

MEDICAL POLICY – 7.01.83

Auditory Brainstem Implant

BCBSA Ref. Policy: 7.01.83*

Effective Date: Aug. 3, 2018

Last Revised: Sept. 21, 2018

Replaces: N/A

RELATED MEDICAL POLICIES:


7.01.05 Cochlear Implant

7.01.84 Semi-Implantable and Fully Implantable Middle Ear Hearing Aids

7.01.547 Implantable Bone Conduction and Bone-Anchored Hearing Aids

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Introduction

Neurofibromatosis type 2 is an inherited condition. It causes noncancerous tumors to grow on nerves. The usual location of these tumors is on the auditory nerves. These nerves transmit information from the inner ear to the brain and allow us to hear. Removing neurofibromatosis type 2 tumors can damage the auditory nerve, leading to deafness. An auditory brainstem implant is a device that transmits sound directly to the brainstem. The implant has two parts: the processor, which is worn near the ear, and a surgically implanted electrode. A microphone picks up sound and the processor turns the sound waves into electrical signals. The electrical signals are sent to an electrode near the brain stem. Medical studies show that auditory brainstem implants are successful in people whose hearing was damaged by surgery to remove tumors that were specifically caused by neurofibromatosis type 2. Using auditory brainstem implants has also been proposed to treat deafness from other types of tumors or other conditions. More studies are needed to see if auditory brainstem implants work for conditions other than neurofibromatosis type 2.

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

Implant	Medical Necessity
Unilateral use of an auditory brainstem implant	<p>Unilateral use of an auditory brainstem implant may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The patient has neurofibromatosis type 2 • Age 12 years or older • The patient became deaf because of bilateral resection of neurofibromas of the auditory nerve. <p>An auditory brainstem implant is considered investigational for all other conditions.</p>

Implant	Investigational
Bilateral use of an auditory brainstem implant	Bilateral use of an auditory brainstem implant is considered investigational.
Penetrating electrode auditory brainstem implant (PABI)	Penetrating (vs. surface electrodes on the cochlear nuclei) electrode auditory brainstem implant is considered investigational.

Documentation Requirements
<p>The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:</p> <ul style="list-style-type: none"> • Office visit notes that contain relevant history and physical supporting: <ul style="list-style-type: none"> ○ Diagnosis of neurofibromatosis type 2 (the tumors are commonly called vestibular schwannomas or acoustic neuromas) ○ That the member is completely deaf due to surgical removal of neurofibromas on the auditory nerve of both ears

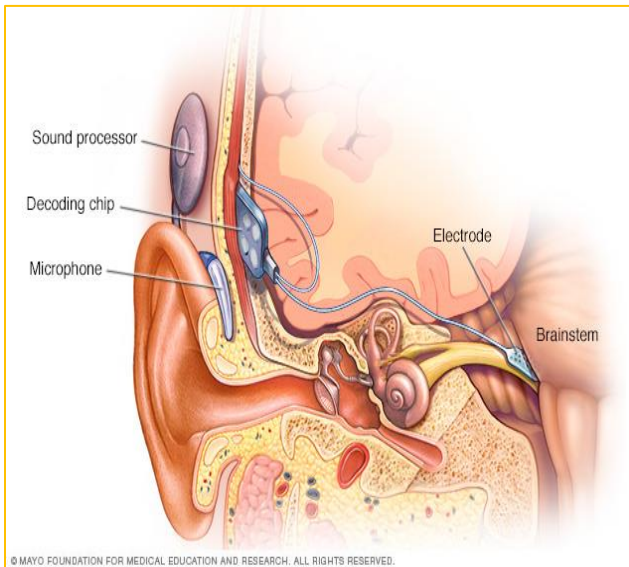
Coding



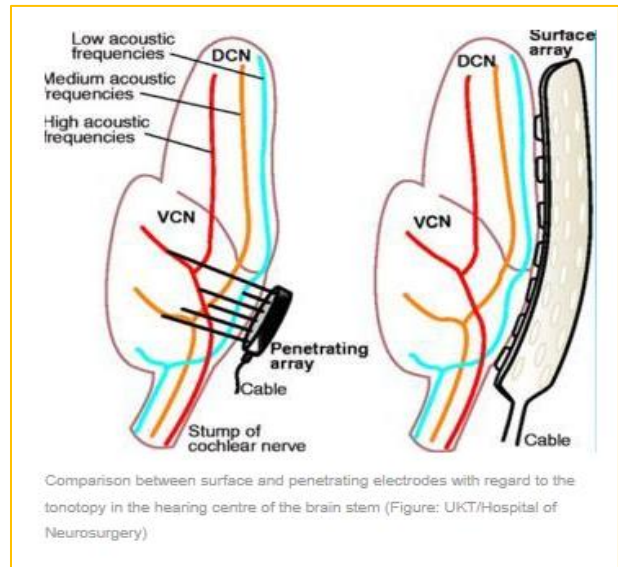
Code	Description
CPT	
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour
HCPCS	
S2235	Implantation of auditory brain stem implant

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Related Information



Source: <https://www.mayoclinic.org/tests-procedures/auditory-brainstem-implant/about/pac-20384649>



Source: <http://www.regmed.uni-tuebingen.de/?q=en/a-difficult-nut-to-crack-regeneration-in-the-central-nervous-system>

Definition of Terms

Neurofibromatosis type 2: A rare hereditary condition commonly associated with bilateral vestibular schwannomas which are benign tumors that occur on the nerves of the inner ear and cause loss of hearing and balance. These tumors are also known as acoustic neuromas.

Consideration of Age

The age listed in the policy statement is based on Food and Drug Administration approval of the auditory brainstem implant device for ages 12 and older.

Evidence Review

Description

The auditory brainstem implant (ABI) is intended to restore some hearing in people with neurofibromatosis type 2 who became deaf after the removal of bilateral neurofibromas involving the auditory nerve. ABIs have also been studied to restore hearing for other non-neurofibromatosis indications.

Background

The ABI consists of an externally worn speech processor that electrically provides auditory information to a receiver/stimulator implanted in the temporal bone. The receiver/stimulator is, in turn, attached to an electrode array implanted on the surface of the cochlear nerve in the brainstem, thus bypassing the inner ear and auditory nerve. The electrode stimulates multiple sites on the cochlear nucleus, which is then processed normally by the brain. To place the electrode array on the surface of the cochlear nucleus, the surgeon must be able to visualize specific anatomic landmarks. Because large neurofibromas compress the brainstem and distort the underlying anatomy, it can be difficult or impossible for the surgeon to correctly place the electrode array. For this reason, patients with large, long-standing tumors may not benefit from the device.

ABIs are also being studied to determine whether they can restore hearing for other non-neurofibromatosis causes of hearing impairment in adults and children, including absence of or trauma to the cochlea or auditory nerve. It is estimated that 1.7 per 100,000 children are affected by bilateral cochlea or cochlear nerve aplasia and 2.6 per 100,000 children are affected by bilateral cochlea or cochlear nerve hypoplasia.¹



Summary of Evidence

For individuals who became deaf after the removal of bilateral neurofibromas of the auditory nerve who receive an ABI, the evidence includes a large prospective case series. Relevant outcomes are functional outcomes, quality of life, and treatment-related morbidity. The FDA approval of the Nucleus 24 device in 2000 was based on a prospective case series of 90 patients 12 years of age or older, of whom 60 had the implant for at least 3 months. From this group, 95% had a significant improvement in lip reading or improvement on sound-alone tests. While use of an ABI is associated with a very modest improvement in hearing, this level of improvement is considered significant for those patients who have no other treatment options. Based on these results, ABIs are considered appropriate for the patient population included in the trial (ie, age ≥ 12 years with NF2 and deafness following tumor removal). The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who are deaf due to nontumor etiologies who receive an ABI, the evidence includes case series and systematic reviews of case series. Relevant outcomes are functional outcomes, quality of life, and treatment-related morbidity. In general, ABIs have not demonstrated hearing benefits over cochlear implants for many conditions not related to neurofibromatosis type 2. However, ABIs hold promise for select patients when the cochlea or cochlear nerve is absent. Many recent and ongoing ABI studies are being conducted in children. For children, hearing is critical for language development, and this device has the potential to substantially improve health outcomes. The most common nontumor conditions in children are cochlear aplasia and cochlear nerve aplasia. There are questions about the durability of the now obsolete Nucleus 24 in active young children. Evaluation is currently ongoing with the recently available Nucleus ABI541 to determine its efficacy and durability in children. In addition, ABI studies have shown inferior outcomes in children with other disabilities. Thus, further study is also needed to define populations that would benefit from these devices. The evidence is insufficient to determine the effects of the technology on 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 Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02310399	Auditory Brainstem Implant (ABI) in Children With No Cochleae or Auditory Nerves	20	Jul 2018
NCT02102256	A Feasibility Study of the Placement, Use, and Safety of the Nucleus 24 Auditory Brainstem Implant in Non-Neurofibromatosis Type 2 (NF2) Pediatric Patients	10	Feb 2019
NCT02630589	Implantation of an Auditory Brainstem Implant for the Treatment of Incapacitating Unilateral Tinnitus	10	Jan 2022
NCT01864291	Study of the Nucleus 24 and ABI541 Auditory Brainstem Implant in Pediatric Non-Neurofibromatosis Type 2	15	Nov 2022
NCT01736267	Study of Nucleus 24 Auditory Brainstem Implant (ABI) in Adult Non-Neurofibromatosis Type 2 Subjects	10	Nov 2022
NCT01904448	An Early Feasibility Study of the Safety and Efficacy of the Nucleus 24 Auditory Brainstem Implant in Children With Cochlear or Cochlear Nerve Disorders Not Resulting From Neurofibromatosis Type II	10	Apr 2023
NCT02589912	Compassionate Use Arm - ABI541 Auditory Brainstem Implant for Neurofibromatosis Type 2 Patients With Deafness	10	Recruitment closed

NCT: national clinical trial.

Practice Guidelines and Position Statements

National Institute Health and Care Excellence

In 2005, National Institute Health and Care Excellence issued guidance on interventional procedures for auditory brainstem implants.¹⁸ The guidance stated: "...evidence on safety and efficacy of auditory brain stem implants appears adequate to support the use of this procedure by surgical teams experienced in this technique."



Medicare National Coverage

There is no national coverage determination. The Medicare Benefit Policy Manual references hearing aids and auditory implants, stating that hearing aids are excluded from coverage, including air-conduction and bone-conduction devices.¹⁹ However, devices that produce the perception of sound by replacing the function of the middle ear, cochlea, or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or cannot be used. Along with cochlear and auditory brainstem implants, the benefit manual specifically refers to osseointegrated implants as prosthetic devices.

Regulatory Status

In 2000, the Nucleus® 24 Auditory Brainstem Implant System (Cochlear Corp.) was approved by the U.S. Food and Drug Administration (FDA) through the premarket approval process. The speech processor and receiver are similar to the devices used in cochlear implants; the electrode array placed on the brainstem is the novel component of the device. The device is indicated for individuals 12 years of age or older who have been diagnosed with neurofibromatosis type 2. Approval of the Nucleus® 24 Auditory Brainstem Implant System was based on the efficacy study of unilateral implants either at first-side or second-side tumor removal surgery.² The Nucleus® 24 is now obsolete.

In June 2016, the Nucleus ABI541 Auditory Brainstem Implant (Cochlear Corp.) was approved by the Food and Drug Administration through a supplement to the premarket approval for the Nucleus® 24. The new implant is indicated for individuals 12 years of age or older who have been diagnosed with neurofibromatosis type 2.

Food and Drug Administration product code: MCM.

References

1. Kaplan AB, Kozin ED, Puram SV, et al. Auditory brainstem implant candidacy in the United States in children 0-17 years old. *Int J Pediatr Otorhinolaryngol*. Mar 2015;79(3):310-315. PMID 25577282
2. Food and Drug Administration. Nucleus® 24 Auditory Brainstem Implant System. FDA Summary of Safety and Effectiveness. 2000; https://www.accessdata.fda.gov/cdrh_docs/pdf/P000015B.pdf Accessed April 2018.



3. Ebinger K, Otto S, Arcaroli J, et al. Multichannel auditory brainstem implant: US clinical trial results. *J Laryngol Otol Suppl.* Feb 2000(27):50-53. PMID 11211440
4. Matthies C, Brill S, Kaga K, et al. Auditory brainstem implantation improves speech recognition in neurofibromatosis type II patients. *ORL J Otorhinolaryngol Relat Spec.* Sep 2013;75(5):282-295. PMID 24042846
5. Sanna M, Di Lella F, Guida M, et al. Auditory brainstem implants in NF2 patients: results and review of the literature. *Otol Neurotol.* Feb 2012;33(2):154-164. PMID 22246383
6. Otto SR, Shannon RV, Wilkinson EP, et al. Audiologic outcomes with the penetrating electrode auditory brainstem implant. *Otol Neurotol.* Dec 2008;29(8):1147-1154. PMID 18931643
7. Merkus P, Di Lella F, Di Trapani G, et al. Indications and contraindications of auditory brainstem implants: systematic review and illustrative cases. *Eur Arch Otorhinolaryngol.* Jan 2014;271(1):3-13. PMID 23404468
8. Medina M, Di Lella F, Di Trapani G, et al. Cochlear implantation versus auditory brainstem implantation in bilateral total deafness after head trauma: personal experience and review of the literature. *Otol Neurotol.* Feb 2014;35(2):260-270. PMID 24448286
9. Noij KS, Kozin ED, Sethi R, et al. Systematic review of nontumor pediatric auditory brainstem implant outcomes. *Otolaryngol Head Neck Surg.* Nov 2015;153(5):739-750. PMID 26227469
10. Colletti L, Wilkinson EP, Colletti V. Auditory brainstem implantation after unsuccessful cochlear implantation of children with clinical diagnosis of cochlear nerve deficiency. *Ann Otol Rhinol Laryngol.* Oct 2013;122(10):605-612. PMID 24294682
11. Sennaroglu L, Sennaroglu G, Yucel E, et al. Long-term results of ABI in children with severe inner ear malformations. *Otol Neurotol.* Aug 2016;37(7):865-872. PMID 27273392
12. Sennaroglu L, Ziyal I, Atas A, et al. Preliminary results of auditory brainstem implantation in prelingually deaf children with inner ear malformations including severe stenosis of the cochlear aperture and aplasia of the cochlear nerve. *Otol Neurotol.* Sep 2009;30(6):708-715. PMID 19704357
13. Puram SV, Barber SR, Kozin ED, et al. Outcomes following pediatric auditory brainstem implant surgery: early experiences in a North American center. *Otolaryngol Head Neck Surg.* Jul 2016;155(1):133-138. PMID 27095049
14. Colletti V, Carner M, Miorelli V, et al. Auditory brainstem implant (ABI): new frontiers in adults and children. *Otolaryngol Head Neck Surg.* Jul 2005;133(1):126-138. PMID 16025066
15. Colletti V. Auditory outcomes in tumor vs. nontumor patients fitted with auditory brainstem implants. *Adv Otorhinolaryngol.* Aug 2006;64:167-185. PMID 16891842
16. Colletti L. Beneficial auditory and cognitive effects of auditory brainstem implantation in children. *Acta Otolaryngol.* Sep 2007;127(9):943-946. PMID 17712673
17. Colletti V, Shannon RV, Carner M, et al. Complications in auditory brainstem implant surgery in adults and children. *Otol Neurotol.* Jun 2010;31(4):558-564. PMID 20393378
18. National Institute Health and Care Excellence (NICE). Auditory brain stem implants [IPG108]. 2005 <https://www.nice.org.uk/guidance/ipg108> Accessed April 2018.
19. Centers for Medicare & Medicaid Services. Medicare Policy Benefit Manual. Chapter 16 - General Exclusions from Coverage. 2014; <http://www.cms.gov/manuals/Downloads/bp102c16.pdf> Accessed April 2018.

History



Date	Comments
05/01/18	New policy, approved April 10, 2018, effective August 3, 2018. Add to Surgery section. This policy was previously archived but it is now being reinstated. Unilateral use of an auditory brainstem implant may be considered medically necessary when criteria are met, considered investigational for all other conditions. PABI and Bilateral use of an auditory brainstem implant are considered investigational. Image added. Added definition for neurofibramotosis type 2.
09/21/18	Minor update. Added Consideration of Age information.

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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 ដល់កិច្ចការផ្ទៃក្នុងដូចជា ឆ្លើយតបនូវសំណួរ ឬប្រាកដន្នយល់ចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដំណោះស្រាយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 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 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența provizorie la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaaring 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).