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.
Panniculectomy surgery may be considered medically necessary when ALL of the following criteria are met:

- The panniculus hangs to or below the level of the symphysis pubis documented by front and lateral view photographs
- The panniculus causes a functional impairment (see definition below) such as a chronic and persistent skin condition (e.g., 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:
  - Antifungals
  - Antibiotics
  - Corticosteroids
- The surgery is expected to restore or improve the functional impairment

NOTE
- In addition to the criteria listed above, if the procedure is following significant weight loss (usually ≥ 100 lbs) and
  - If the weight loss was unrelated to bariatric surgery, the individual has maintained a stable weight for at least 6 months
- OR
  - 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

Panniculectomy surgery is considered not medically necessary when criteria are not met.

Procedures are considered cosmetic when performed solely to improve physical appearance.
<table>
<thead>
<tr>
<th>Service</th>
<th>Cosmetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominoplasty</td>
<td>An abdominoplasty surgery, including a mini or modified abdominoplasty, is considered cosmetic as the procedure does not address any physical functional condition.</td>
</tr>
</tbody>
</table>
| Redundant skin removal  | 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:  
  - Belt Lipectomy  
  - Circumferential Body Lift  
  - Circumferential Lipectomy  
  - Lipoabdominoplasty  
  - Lower Body Lift  
  - Suction Lipectomy  
  - Torsoplasty  
  (See Related Policies for procedures not addressed in this policy) |
| 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**

Written documentation in the medical record for panniculectomy surgery must include:

- 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
</tr>
<tr>
<td>15832</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Thigh</td>
</tr>
<tr>
<td>15833</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Leg</td>
</tr>
<tr>
<td>15834</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Hip</td>
</tr>
<tr>
<td>15835</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Buttock</td>
</tr>
<tr>
<td>15836</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Arm</td>
</tr>
<tr>
<td>15837</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Forearm or hand</td>
</tr>
<tr>
<td>15838</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Submental fat pad</td>
</tr>
<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Other area</td>
</tr>
<tr>
<td>15847</td>
<td>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)</td>
</tr>
<tr>
<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue</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

### 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 is often done solely for improving a person’s appearance and without any evidence of physical functional/ADL impairment. 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. 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. 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


History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/10/05</td>
<td>Add to Surgery Section - New Policy</td>
</tr>
<tr>
<td>05/09/06</td>
<td>Replace Policy - Policy reviewed with literature search; no change to policy statement.</td>
</tr>
<tr>
<td>06/06/09</td>
<td>Disclaimer and Scope update - No other changes.</td>
</tr>
<tr>
<td>02/26/07</td>
<td>Codes Updated - No other changes.</td>
</tr>
<tr>
<td>06/12/07</td>
<td>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</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>04/08/08</td>
<td>Impairment and reconstructive surgery added to Policy Guidelines. References added.</td>
</tr>
<tr>
<td>01/13/09</td>
<td>Code Updates - Code 49656 added effective 1/1/09.</td>
</tr>
<tr>
<td>02/10/09</td>
<td>Replace Policy - Policy reviewed with literature search; no change to policy statement.</td>
</tr>
<tr>
<td>10/13/09</td>
<td>Cross Reference Update - No other changes.</td>
</tr>
<tr>
<td>01/12/10</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement. Benefit Application clarified but intent is unchanged.</td>
</tr>
<tr>
<td>02/08/11</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statements.</td>
</tr>
<tr>
<td>09/23/11</td>
<td>Related Policies updated; 10.01.514 added.</td>
</tr>
<tr>
<td>03/23/12</td>
<td>Replace Policy – Policy updated with literature search; no change to the policy statements.</td>
</tr>
<tr>
<td>03/08/13</td>
<td>Replace policy. No change to the policy statements.</td>
</tr>
<tr>
<td>12/18/13</td>
<td>Update Related Policies. Edit title to 7.01.516.</td>
</tr>
<tr>
<td>03/10/14</td>
<td>Replace policy. No change to policy statements. ICD-9 diagnosis codes removed; they do not relate to adjudication of the policy.</td>
</tr>
<tr>
<td>05/12/15</td>
<td>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 &amp; 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.</td>
</tr>
<tr>
<td>11/10/15</td>
<td>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.</td>
</tr>
<tr>
<td>09/01/16</td>
<td>Annual Review, approved August 9, 2016. Policy updated with literature search; policy statements unchanged.</td>
</tr>
<tr>
<td>03/01/17</td>
<td>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.</td>
</tr>
<tr>
<td>11/10/17</td>
<td>Policy moved to new format, no change to policy statement.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>03/01/18</td>
<td>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.</td>
</tr>
<tr>
<td>02/01/19</td>
<td>Annual Review, approved January 22, 2019. Literature review performed. No references added. Policy statement unchanged.</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). ©2019 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:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5952, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also 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)

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5952, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information on 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).

Arabic (Arabic):
يجب أن يكون هذا الإشعار معلومة هامة. قد يكون هذا الإشعار معلومات مهمة. قد تكون هناك عواقب، أو عواقب أخرى، تتعلق بالتعاملات التي تتعلق بالتحتِّام على مستوى تعداد البلدان، أو على محفظة البلدان، أو على محفظة البلدان، أو على محفظة البلدان، أو على محفظة البلدان، أو على محفظة البلدان.

Call 800-722-1471 (TTY: 800-842-5357)

Chinese (Chinese):
本通知有重要的信息。本通知可能有关於您透过 Premera Blue Cross 提交的申请或保险的重要讯息。本通知内可能有重要日期。您可能需要在截止日期之前採取行动。以保留您的健康保险或费用补贴。您有权利免费以您的母语得到本讯息和帮助。请拨电话 800-722-1471 (TTY: 800-842-5357)

Italiano (Italian):

Français (French):

Kreyòl Ayisyen (Creole):

Hmoob (Hmong):

Ilokano (Ilocano):
Daytoy a pakdaar nag kel naglaon iti Napateg nga Impomarsyon. Daytoy a pakdaar mabalina nga adda ket naglaon iti napateg nga impomarsyon maiyanggip iti aplikasyon w enctype coverage babaen iti Premera Blue Cross. Daytoy ket mabalina dagiti importante a pesta iti daytoy a pakdaar. Mabalina nga adda rombeng nga aramidenyo nga adda rangay dagiti partikular a naituding nga adda tawv tapao mapagtalatidyo ti coverage ti salan-atyo wenyun tungol kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impomarsyon ken tungol ti bukodya a pagasaso nga awan ti bayadanyo. Tumawag iti numero nga hsi 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):

Kiswahili (Swahili):

Email AppealsDepartmentInquiries@Premera.com
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内容は、重要な日付をご確認ください。健康保険や補助料サービスを維持するには、特定の期日までに行動を取りなければならない場合があります。ご使用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 통지는 중요한 정보가 들어 있습니다. 이 통지는 씨의 신청에 관해서 그리고 Premera Blue Cross를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지는 책임이 있는 범죄자들이 있을 수 있습니다. 귀하는 귀하는 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 손수 귀하의 안녕히 비용 부담없이 채울 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오.

हिंदी (Hindi):
इस विचार में मूल्यवान सूचना है। इस विचार में Premera Blue Cross की कवरेज के संबंध में मूल्यवान सूचना है। हम इस प्रकार की सूचना देंगे जिसमें आपके लिए संबंधित है। 800-722-1471 (TTY: 800-842-5357) पर फोन करें।

Română (Romanian):

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).

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 claras 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. Líame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Pagawa na ito ay naglalaman ng mahalagang impormasyon. Ang pagawa na ito ay nagagawa naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaring maga, maaring magana sa 800-722-1471 (TTY: 800-842-5357).

ภาษาไทย (Thai):
ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอบเขตประกันสุขภาพของคุณ Premera Blue Cross และข้อมูลที่มีประโยชน์ในการที่คุณจะต้องทำในการกำหนดเวลาที่เหมาะสมเพื่อให้สามารถตรวจสอบประกันสุขภาพของคุณหรือขอความช่วยเหลือที่มีกิจซึ่งมีคุณสมบัติที่ได้รับการติดตามและขอความช่วยเหลือในการกระทำโดยไม่เสียค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357).

Польский (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 asysty przez 800-722-1471 (TTY: 800-842-5357).

Португез (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. Talvez seja necessário que você tome providências dentro de terminais 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 custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):