

MEDICAL POLICY – 7.01.523

Panniculectomy and Excision of Redundant Skin

Effective Date: **Feb. 5, 2021**

Last Revised: Oct. 13, 2020

Replaces: N/A


RELATED MEDICAL POLICIES:

7.01.516 Bariatric Surgery

10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

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

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Introduction

The panniculus (or pannus) is an extremely large fold of excess skin, fat, and tissue that hangs well below the waist and even down to the groin. It's found in people who are very overweight. It may also be found in those who have lost a lot of weight and following the weight loss their extra skin hangs far below the belly area. A panniculectomy is surgery to remove this excess tissue. A panniculectomy may be cosmetic (to improve looks only). The plan does not cover cosmetic surgeries. There are some instances, however, where the panniculus is causing medical problems that interfere with a person's everyday functioning. This policy describes when surgery to remove the panniculus may be considered medically necessary. This policy also discusses abdominoplasty, which is a cosmetic surgery that is usually done in people who have a big belly. In an abdominoplasty, the surgeon removes excess skin and fat from the middle and lower abdomen and tightens the belly muscles. An abdominoplasty is also called a "tummy tuck" and is always considered to be cosmetic.

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

| Service | Medical Necessity |
|-----------------------|---|
| Panniculectomy | <p>Panniculectomy surgery may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The panniculus hangs to or below the level of the symphysis pubis documented by front and lateral view photographs <p>AND</p> <ul style="list-style-type: none"> • The panniculus causes a functional impairment (see definition below) such as a chronic and persistent skin condition (eg, intertriginous dermatitis, panniculitis, cellulitis, or skin ulcerations) that has failed to respond to at least 3 months of medical treatment which may include any of the following: <ul style="list-style-type: none"> ○ Antifungals ○ Antibiotics ○ Corticosteroids <p>AND</p> <ul style="list-style-type: none"> • The surgery is expected to restore or improve the functional impairment <p>NOTE</p> <ul style="list-style-type: none"> • In addition to the criteria listed above, if the procedure is following significant weight loss (usually ≥ 100 lbs) and <ul style="list-style-type: none"> ○ If the weight loss was unrelated to bariatric surgery, the individual has maintained a stable weight for at least 6 months <p>OR</p> <ul style="list-style-type: none"> ○ If the weight loss is a result of bariatric surgery, the panniculectomy is not performed until at least 12 months after the bariatric surgery and then only when the individual has maintained a stable weight for at least the most recent 6 months <p>Panniculectomy surgery is considered not medically necessary when the above criteria are not met.</p> |

Procedures are considered cosmetic when performed solely to improve physical appearance.



| Service | Cosmetic |
|----------------------------------|---|
| Abdominoplasty | An abdominoplasty surgery, including a mini or modified abdominoplasty, is considered cosmetic as the procedure does not address any physical functional condition. |
| Redundant skin removal | <p>Procedures to remove redundant skin (skin laxity) in the arms, buttocks, hips, legs, thighs, or torso are considered cosmetic as these procedures do not address any physical functional condition. Procedures to remove redundant skin include but are not limited to the following:</p> <ul style="list-style-type: none"> • Belt Lipectomy • Circumferential Body Lift • Circumferential Lipectomy • Lipoabdominoplasty • Lower Body Lift • Suction Lipectomy • Torsoplasty <p>(See Related Policies for procedures not addressed in this policy)</p> |
| Diastasis recti treatment | Treatment of diastasis recti is considered cosmetic as the separation/laxity of the muscles of the abdominal wall is not considered a true hernia and the treatment does not address a physical functional condition. (See Definition of Terms below) |

| Documentation Requirements |
|---|
| Panniculectomy Surgery |
| <p>Written documentation in the medical record for panniculectomy surgery must include:</p> <ul style="list-style-type: none"> • The specific physical functional impairment that would be resolved by the panniculectomy. • Front and lateral view photographs demonstrating redundant/excessive skin or the size of the panniculus • Clinical observations about the nature/extent of any chronic/persistent skin conditions present such as skin irritation or infection resulting in pain, ulceration, suprapubic intertrigo, monilial infestation or panniculitis. • Information should include the conservative medical treatments for persistent skin irritation that were tried for at least a 3-month period. (Examples may include, but are not limited to antifungal, antibacterial or moisture-absorbing agents, topically applied skin barriers and supportive garments.) |



Coding

| Code | Description |
|------------|---|
| CPT | |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy |
| 15832 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Thigh |
| 15833 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Leg |
| 15834 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Hip |
| 15835 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Buttock |
| 15836 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Arm |
| 15837 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Forearm or hand |
| 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Submental fat pad |
| 15839 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); Other area |
| 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy) abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) (Use 15847 in conjunction with 15830) |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |

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Related Information

Definition of Terms

(Terms taken in part from the American Society of Plastic Surgeons Position Papers)



Abdominoplasty: Also known as a tummy tuck, this surgery removes loose folds of skin on the middle and lower abdomen and tightens underlying stomach muscles. It may include a diastasis recti repair

Belt Lipectomy: A surgery that removes excess skin and/or fat from the thighs, hips, buttocks and abdomen. The procedure involves removing a “belt” of tissue from around the circumference of the lower trunk.

Circumferential Lipectomy: A surgery that combines an abdominoplasty or panniculectomy with flank and back lifts, both procedures being performed together sequentially and including suction assisted lipectomy, where necessary.

Cosmetic procedures/services: In this policy, cosmetic procedures/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.

Diastasis recti: A separation between the right and left side of the rectus abdominis muscles that cover the front of the abdomen. The muscle separation appears as a ridge down the middle of the abdomen. It does not lead to complications that need any intervention and does not represent a true ventral hernia.

Lower body lift: Also known as a belt lipectomy (see [above](#)).

Panniculectomy: A surgery that involves only the removal of excess skin/fat that hangs over the genitals and/or thighs. A cosmetic abdominoplasty is sometimes performed at the same time as a functional panniculectomy.

Panniculus: Also called a “pannus”, a panniculus is a large fold of excess skin, fat, and tissue that hangs from the lower abdomen and may extend to and beyond the groin.

Physical Functional Impairment: In this policy, physical functional impairment 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 body structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Reconstructive Surgery: In this policy, reconstructive surgery 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.



Torsoplasty: A series of operative procedures, usually done together to improve the contour of the torso, usually female (though not exclusively). This series would include abdominoplasty with liposuction of the hips/flanks and breast augmentation and/or breast lift/reduction. In men, this could include reduction of gynecomastia by suction assisted lipectomy/ultrasound assisted lipectomy or excision.

Ventral Hernia: A ventral hernia is when a weak spot in the abdominal muscles develops and allows internal organs (such as the intestines) to push through. A true hernia repair should not be confused with diastasis recti repair that is part of a standard abdominoplasty.

Benefit Application

Some plan benefit descriptions specifically exclude services for, or related to, removal of excess skin following weight loss, regardless of physical functional impairment.

Refer to member contract language for any direct and specific exclusions regarding the performed services.

A Preservice Review is recommended.

Evidence Review

Description

In a severely obese patient, excess adipose tissue and skin hanging downward from the navel past the pelvis is referred to as a panniculus or pannus. It is sometimes referred to as an “apron” of extra skin and fat. The panniculus can be the result of extreme weight loss (usually 100 pounds or more) through diet and exercise or following gastric restrictive surgery for obesity.

The panniculus can cause difficulty fitting into clothing, interference with personal hygiene, impaired ambulation and be associated with lower back pain or pain in the panniculus itself. The redundant skin folds are susceptible to infections of the skin (fungal dermatitis, folliculitis, subcutaneous abscesses, ulcerations) or panniculitis. A large panniculus can complicate surgery on a morbidly obese patient.

Panniculectomy surgery may be indicated to reduce the panniculus. The surgery removes the excess skin and fat that hangs over the abdominal area. It may be indicated if the panniculus interferes with a person's daily activities (ADLs) and/or results in severe skin conditions that do not resolve after medical treatment. A panniculectomy does not tighten the abdominal muscles. Obese patients with a very large panniculus and those who have had a massive weight loss may require more extensive and time-consuming procedures due to the severity of their defects.

A true ventral hernia that is large, symptomatic and not manually reducible may require surgery at the same time that a medically necessary panniculectomy is performed.

Surgery to reduce the amount of excess abdominal skin that is often done solely for improving a person's appearance and without any evidence of physical functional/ADL impairment is considered cosmetic. Abdominal skin redundancy may occur after pregnancy. An abdominoplasty, sometimes referred to as a "tummy tuck" is the most common cosmetic surgery performed to remove abdominal skin, fat and tighten flaccid muscles of the abdominal wall.

Summary of Evidence

Shermak believed that patients who have massive weight loss after open gastric bypass surgery are prone to incisional hernias.¹² The author retrospectively studied this patient population at the Johns Hopkins Medical Institution. From February 2001 to December 2003, 40 patients had hernia repairs in combination with abdominoplasty. (Average age was 42 while the average weight loss was 152 pounds.) The average body mass index (BMI) at the time of plastic surgery was 35.6. Average abdominal skin resection was 9.9 pounds. One patient with a BMI of 41.3 had a recurrent hernia after heavy lifting within 1 year of the initial hernia repair surgery. Other complications included wound-healing problems (20%), seroma (12.5%), bleeding requiring surgical take-back (2.5%), suture abscess requiring surgical removal of suture (7.5%), bleeding anastomotic ulcer requiring transfusion (2.5%), and fatal pulmonary embolus (2.5%). Of the study group, 60% had uncomplicated healing. Shermak concluded that hernias are safely and preferentially repaired at the time of panniculectomy following gastric bypass surgery.

Body contouring after bariatric surgery is currently the fastest growing field within plastic surgery.^{2,3} Although bariatric procedures may produce impressive weight loss, people who achieve massive weight loss are often unhappy with the hanging folds of skin and subcutaneous tissue that remain. After massive weight loss, patients are left "deflated". Patients go to plastic surgeons to address the deformities resulting from the massive weight loss.



References

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History

| Date | Comments |
|----------|---|
| 05/10/05 | Add to Surgery Section - New Policy |
| 05/09/06 | Replace Policy - Policy reviewed with literature search; no change to policy statement. |
| 06/06/09 | Disclaimer and Scope update - No other changes. |
| 02/26/07 | Codes Updated - No other changes. |



| Date | Comments |
|----------|---|
| 06/12/07 | Replace Policy - Policy statement added for abdominoplasty/panniculectomy performed in the absence of documented physical functional impairment as cosmetic; criteria of the presence of a documented physical functional impairment added to medically necessary policy statement. Definitions for cosmetic, physical functional impairment and reconstructive surgery added to Policy Guidelines. References added. |
| 04/08/08 | Replace Policy - Policy updated with literature search. Policy statement to include "Belt Lipectomy/Torosoplasty/Circumferential/Lower body lift" as a medically necessary indication when criteria are met. Title expanded to add "skin redundancy". Policy updated with definitions from the American Society of Plastic Surgeons. Code added. |
| 01/13/09 | Code Updates - Code 49656 added effective 1/1/09. |
| 02/10/09 | Replace Policy - Policy reviewed with literature search; no change to policy statement. |
| 10/13/09 | Cross Reference Update - No other changes. |
| 01/12/10 | Replace Policy - Policy updated with literature search; no change to the policy statement. Benefit Application clarified but intent is unchanged. |
| 02/08/11 | Replace Policy - Policy updated with literature search; no change to the policy statements. |
| 09/23/11 | Related Policies updated; 10.01.514 added. |
| 03/23/12 | Replace Policy – Policy updated with literature search; no change to the policy statements. |
| 03/08/13 | Replace policy. No change to the policy statements. |
| 12/18/13 | Update Related Policies. Edit title to 7.01.516. |
| 03/10/14 | Replace policy. No change to policy statements. ICD-9 diagnosis codes removed; they do not relate to adjudication of the policy. |
| 05/12/15 | Annual Review. Abdominoplasty removed from title. Title changed to Panniculectomy and excision of redundant skin. Procedures to excise redundant skin in other body areas considered as cosmetic are now listed in the Policy section. Statements added that abdominoplasty & diastasis recti surgery is considered cosmetic. Policy updated with literature search through March 2015. Definition of Terms consolidated into the Policy Guidelines Section. Documentation requirements reformatted as bullet points. ASPs' recommended coverage criteria added to Practice Guidelines section. CPT codes related to covered ventral hernia repair were removed 49560, 49561, 49565, 49566, 49568, and 49656. Policy statements changed as noted. |
| 11/10/15 | Interim Update. In the Policy Guidelines section, revised the last sentence of the definition of diastasis recti to state "This condition does not represent a true hernia." Policy statements unchanged. |
| 09/01/16 | Annual Review, approved August 9, 2016. Policy updated with literature search; policy statements unchanged. |



| Date | Comments |
|----------|--|
| 03/01/17 | Annual Review, approved March 14, 2017. All applicable policy statements for the procedure(s) changed from cosmetic to not medically necessary. Policy reviewed with literature search, no new references added. |
| 11/10/17 | Policy moved to new format, no change to policy statement. |
| 03/01/18 | Annual Review, approved February 13, 2018. Policy edited for clarity. Policy statement added to include criteria if panniculectomy is related to significant weight loss Literature review performed. No references added. |
| 02/01/19 | Annual Review, approved January 22, 2019. Literature review performed. No references added. Policy statement unchanged. |
| 04/01/20 | Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020. |
| 11/01/20 | Policy reinstated effective February 5, 2021, approved October 13, 2020. Policy updated with literature review. References added. Policy statements unchanged. |

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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 hnuv 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 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 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):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក 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 ਜਦ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੋ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ 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 (کلیر بران 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).