Panniculectomy and Excision of Redundant Skin

Number 7.01.523
Effective Date March 1, 2017
Revision Date(s) 02/14/17; 08/09/16; 11/10/15; 05/12/15; 03/10/14; 03/08/13; 03/13/12; 02/08/11; 01/12/10; 02/10/09; 04/08/08; 06/12/07; 05/09/06; 05/10/05
Replaces N/A

Policy

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

- The panniculus hangs to or below the level of the pubis; AND
- The panniculus causes chronic/persistent skin conditions that
  - Result in infection AND
  - Persist after 3-months of medical management (see Documentation required) AND
  - Causes a physical functional impairment that interferes with activities of daily living (ADLs) (See Policy Guidelines)

A panniculectomy surgery performed at the time of an approved gastric restrictive surgery may be considered medically necessary when criteria are met.

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

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
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 **Policy Guidelines** Definition of Terms)

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

### Related Policies

- **7.01.516** Bariatric Surgery
- **10.01.514** Cosmetic and Reconstructive Services

### Policy Guidelines

#### Documentation Required

**Panniculectomy Surgery**

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

- The specific physical functional impairment for 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, super pubic 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.)

#### 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 of the abdomen, from the pubis to the umbilicus or above, and tightens underlying stomach muscles that are weakened or separated; that may include a diastasis recti repair and a neoumbilicoplasty.
- **Belt Lipectomy**: A surgery that combines the elements of an abdominoplasty or panniculectomy with removal of excess skin/fat from the lateral thighs and buttock. The procedure involves removing a “belt” of tissue from around the circumference of the lower trunk that eliminates lower back rolls, and provides some elevation of the outer thighs, buttocks and mons pubis (monsplasty).
- **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 abdominus muscles that cover the front of the abdomen. The muscle separation appears as a ridge down the middle of the abdomen that does not lead to complications that need intervention. This condition does not represent a true hernia.
- **Hernia Repairs**: A ventral hernia may be embedded in a panniculus and a panniculectomy may be a necessary adjunct to the ventral hernia repair to reconstruct the abdominal wall. A true hernia repair should not be confused with diastasis recti repair that is part of a standard abdominoplasty.
- **Lower body lift**: A procedure that treats the lower trunk and thighs as a unit by eliminating a circumferential wedge of tissue that is generally, but not always, more inferiorly positioned laterally and posteriorly than a belt lipectomy. The procedure lifts tissues all the way from knee level and reduces, but
does not eliminate, the need for subsequent thigh lifts. A lower body lift tends to stress thigh lifting along with truncal improvement.

- **Panniculectomy**: A surgery that involves only the removal of excess skin/fat from below the belly button that hangs over the genitals and/or thighs in a transverse or vertical wedge. The surgery but does not include fascial plication, neoumbilicoplasty or flap elevation. A cosmetic abdominoplasty is sometimes performed at the time of a functional panniculectomy.

- **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 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.

### Coding

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, inframbilical 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 (e.g., 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>

### Description

In a severely obese patient, excess adipose tissue and skin hanging downward from the navel past the pelvis is referred to as a pannicus or pannus. (Sometimes referred to as an “apron” of extra skin and fat). The excessive skin apron can also result from the physical changes that occur with 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 complicates the surgery of a morbidly obese patient.

Panniculectomy surgery may be indicated to reduce the panniculus. The surgery is done solely to remove the excess skin that hangs over the abdominal area that 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 pannus or who have a massive weight loss that requires retraction of excessive skin may require more extensive and time-consuming procedures due to the severity of the defect.

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 appearance 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.

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 policy does not apply to Medicare Advantage.

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 Benefit Advisory is recommended.

Rationale

This policy was created in 2005 and updated annually with a MEDLINE literature review. The most recent literature review was through November 2016.

Shermak believed that patients who sustain massive weight loss after open gastric bypass are prone to incisional hernias. (1) 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. Hernia recurred in one patient with a BMI of 41.3 after heavy lifting within 1 year of 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 this group, 60% had uncomplicated healing. Shermark concluded that hernias are safely and preferentially repaired at the time of removal of redundant abdominal panniculus. Shermark believes these are acceptable results in this patient group.

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.

Practice Guidelines and Position Statements
American Society of Plastic Surgeons (ASPS)

According to the ASPS(2) Surgical treatment of skin redundancy for obese and massive weight loss patients(1) recommended insurance coverage criteria for third-party payers includes:

- Surgery to remove extensive skin redundancy and fat folds is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and not a compensable procedure.
- A panniculectomy to eliminate a large hanging abdominal panniculus and its associated symptoms would be considered reconstructive.
- Where a circumferential treatment approach is utilized to also treat the residual back and hip rolls or the ptotic buttock tissue, only the anterior portion of the procedures would be considered reconstructive, the remaining portion of the procedure would be considered cosmetic.
- Only in very rare circumstances will buttock, thigh or arm lifts be needed to treat functional abnormalities. Typically these procedures are performed to improve appearance and are therefore cosmetic in nature.

References


Appendix

N/A
### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</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 impairment and reconstructive surgery added to Policy Guidelines. References added.</td>
</tr>
<tr>
<td>04/08/08</td>
<td>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.</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>08/09/16</td>
<td>Annual Review. Policy updated with literature search; policy statements unchanged.</td>
</tr>
<tr>
<td>02/14/17</td>
<td>Annual review. 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>
</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).

©2017 Premera All Rights Reserved.
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 any other 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 AppealsDepartmentInquiries@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 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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).

Arabic (Amharic):
لا تتعرض للإعاقة في الحصول على هذه المعلومات وتستطيع التواصل معنا بzione إذا كنت بحاجة إلى المساعدة. كل المعلومات متاحة على موقع Premera Blue Cross. إذا كنت بحاجة إلى الاستفسار عن المعلومات في هذا الإشعار، تواصل معنا عن طريق البريد الإلكتروني أو عبر الهاتف. يتوفر لدينا خدمات الترجمة لجميع اللغات. يرجى متابعة الموقع الإلكتروني للحصول على أكثر المعلومات.
800-722-1471 (TTY: 800-842-5357) 

Arabic (Arabic):
هذا الإشعار يحتوي على معلومات مهمة تتضمن ما يلي أو ما يشبهه:
- يتوفر لدينا خدمات الترجمة لجميع اللغات. يرجى متابعة الموقع الإلكتروني للحصول على أكثر المعلومات.
800-722-1471 (TTY: 800-842-5357) 

Chinese (Chinese):
本通知有重要的讯息。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動。以保留您的健康保险或者費用補貼。您有權利免費以您的母语得到本訊息和幫助。請接電話 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):

Français (French):

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan Ildann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikayon w lan osaw konseñan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kék aksyon avan sèten dat limit pou ka kente kouvèti asirans sante w la osaw pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rate nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):

Ilokano (Ilocano):
Daytoy a Pakdaa ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaa malabin nga adda ket naglaon iti napateg nga impormasion maihonggip iti aplikasyonw nyo coverage babaen iti Premera Blue Cross. Daytoy ket malabin dagiti importante a pentsa iti daytoy a pakdaa. Malabin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong ti bukadoy a pagasasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Korean: 본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에
관련하여 Premera Blue Cross 를 통한 커버지에 관한 정보를
포함하고 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수
있습니다. 귀하는 귀하의 건강 커버지를 계속 유지하거나 비용을 절감하기
위해 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다.
귀하의 이러한 정보와 도움을 귀하의 언어로 이용할 수 있게
관리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화주시십시오.

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の申請または保険料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情報は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、特定の期日にまでに行動を
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。

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 e ajuda de
custos. Você tem o direito de obter esta informação e ajuda em seu idioma e

Polski: 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 związaną z kosztami. Macie Państwo prawo do bezpłatnej
informacji we własnym języku. Zadzwoncie pod 800-722-1471
(TTY: 800-842-5357).

Română (Romanian): Prezentă notificare conține informații importante. Această notificare
poate conține informații importante privind cererea sau acoperirea asigurării
dumneavoastră de sănătate prin Premera Blue Cross. Poți utiliza datele cheie
în această notificare. Este posibil să fie nevoie să acționați până la
termenea limită pentru a vă menține acoperirea asigurării de sănătate sau
asistența prívitoare la costuri. Aveți dreptul de a obeține gratuit aceste
informații și ajutor în limba dumneavoastră. Sunăți la 800-722-1471
(TTY: 800-842-5357).

Русский: 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 ключевые даты. Вам,
возможно, потребуется принять меры к определенным предельным
срокам для сохранения страхового покрытия или помощи с расходами.
Вы имеют право на бесплатное получение этой информации
и помощь на вашем языке. Звоните по телефону 800-722-1471
(TTY: 800-842-5357).

Tagalog (Tagalog): Ang Panawala na ito ay naglalaman ng mahalagang impormasyon. Ang
paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkapo sa pamamagitan ng Premera Blue Cross. Es posible que haya fechas claves en este
aviso. Es posible que deba tomar alguna medida antes de determinadas
fechas para mantener su cobertura médica o ayuda con los costos. Usted
tiene derecho a recibir esta información y ayuda en su idioma sin costo

Vietnamese: Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông
tin quan trọng về đơn xin tham gia hoặc hỗ trợ 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 các thao tác đúng trong thời hạn
dưới đây để giữ bảo hiểm sức khỏe hoặc được trợ giúp thêm về tiền phí. Quý vị có
quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình