


MEDICAL POLICY – 7.01.563

Ablative Treatments for Occipital Neuralgia, Chronic Headaches, and Atypical Facial Pain

Effective Date:	Oct. 1, 2019	RELATED MEDICAL POLICIES:
Last Revised:	Sept. 5, 2019	7.01.125 Occipital Nerve Stimulation
Replaces:	N/A	7.01.159 Sphenopalatine Ganglion Block for Headache
		7.01.555 Facet Joint Denervation
		7.01.564 Pulsed Radiofrequency
		7.01.565 Ablative Procedures of Peripheral Nerves to Treat Pain

Select a hyperlink below to be directed to that section.

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

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Introduction

Nerves send messages to the brain, including pain signals. When there's an injury or other problem, a message of pain travels along the nerve, to the spinal cord, and then into the brain. One way to try to treat chronic pain is to destroy—ablate—a small portion of the nerve that's sending the pain signal. This technique has been well studied and is proven in very limited situations. However, destroying part of a nerve to try to treat chronic headaches or facial pain is investigational (unproven). While some small, early studies have shown promise, more, larger, and longer high-quality studies are needed to determine whether nerve ablation is truly effective for chronic headaches and facial pain.

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.

Procedure	Investigational
Ablative procedures for the treatment of: <ul style="list-style-type: none"> • Chronic migraines • Chronic tension-type headaches • Cluster headaches • Cervicogenic headaches • Occipital neuralgia • Persistent idiopathic facial pain (PIFP) 	Ablative procedures for the treatment of chronic headaches (chronic migraines, chronic tension-type headaches, chronic cluster headaches, cervicogenic headaches), occipital neuralgia, and persistent idiopathic facial pain (PIFP)/atypical facial pain are considered investigational. <p>Ablative procedures include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Chemical neurolysis (chemodenervation) • Cooled radiofrequency ablation • Cryoneurolysis (cryoablation) • Pulsed radiofrequency • Radiofrequency ablation (RFA)

Coding

Code	Description
CPT	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64640	Destruction by neurolytic agent; other peripheral nerve or branch

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Related Information

N/A

Evidence Review

Description

Several procedures or treatments have been proposed for the treatment of chronic headaches (chronic migraines, chronic tension-type headaches, chronic cluster headaches, and cervicogenic headaches), occipital neuralgia, and persistent idiopathic facial pain (PIFP) when conventional treatments such as oral and injectable pharmacological treatments, physical therapy, chiropractic care, or transcutaneous nerve stimulation (TENS) have failed. These procedures include chemical neurolysis, cryoablation, pulsed radiofrequency, and radiofrequency ablation. The proposed effect of these procedures is to inhibit the transmission of pain signals that are sent to the brain from the sensory nerves such as the occipital nerve (greater or lesser), upper cervical nerves, supraorbital and supratrochlear nerves (branches of the frontal and trigeminal nerves), or sphenopalatine ganglion nerve.

Background

Headaches

The International Headache Society (IHS) created a headache classification system (the International Classification of Headache Disorders, 3rd edition) which is considered the standard for diagnosis of all types of headaches. The third edition was published in January of 2018, thirty years after its first publication in 1988. The three classifications are: primary headaches, secondary headaches and painful cranial neuropathies, and other facial pains and other headaches. See the description for these chronic headache types along with diagnostic criteria below in [Practice Guidelines and Position Statements](#).



Chronic Migraine

Chronic migraine is believed to affect 2 percent of the world population. It is defined by having 15 or more headache days a month lasting at least 4 hours per day for more than 3 months. Chronic migraines occur more often in women and may be accompanied by sensitivity to light or sound along with nausea and/or vomiting.

Chronic Tension-Type Headache

Chronic tension-type headaches are episodic occurring on 15 or more days a month for over 3 months, lasting hours or days, and may be unremitting. They usually occur on both sides of the head and are described as a pressing or tightening feeling around the head.

Chronic Cluster Headache

Chronic cluster headaches are rare and classified as one of the trigeminal autonomic cephalalgias (TACs). They usually occur on one side of the head around one eye or temple, have a sudden onset, and are generally severe and intense, lasting for minutes or several hours at a time, over a year or longer without remission. These headaches occur more frequently in men. The cause is unknown. Common descriptors used to describe the headaches are "excruciating," "feeling like an ice pick is being driven through my eye," or "explosive." Common symptoms that accompany the headaches: coming on just as a person goes to sleep, tearing in the affected eye, drooping eyelid of the affected eye, and experiencing nasal stuffiness or a runny nose.

Cervicogenic Headache

Cervicogenic headache is considered a secondary headache where headache pain is referred from bony structures or soft tissues of the neck. Involvement of the C2-3 zygapophyseal joint is the most frequent source of cervicogenic headache in up to 70 percent of cases. Cervical range of motion may be reduced and the headache may be made worse with certain movements of the neck or when pressure is applied to certain spots in the neck. The diagnosis may be



confirmed with two anesthetic blocks of the suspected pain generator, performed at different times, and associated with pain relief that is in keeping with the anesthetic used.

Occipital Neuralgia

Occipital neuralgia is a rare type of headache described as short bursts of stabbing, throbbing, or shooting pain in the upper neck which spreads to the back of the head and is transmitted by the occipital nerves, usually to only one side of the head. It commonly develops spontaneously, with a sudden onset, and may also be accompanied by decreased or abnormal sensation in the affected area. There are generally no neurologic deficits found on exam, but there may be tenderness over the affected nerve branches when palpated. The exact pathophysiology is unknown. One theory is that it may arise from injury to the C2-C3 nerve roots and/or occipital nerves via entrapment, trauma (such as whiplash), or inflammation.

Diagnosis is generally confirmed when pain relief is obtained by a local anesthetic block to the occipital nerves.

Persistent Idiopathic Facial Pain (PIFP)

Persistent idiopathic facial pain (PIFP), previously known as atypical facial pain, is characterized by persistent facial and/or oral pain recurring daily for 2 hours or more per day for greater than 3 months. There is no associated clinical neurological deficit. Most cases are seen in women. The pain is commonly felt around the mouth or chin but is generally poorly localized and does not follow the distribution of a peripheral nerve. The pain is possibly thought to be related to injury to the face, teeth, or gums. It is described as dull, aching, or of a nagging quality. It is generally a diagnosis of exclusion.

Ablative Treatments

Chemical Neurolysis (Chemodenervation)

Chemical neurolysis, also known as chemical ablation, chemodenervation, or chemical denervation, is the application of a chemical destructive agent (eg, phenol, ethyl alcohol,



glycerol, or hypertonic saline) to a nerve to create a long-lasting or permanent interruption of neural transmission. It is usually used to relieve pain.

Cooled Radiofrequency Ablation

Cooled radiofrequency is a minimally invasive method in which a radiofrequency generator transmits a small current of thermal radiofrequency energy through an insulated, water-cooled, electrode or probe placed within tissue to target the sensory nerves responsible for sending pain signals. Coolief™ (Haylard Health) circulates water through the device while heating nervous tissue to create a larger treatment area than conventional radiofrequency is able to treat. "This combination of ionic heating, produced by the friction of charged water molecules, and cooling deactivates the nerves responsible for sending pain signals to the brain by targeting the pain-transmitting nerves without excessive heating, leading to pain relief."²⁷ Coolief™ is performed in an outpatient setting.

Cryoneurolysis (Cryoablation)

Cryoneurolysis, also known as cryodenervation, cryoablation, cryotherapy, or cryoanalgesia, temporarily blocks nerve conduction along peripheral pathways using a small probe to freeze the target nerve and treat a variety of painful conditions. Cryoneurolysis treatments that use nitrous oxide (boiling point of -88.5°C) as the coolant are reversible. Nerves treated in this temperature range experience a disruption of the axon, with Wallerian degeneration occurring distal to the site of injury. The axon and myelin sheath are affected, but the connective tissues remain intact. The axon can regenerate along the nerve path, usually at the rate of 1-2 mm per day. Thus, the nerve basically dies as it freezes, which stops the pain signals from transmitting. However, over time the nerve regrows, which may mean recurrence of the pain. Cryoneurolysis differs from cryoablation in that cryoablation treatments use liquid nitrogen (boiling point of -195.8°C) as the coolant. Treatments of the nerve in this temperature range are irreversible as the nerves experience a disruption of both the axon and the endoneurium connective tissue layer.

Pulsed Radiofrequency

Pulsed radiofrequency (PRF) is a non- or minimally neurodestructive technique, where short bursts of radiofrequency energy are applied to nervous tissue to treat various chronic pain



syndromes. It is seen as an alternative to continuous (non-pulsed) radiofrequency ablation, as it is theorized to have significantly less complications or side effects. Its exact mechanism of action is unclear.

Pulsed radiofrequency is delivered in short bursts, twice per second, followed by a quiet phase in which no current is applied. This allows for cooling of the electrode keeping it below the neurodestructive threshold of 45° C. Pulsing the radiofrequency current allows the power output of the generator to be greatly increased, allowing for far stronger electrical fields than in continuous radiofrequency. For example, the voltage output is usually 15-25 volts for the continuous mode radiofrequency. The pulsed radiofrequency output is 45 volts. As a result, higher voltages can be applied in pulsed radiofrequency. Because the average temperature near the pulsed radiofrequency electrode does not reach the neurodestructive range, the risk of destroying nearby tissue is reduced.

Radiofrequency Ablation (RFA)

Radiofrequency ablation (RFA) is a minimally invasive method that involves the use of heat and coagulation necrosis to destroy nerve tissue. A needle electrode is inserted through the skin and into the tissue around the nerve to be ablated. A high-frequency electrical current is applied to the target tissue which heats the nerve, causing coagulation necrosis and destruction of the nerve. It is theorized that the thermal lesioning of the nerve destroys peripheral sensory nerve endings, resulting in the alleviation of pain.

Summary of Evidence

For individuals who have various types of headaches (chronic migraines, chronic tension-type headaches, chronic cluster headaches, and cervicogenic headaches as well as occipital neuralgia and persistent idiopathic facial pain) who received ablative treatments such as chemical neurolysis, cryoablation, pulsed radiofrequency, and RFA, the evidence includes randomized controlled trials, prospective studies, retrospective studies, and case reports. Some studies yielded promising results showing improvement in pain and decrease in pain medication usage. However, despite these encouraging clinical studies, conclusive evidence demonstrated in well-designed clinical studies in support of chemical neurolysis, cryoablation, pulsed radiofrequency, or radiofrequency ablation in the treatment of headaches and atypical facial pain is warranted.



While these treatment modalities appear to be safe, the evidence of efficacy is limited. Further placebo-controlled trials are needed. The overall quality of evidence is low. All studies were limited by methodological flaws, such as small sample size, lack of a control group, and short follow-up. Before definitive conclusions can be drawn, there is a need for high-quality studies with larger populations, adequate follow-up time, standardized treatment protocols, and comparisons of the treatment being studied with other treatments used for the same diagnosis which have also failed conventional treatments. The evidence is insufficient to determine the effects of this technology on net health outcomes.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in [Table 1](#).

Table 1. Summary of Key Clinical Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03567590	The Efficacy and Safety of Sphenopalatine Ganglion Pulsed Radiofrequency Treatment for Cluster Headache	80	May 2021

NCT: national clinical trial

Practice Guidelines and Position Statements

International Headache Society (IHS)

In 2018, the International Headache Society issued the International Classification of Headache Disorders 3rd edition (ICHD-3) states:

Chronic Migraine

- Is a common disabling primary headache disorder with two major types: migraine without aura and migraine with aura



- Headaches (migraine-like or tension-type-like) on ≥ 15 days/month for > 3 months, and
 - Occurs in a patient who has had at least 5 attacks on ≥ 8 days/month for > 3 months fulfilling the following criteria:
 - Migraine without aura: recurrent headache disorder manifesting in attacks lasting 4-72 hours (when untreated or unsuccessfully treated)
 - Typical characteristics of the headache: unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity, and association with nausea and/or photophobia and phonophobia
 - Migraine with aura: recurrent attacks, lasting minutes, of unilateral fully reversible visual, sensory or other central nervous system symptoms that usually develop gradually and are usually followed by a headache and associated migraine symptoms
 - At least two attacks fulfilling the following criteria:
 - One or more of the following fully reversible aura symptoms: visual, sensory, speech and/or language, motor, brainstem, retinal
 - At least three of the following six characteristics: at least one aura symptom spreads gradually over ≥ 5 minutes, two or more aura symptoms occur in succession, each individual aura symptom last 5-60 minutes, at least one aura symptom is unilateral, at least one aura symptom is positive, the aura is accompanied, or followed within 60 minutes, by headache

Chronic Tension-Type Headache (TTH)

- A disorder evolving from frequent episodic tension-type headache, with daily or very frequent episodes of headache
- Considered a primary headache disorder
 - Headache occurring on ≥ 15 days/month on average for > 3 months (≥ 180 days/year), fulfilling the following criteria:
 - Lasting hours to days, or unremitting



- At least two of the following characteristics: bilateral location, pressing or tightening (non-pulsating) quality, mild or moderate intensity, not aggravated by routine physical activity
- Neither moderate or severe nausea nor vomiting
- No more than one of photophobia or phonophobia

Chronic Cluster Headache

- Is one of the trigeminal autonomic cephalalgias (TACs)
- Is considered a primary headache disorder, but may be secondary to another disorder
- The TACs share the clinical features of unilateral headache, and usually prominent cranial parasympathetic autonomic features, which are lateralized and ipsilateral to the headache
 - Cluster headache attacks occurring for one year or longer without remission, or with remission periods lasting less than 3 months.
 - At least five attacks fulfilling severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15-180 minutes (when untreated)
 - Either or both of the following:
 - At least one of the following symptoms or signs, ipsilateral to the headache:
 - Conjunctival injection and/or lacrimation
 - Nasal congestion and/or rhinorrhea
 - Eyelid edema
 - Forehead and facial sweating
 - Miosis and/or ptosis
 - A sense of restlessness or agitation



Cervicogenic Headache

- Secondary headache causally associated with cervical myofascial pain sources (myofascial trigger points)
- Headache caused by a disorder of the cervical spine and its component bony, disc, and/or soft tissue elements, usually but not invariably accompanied by neck pain
 - Clinical and/or imaging evidence of a disorder or lesion within the cervical spine or soft tissues of the neck, known to be able to cause headache
 - Evidence of causation demonstrated by at least two of the following:
 - Headache has developed in temporal relation to the onset of the cervical disorder or appearance of the lesion
 - Headache has significantly improved or resolved in parallel with improvement in or resolution of the cervical disorder or lesion
 - Cervical range of motion is reduced and headache is made significantly worse by provocative maneuvers
 - Headache is abolished following diagnostic blockade of a cervical structure or its nerve supply

Occipital Neuralgia

- Unilateral or bilateral paroxysmal, shooting or stabbing pain in the posterior part of the scalp, in the distribution(s) of the greater, lesser and/or third occipital nerves, sometimes accompanied by diminished sensation or dysesthesia in the affected area and commonly associated with tenderness over the involved nerve(s)
- Classified as painful lesions of the cranial nerves and other facial pain
 - Unilateral or bilateral pain in the distribution(s) of the greater, lesser and/or third occipital nerves and fulfilling the following criteria:
 - Recurring in paroxysmal attacks lasting from a few seconds to minutes



- Severe in intensity
- Shooting, stabbing, or sharp in quality
- Pain is associated with both of the following:
 - Dysesthesia and/or allodynia apparent during innocuous stimulation of the scalp and/or hair
 - Either or both of the following
 - Tenderness over the affected nerve branches
 - Trigger points at the emergence of the greater occipital nerve or in the distribution of C2
- Pain is eased temporarily by local anesthetic block of the affected nerve (s)

Persistent Idiopathic Facial Pain (PIFP)

- Previously known as atypical facial pain
- Persistent facial and/or oral pain, with varying presentations but recurring daily for more than two hours/day over more than 3 months, in the absence of clinical neurological deficit
- Classified as painful lesions of the cranial nerves and other facial pain
 - Facial and/or oral pain fulfilling the following criteria:
 - Recurring daily for > hours/day for > 3 months
 - Pain has both of the following characteristics:
 - Poorly localized, and not following the distribution of a peripheral nerve
 - Dull, aching, or nagging quality
 - Clinical neurological examination is normal
 - A dental cause has been excluded by appropriate investigations



American Society of Anesthesiologists and American Society of Regional Anesthesia and Pain Medicine

In 2010, the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine issued practice guidelines for Chronic Pain Management which included the following:

Ablative techniques include chemical denervation, cryoneurolysis or cryoablation, thermal intradiscal procedures (ie, intervertebral disc annuloplasty [IDET], transdiscal biaculoplasty), and radiofrequency ablation.

- Chemical denervation: (eg, alcohol, phenol, or high-concentration local anesthetics) should not be used for routine care of patients with chronic noncancer pain
- Cryoneurolysis or cryoablation: may be used in the care of selected patients (eg, postthoracotomy pain syndrome, low back pain [medial branch], and peripheral nerve pain)
- Radiofrequency ablation: conventional radiofrequency ablation may be performed for neck pain, and water-cooled radiofrequency ablation may be used for chronic sacroiliac joint pain. Conventional or thermal radiofrequency ablation of the dorsal root ganglion should not be routinely used for the treatment of lumbar radicular pain

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

Radiofrequency ablation (RFA) is a procedure and, therefore, is not subject to regulation by the FDA. However, the devices used to perform RFA are regulated by the FDA premarket approval process. There are numerous devices listed in the FDA 510(k) premarket approval process. Two product codes are dedicated to these devices, one for radiofrequency lesion generators (GXD) and one for radiofrequency lesion probes (GXI) (FDA, 2016)



In 2017 the U.S. Food and Drug Administration (FDA) cleared for marketing (K163461) COOLIEF (Halyard Health, Inc.) radiofrequency lesion probe. It is to be used in conjunction with a radiofrequency generator to create lesions in nervous tissue. Cooled radiofrequency (Cooled RF) is also indicated for creating radiofrequency lesions of the genicular nerves for the management of moderate to severe knee pain of more than 6 months in patients with radiologically confirmed osteoarthritis and a positive response to a diagnostic genicular nerve block.

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History

Date	Comments
09/01/18	New policy, approved August 14, 2018, effective December 6, 2018. Add to Surgery section. Policy created with a literature review through July 2018. Ablative procedures, including but not limited to chemical neurolysis, cryoablation, pulsed radiofrequency, and radiofrequency ablation for the treatment of chronic headaches (chronic migraines, chronic tension-type headaches, chronic cluster headaches, cervicogenic headaches), occipital neuralgia and persistent idiopathic facial pain (PIFP)/atypical facial pain are considered investigational.
10/01/19	Annual Review, approved September 5, 2019. Policy updated with literature review through August 2019. References added. Cooled radiofrequency added to list of ablative treatments considered investigational.

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Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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).

አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናት ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለማጠበቅና በአስፈላጊ እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታወቅ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisni kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):

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

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa 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. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

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):

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 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):

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາອ້ອງສະໝັກ 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 ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក 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 ਹੋਵੇ 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 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 una 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).