

MEDICAL POLICY – 7.01.568

Designated Centers of Excellence: Total Knee or Total Hip Replacement


Effective Date:	July 1, 2020	RELATED MEDICAL POLICIES:
Last Revised:	June 4, 2020	None
Replaces:	N/A	

This policy ONLY applies to members whose plan includes the Total Joint Replacement Centers of Excellence Program. Please contact Customer Service and refer to the member booklet for confirmation.

This policy does not apply to member plans that do not include this program.

Select a hyperlink below to be directed to that section.

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Introduction

Total knee and total hip replacements are among the most common surgeries performed. Despite the high volume of these surgeries, the quality and cost of care varies greatly among providers. In response to these trends and to ensure safe and coordinated care, this policy is based on the Bree Collaborative and provides for elements of best practice, as well as a bundled form of payment for services believed to promote improvement in quality, health outcomes, and cost-effectiveness of the care delivered.

Total knee or total hip replacements (arthroplasty) are surgical procedures where a damaged part of the joint is removed and replaced with an artificial metal or plastic joint. These surgeries often help to reduce pain and improve quality of life. People who may qualify are those who have severe pain from “wear-and-tear” arthritis, who are not able to perform their normal daily activities, and who have failed nonsurgical treatments. Factors such as a person’s age, severity of knee or hip disease, obesity, and use of tobacco affect who may be the best candidate for this

type of procedure and the ability to participate in this program. This policy only applies to primary and initial total knee or total hip replacement procedures and outlines the information needed for health plan review.

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

Note: Refer to the **Benefit Application** section below for information specific to the member contract. .

Preparation for Surgery	Minimum Standards
Prior to surgery	<p>Prior to surgery, candidates should meet the following minimum standards to ensure safety and optimal return to function:</p> <ul style="list-style-type: none"> • Plan to manage opioid dependency, if present and tapering of opioids prior to surgery when possible • Management of alcohol overuse if screen is positive • Absence of any physical or mental disability that would limit the benefits of the surgery or interfere with recovery • Pre-operative history and physical which addresses any identified areas of concerns such as cardiac and pulmonary fitness, dental concerns, abnormal lab values if warranted, and nasal passage cultures

Service	Medical Necessity
Total knee or total hip replacement	<p>Total knee or total hip replacement (arthroplasty) for the treatment of osteoarthritis* may be considered medically necessary when ALL the following are met:</p> <ul style="list-style-type: none"> • Member is 18 years of age or older • Body Mass Index (BMI) less than 40



Service	Medical Necessity
	<ul style="list-style-type: none"> • Cessation of nicotine products at least four weeks prior to surgery • Hemoglobin A1c less than 8% in diabetic patients • Impairment is documented by the presence of the following: <ul style="list-style-type: none"> ○ Disabling pain for at least 3 months duration ○ Functional disability interferes with the ability to carry out activities of daily living <p>AND</p> <ul style="list-style-type: none"> • Standard x-ray** of the affected joint (weight-bearing knee, non-weight bearing hip) demonstrates Kellgren-Lawrence grade 3 or 4 severity of osteoarthritis within 12 months prior to surgery (see Related Information for further details) <p>AND</p> <ul style="list-style-type: none"> • Documentation of three-month trial and failure of at least one or more of the following conservative therapies: <ul style="list-style-type: none"> ○ Physical therapy ○ Activity modification ○ Strengthening exercises ○ Non-steroidal anti-inflammatory drugs (oral or topical) ○ Intra-articular injection of corticosteroids*** ○ Acetaminophen <p>*Osteoarthritis-excludes trauma, cancer, inflammatory arthritis (eg, rheumatoid arthritis), and congenital malformation</p> <p>**X-rays are the preferred diagnostic test for joint arthritis. MRI studies are not recommended</p> <p>***May be contraindicated within 12 months due to increased risk of infection</p>

Documentation Requirements
<p>The patient's medical records submitted for review should document that medical necessity criteria are met. The record should include the following:</p> <ul style="list-style-type: none"> • Documentation of BMI less than 40, cessation of nicotine products 4 weeks prior to surgery, Hemoglobin A1c is less than 8% if patient is diabetic, the presence of disabling pain for at least 3 months that has interfered in activities of living being carried out <p>AND</p>



Documentation Requirements

- X-ray of the affected joint (weight-bearing knee, non-weight bearing hip) demonstrates Kellgren-Lawrence grade 3 or 4 severity of osteoarthritis within 12 months prior to surgery

AND

- Trial and failure of one or more conservative therapies such as physical therapy, flexibility and muscle strengthening exercises, activity modification, NSAIDs (oral or topical), injection of corticosteroids, or acetaminophen.

Coding

Code	Description
CPT	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

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Related Information

Benefit Application

Refer to the member contract language for benefit determination, member cost shares, and any related services provided.

Radiological Findings

Standard knee x-rays may include:

- Weight-bearing anterior posterior (AP) view
- Weight-bearing notch (Rosenberg) view



- Lateral view (non-weight bearing)
- Sunrise view (non-weight bearing)

Standard hip x-rays may include:

- Anterior posterior (AP) pelvis view (weight-bearing or non-weight bearing)
- Lateral hip view (cross table or frog leg, non-weight bearing)

Knee Injury and Osteoarthritis Outcome Score (KOOS)/ HOOS (Hip Disability and Osteoarthritis Outcomes Score)

It is widely agreed that good outcome measures are needed to be able to tell the difference between treatments that are effective from those that are not. To do this, there must be some standardized, patient-centered measures that can be administered at a low cost. A questionnaire (the Knee Injury and Osteoarthritis Outcome Scores, or KOOS) was developed to evaluate short-term and long-term patient-relevant outcomes after knee injury. This questionnaire was based on the WOMAC (Western Ontario and McMaster Universities) Osteoarthritis Index, a literature review, an expert panel, and a pilot study. The KOOS is a tool that can be used in the provider's office. It is self-administered and looks at five outcomes: pain, symptoms, activities of daily living, sport and recreation function, and knee-related quality of life.⁷ It has been shown to be a useful tool in assessing a patient's pain and functional disability.

A similar survey, HOOS (Hip Disability and Osteoarthritis Outcomes Score) was developed to evaluate physical function outcomes for hip osteoarthritis after total hip replacement. It was also based on the WOMAC score but was found to be more responsive than the WOMAC. The survey is a self-administered questionnaire used to assess a patient's opinion regarding hip problems and evaluate symptoms and functional limitations. It is meant to be used over short-term and long-term intervals to assess changes related to treatment such as surgery, medication or physical therapy.⁸

Kellgren-Lawrence Grading Scale

- Grade 1: Doubtful narrowing of joint space and possible osteophytic lipping
- Grade 2: Definite osteophytes, definite narrowing of joint space



- Grade 3: Moderate multiple osteophytes, definite narrowing of joints space, some sclerosis and possible deformity of bone contour
- Grade 4: Large osteophytes, marked narrowing of joint space, severe sclerosis and definite deformity of bone contour

Evidence Review

Description

Total knee and total hip arthroplasties consist of resection of the diseased articular surfaces of the knee or hip, followed by resurfacing with metal and polyethylene prosthetic components. Total hip arthroplasties consist of a femoral component, an acetabular component, and a bearing surface. For the properly selected patient, the procedure results in significant pain relief, as well as improved function and quality of life. Despite the potential benefits of a total knee or total hip arthroplasty, they are elective procedures and should only be considered after extensive discussion of the risks, benefits, and alternatives.³

Background

Total knee and total hip replacements have increased by 17 and 33 percent respectively from 2010 to 2017 across Blue Cross and Blue Shield commercially insured members. Likewise, the costs for these procedures have risen by 6 percent for knee procedures and 5 percent for hip procedures.¹ This policy for a value-based bundle system of payment at a designated center of excellence was created to promote collaboration and coordination between hospitals, clinicians, and other care settings for a smooth patient recovery, while at the same time promoting quality and health outcomes with more cost-effective delivery of care.

Traditionally, payment to providers is made for each of the individual services they provide for an episode of care or course of treatment. This provides payment for the volume of services delivered but does not address the quality of the services provided. This approach can result in fragmented care and a wide variation of costs. To better align reimbursement to providers around patient safety, appropriateness of care, evidence-based standards of practice, quality outcomes, positive patient experiences, and greater affordability, this value-based bundle



system of payment to surgeons and facilities at designated centers of excellence is being used to test the delivery of this service model for a subset of Plan members.

The main indication for a total knee or total hip arthroplasty is for the relief of pain associated with arthritis of the knee or hip in patients who have failed nonoperative treatments. Correction of deformity and restoration of function should be considered secondary outcomes of the surgery and should not be considered the primary indication. The prosthetic joint has a finite lifetime, and the durability of the prosthesis depends on many factors such as patient age, underlying disease, the presence of obesity, as well as the type of prosthesis and surgical factors.¹⁴⁻¹⁵

In 2010, Bozic et al⁶ looked at the relationship between the number of procedures that a surgeon and hospital performed, and the clinical outcomes of those procedures. They found that the patients of surgeons who performed more knee replacements had a lower risk of complications, lower readmission and reoperation rates, shorter lengths of stay, and a higher chance that they would be discharged to home. Hospitals that did more knee replacement surgeries had lower mortality, lower risk of readmission, and a higher likelihood of the patient being discharged to home. Bozic et al also found that when the surgeon and hospital closely follow evidence-based processes of care, there were better clinical outcomes and shorter lengths of stay, regardless of how many procedures the surgeon and hospital had performed.

Practice Guidelines and Position Statements

American Academy of Orthopaedic Surgeons

The American Academy of Orthopaedic Surgeons (AAOS) updated new clinical practice guideline on the treatment of osteoarthritis of the hip (2017) strongly recommends the use of pre-surgical treatments to ease pain and mobility, including corticosteroid injection, physical therapy, and non-narcotic medications. The Academy does not recommend the use of hyaluronic acid or glucosamine sulfate to minimize osteoarthritis symptoms due to a lack of evidence supporting the efficacy of these treatments.

The Osteoarthritis Research Society International (OARSI)

The Osteoarthritis Research Society International (OARSI) (2014)¹¹ updated its guidelines for non-surgical treatment of osteoarthritis of the knee in one or both knees only with no comorbidities:



Core Treatments Appropriate for all individuals:

Land-based exercise, weight management, strength training, water-based exercise, self-management and education

Recommended treatments Appropriate for Knee-only OA without comorbidities:

Biomechanical interventions, intra-articular corticosteroids, topical NSAIDs, walking cane, oral COX-2 Inhibitors, capsaicin, oral non-selective NSAIDs, duloxetine, acetaminophen

Recommended treatments considered Uncertain for Knee-only OA without comorbidities:

Acupuncture, TENS, ultrasound, avocado soybean unsaponifiables (ASU), chondroitin, diacerein, glucosamine, hyaluronic acid (intra-articular injection), opioids (oral or transdermal), rosehip

Recommended treatments considered Not Appropriate for Knee-only OA without comorbidities:

Risedronate

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History

Date	Comments
07/01/19	New policy, approved June 11, 2019, effective January 1, 2020. This pilot policy outlines the medical necessity criteria for total joint replacement (knee and hip) at select Designated Centers of Excellence for select Plans.
12/01/19	Interim Review, approved November 21, 2019. Benefit Application section updated to reflect that this policy applies to all total joint replacement centers of excellence programs. Policy title was updated to "Designated Centers of Excellence: Total Knee or Total Hip Replacement" from "Pilot Policy for Designated Centers of Excellence: Total Knee or Total Hip Replacement".
07/01/20	Annual Review, approved June 4, 2020. Policy reviewed. Policy statements unchanged. References updated.

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). ©2020 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.



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

فارسی (Farsi):

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