing levels of testosterone and relative estrogen excess

Treatment of gynecomastia involves consideration of the primary cause. For example, effective therapies for the underlying etiology may include treatment of a hormonal disorder, cessation of the medication causing the gynecomastia or weight loss. Adolescent gynecomastia may resolve with aging.



Prolonged gynecomastia causes periductal fibrosis and stromal hyalinization, which prevents regression of the breast tissue. Surgical removal of the fibrous breast tissue, using either surgical excision (mastectomy) or liposuction may be considered if the above conservative therapies are not effective or possible and the gynecomastia does not resolve spontaneously or with aging.

Review of Evidence

Men who are receiving hormone therapy for prostate cancer may have gynecomastia as a side effect that will potentially reverse after treatment stops. Prophylactic radiotherapy has been shown to decrease the incidence of hormone induced gynecomastia by more than 50%. An alternative course of action, which may be more convenient for the patient, is the prophylactic use of tamoxifen. Tamoxifen may also mitigate or resolve gynecomastia during its early or proliferative phase. In severe long-standing gynecomastia, surgery is warranted since medical therapies are less likely to succeed.²

Henley noted that most cases of male prepubertal gynecomastia are classified as idiopathic. However, he investigated possible causes of gynecomastia in three prepubertal boys who were otherwise healthy and had normal serum concentrations of endogenous steroids. In all three boys, gynecomastia coincided with the topical application of products that contained lavender and tea tree oils. Gynecomastia resolved in each patient shortly after the use of products containing these oils was discontinued. Furthermore, studies in human cell lines indicated that the two oils had estrogenic and antiandrogenic activities. He concluded that repeated topical exposure to lavender and tea tree oils probably caused prepubertal gynecomastia in these boys.³

Rosen et al. looked at obesity as a root cause of gynecomastia and the role of obesity in persistent gynecomastia on psychological distress in adolescent males. This retrospective study reviewed demographics and surgical outcomes of adolescents with gynecomastia comparing obese/overweight to normal weighted patients. Between 1997-2008, 69 patients were identified with male "breasts" from database screening. By using BMI criteria, 51% were obese, 16% overweight and 33% normal-weighted. Major complications occurred in 4 patients (5.8%); minor complications in 19 (27.5%). Potential causes other than obesity were found in 27%. Obese patients required more extensive operations ($P = 0.009$). Obese adolescents suffer greater psychological impact preoperatively ($P = 0.02$) and have no difference in satisfaction ($P = 0.47$) or complication rates ($P = 0.33$) than normal-weighted patients. The authors concluded that obesity should not be used as an absolute contraindication to gynecomastia surgery.⁴



Koshy and colleagues questioned the routine pathologic examination of breast tissue that is excised for adolescent gynecomastia, given the benign nature of the condition. They conducted a retrospective chart review to examine the incidence of pathologic abnormalities in patients 21 years or younger who had undergone subcutaneous mastectomy for gynecomastia. A literature review was also performed to determine the historical prevalence of cases of atypia or malignancy in cases of adolescent gynecomastia. Finally, an informal survey was performed of major children's hospitals regarding their practice of pathologic examination for adolescent gynecomastia. The chart review demonstrated that over the past 10 years, 81 patients with gynecomastia underwent subcutaneous mastectomy. All cases were negative for malignancy, with only one case of cellular atypia. They found that the literature has historically reported six cases of carcinoma and five cases of atypia. Of 22 survey respondents, all either routinely performed or required pathologic examination of breast tissue excised for gynecomastia. The out-of-pocket cost for self-pay patients to perform pathologic examinations has been quoted at \$1268 for bilateral cases. They concluded that the incidence of malignancy or abnormal pathology associated with gynecomastia tissue in the adolescent male is extremely low, and given the associated costs, the pathologic examination of breast tissue excised for gynecomastia in individuals 21 years of age or younger should be neither routinely performed nor required but should be performed only when desired by either the patient, the patient's family, or the managing physician.⁵

Several surgical approaches have been described in the literature for removing glandular breast tissue. Procedures to treat gynecomastia include direct excision (mastectomy), liposuction, ultrasound-assisted liposuction or a combination of these.

Lanitis and colleagues studied gynecomastia surgical outcomes at a single institution from 1998 through 2007. A total of 748 males were referred to the center for breast symptoms. From that total, 65 males (102 breasts) with a median age of 26 years old had surgery for gynecomastia. A total of 82 breasts were treated with mastectomies and 22 with skin reduction. The procedures carried out were subcutaneous mastectomy or breast disk excision, with or without skin reduction. Major post-surgical complications consisted of hematomas requiring evacuation, wound infection; partial nipple necrosis, dehiscence, and wound break down occurred in 12 breasts. The authors concluded that after excluding malignancy, most males with gynecomastia can be managed conservatively. Conservative treatments could include counseling for reassurance, weight reduction and medications.⁶

Li and colleagues analyzed the surgical approaches to the treatment of gynecomastia and outcomes over a 10-year period. Retrospective data was collected from patients undergoing surgical correction of gynecomastia at one hospital in Taiwan from 2000-2010. The data were analyzed for etiology, stage of gynecomastia, surgical technique, complications, risk factors, and



revision rate. The surgical result was evaluated with self-assessment questionnaires. A total of 41 patients with 75 operations were included. Techniques included subcutaneous mastectomy alone or with additional ultrasound-assisted liposuction (UAL) and isolated UAL. The surgical revision rate for all patients was 4.8%. The skin-sparing procedure gave good surgical results in grade IIb and grade III gynecomastia with low revision and complication rates. The self-assessment report revealed a good level of overall satisfaction and improvement in self-confidence (average scores 9.4 and 9.2, respectively, on a 10-point scale). The authors conclude that the treatment of gynecomastia requires an individualized approach, with their proposal that subcutaneous mastectomy combined with UAL could be used as the first choice for surgical treatment of grade II and III gynecomastia.⁷

Rohrich et al. suggest that ultrasound-assisted suction lipectomy as a treatment for gynecomastia reduces scarring and improves removal of fibrous male breast tissue.⁸ There is a lack of evidence in peer-reviewed scientific literature that suction lipectomy (liposuction) whether ultrasound-assisted or not does more than remove adipose tissue. Surgical intervention by mastectomy is the more definitive treatment to remove the glandular breast tissue in males with symptomatic gynecomastia.

A systematic review published in 2015 included 14 studies on the treatment of gynecomastia.¹² None of the studies were randomized, all were judged to be at high risk of bias, and the body of evidence was determined to be of very low quality by GRADE (Grading of Recommendations, Assessment, Development and Evaluations) evaluation.

Ongoing Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in March 2018 did not identify any ongoing or unpublished trials that would likely influence this review.

Practice Guidelines and Position Statements

The American Society of Plastic Surgeons (ASPS) issued a practice criteria for third-party payers.⁹ The ASPS recommends describing the severity of gynecomastia using the following scale, that was adapted from the McKinney and Simon, Hoffman and Kohn scales:

Grade I	Small breast enlargement with localized button of tissue that is concentrated around the areola.
Grade II	Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest



Grade III	Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present
Grade IV	Marked breast enlargement with skin redundancy and feminization of the breast

According to the ASPS, in adolescents, surgical treatment for unilateral or bilateral grade II or grade III gynecomastia may be appropriate if the gynecomastia persists for more than 1 year after pathological causation is ruled out (or 6 months if grade IV) and continues after 6 months of medical treatment is unsuccessful. In adults, surgical treatment for unilateral or bilateral grade III or grade IV gynecomastia may be appropriate if the gynecomastia persists for more than 3-4 months after pathological causation is ruled out and continues after 3-4 months of medical treatment is unsuccessful. The ASPS also indicates surgical treatment of gynecomastia may be appropriate when distention and tightness cause pain and discomfort.⁹

This policy is more restrictive than the recommendations made by ASPS.

U.S. Preventive Services Task Force Recommendations

Surgery for gynecomastia is not a preventive service.

Medicare National Coverage

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

References

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History

Date	Comments
11/05/97	Add to Surgery Section - New Policy
11/12/02	Replace Policy - Policy reviewed without literature review; new review date only.
02/10/04	Replace Policy - Policy status changed from AR.7.01.13 to PR.7.01.121. Remains medically necessary.
09/01/04	Replace Policy - Policy renumbered from PR.7.01.121. No changes to dates.
06/14/05	Replace Policy - Policy reviewed without literature review; new review date only. Status changed to AR.
06/09/06	Disclaimer and Scope update - No other changes.
02/26/07	Update Codes - No other changes.
06/12/07	Replace Policy - Policy statement expanded to indicate removal of glandular tissue as cosmetic in the absence of a physical functional impairment; definitions of physical functional impairment, cosmetic and reconstructive surgery added to Benefit Application section. Policy status changed from AR to PR.
04/08/08	Replace Policy - Policy reviewed with literature search; no change to the policy statement. Requirement of histologic exam of tissue was deleted from Policy Guidelines. Reference added.



Date	Comments
02/10/09	Replace Policy - Policy reviewed with literature search. Policy statement updated to remove the cosmetic statement and include "not medically necessary" for all indications relating to Mastectomy for gynecomastia.
02/09/10	Replace Policy - Policy updated with literature search. No change to policy statement.
03/08/11	Replace Policy - Policy updated with literature search. No change to policy statement.
09/23/11	Related Policies updated; 10.01.514 added.
01/06/12	Replace Policy – Policy updated with literature search. No change in policy statement.
03/11/13	Replace Policy. Policy split into malignant and non-malignant sections. Policy section has ASPS grades III-IV added for criteria to be met for unilateral or bilateral gynecomastia, added duration of symptoms is 2 years and pain is unresponsive to medical management. Liposuction added as investigational. Definitions moved to Policy Guidelines section. Added the condition can be bilateral or unilateral to the Description section. Benefit application section revised. Description and Rationale sections updated based on a literature review through December 2012; and clinical vetting with 2 pediatricians. Policy statement changed as noted.
05/02/14	Annual review. Not Medically Necessary policy statement is changed to cosmetic to align with medical policy 10.01.514 Cosmetic and Reconstructive Services. A literature search through March 2014 did not prompt any changes to the rationale section. No new references added. Policy statement changed as noted. ICD-9 and ICD-10 procedure and diagnosis codes removed per MPI instruction; these are not utilized in adjudication of the policy.
05/27/15	Annual Review. Policy updated with literature search. No change to policy statement.
05/01/16	Annual Review, changes approved April 12, 2016. Policy updated with literature review through February 2016; reference 12 added. Policy statement unchanged.
03/01/17	Annual Review, changes approved February 14, 2017. Policy reviewed with literature search. No new references added. Cosmetic policy statement changed to not medically necessary. Policy moved into new format.
05/01/17	Interim review, changes approved April 11, 2017. Policy reviewed with literature search. No change to the policy statement.
05/01/18	Annual Review, approved April 3, 2018. Policy updated with literature review through December 2017; reference 4 updated. Policy statement unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.



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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):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb 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 pab 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 wenna 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 wenna 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 ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ឆ្លើយតបនឹងស្នើសុំឱ្យអ្នកប្រកាសធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

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

Română (Romanian):

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย 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).