

MEDICAL POLICY – 8.01.23

Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer

BCBSA Ref. Policy: 8.01.23

Effective Date: May 1, 2018

Last Revised: April 3, 2018

Replaces: N/A


RELATED MEDICAL POLICIES:

7.01.50 Placental and Umbilical Cord Blood as a Source of Stem Cells

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)

[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

Hematopoietic stem cells are cells that form within the bone marrow and can become many different types of blood cells. In a hematopoietic stem cell transplant, stem cells can be taken from a donor's bone marrow, peripheral blood, or from a newborn baby's umbilical cord blood or placenta shortly after the baby was delivered. The stem cells can also be harvested from the patient herself before she is given any high dose chemotherapy. If the stem cells are harvested from another person, it is called an allogeneic stem cell transplant. If the stem cells come from the patient herself before her high dose chemotherapy is given, it is called an autologous stem cell transplant.

Hematopoietic stem cell transplants are sometimes given to patients who have epithelial ovarian cancer. These transplants are considered investigational. This policy explains why it is considered to be investigational.

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

Condition	Investigational
Advanced stage epithelial ovarian cancer	Autologous and allogeneic hematopoietic cell transplants are considered investigational to treat advanced stage epithelial ovarian cancer.

Coding

Code	Description
CPT	
38232	Bone marrow harvesting for transplantation; autologous
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38241	Hematopoietic progenitor cell (HPC); autologous transplantation
38242	Allogeneic lymphocyte infusions
HCPCS	
S2140	Cord blood harvesting for transplantation, allogeneic
S2142	Cord blood-derived stem-cell transplantation, allogeneic
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre and post transplant care in the global definition

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Related Information

N/A



Description

Use of hematopoietic cell transplantation (HCT) has been investigated for treatment of patients with epithelial ovarian cancer. Hematopoietic stem cells are infused to restore bone marrow function after cytotoxic doses of chemotherapeutic agents with or without whole body radiotherapy.

Background

Epithelial Ovarian Cancer

Several types of malignancies can arise in the ovary, and epithelial carcinoma is the most common. Epithelial ovarian cancer is the fifth most common cause of cancer death in women. For 2016, new cases and deaths from ovarian cancer in the United States were estimated at 22,280 and 14,240, respectively.¹ Most ovarian cancer patients present with widespread disease, and the National Cancer Institute Surveillance, Epidemiology and Results Program reported a 46.5% five-year survival for all cases between 2007 and 2013.²

Treatment

Current management for advanced epithelial ovarian cancer is cytoreductive surgery with chemotherapy.³ Approximately 75% of patients present with International Federation of Gynecology and Obstetrics stage III to IV ovarian cancer and are treated with paclitaxel plus a platinum analogue, the preferred regimen for the newly diagnosed advanced disease.^{4,5} Use of platinum and taxanes has improved progression-free survival and overall survival in advanced disease to between 16 and 21 months and 32 and 57 months, respectively.⁴ However, cancer recurs in most women, and they die of the disease because chemotherapy drug resistance leads to uncontrolled cancer growth.⁵

Hematopoietic Cell Transplantation

Hematopoietic cell transplantation (HCT) is a procedure in which hematopoietic stem cells are infused to restore bone marrow function in cancer patients who receive bone-marrow-toxic doses of drugs with or without whole body radiotherapy. Bone marrow stem cells may be obtained from the transplant recipient (autologous HCT) or from a donor (allogeneic HCT). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood and placenta shortly after delivery of neonates. Although cord blood is an allogeneic source, the stem cells in it are antigenically “naive” and thus are associated with a lower incidence of rejection or graft-versus-host disease. Cord blood is discussed in greater detail in a separate medical policy (see [Related Policies](#)).

HCT is an established treatment for certain hematologic malignancies; however, its use in solid tumors in adults is largely experimental.

HCT for Epithelial Ovarian Cancer

HCT has been investigated as a therapy to overcome drug resistance. However, limited data exist on this treatment approach, and the ideal patient population and best treatment regimen remain to be established.⁵ HCT has been tested in various patient groups with ovarian cancer:

- To consolidate remission after induction therapy
- To treat relapse after a durable response to platinum-based chemotherapy
- To treat tumors that relapse after less than 6 months
- To treat refractory tumors

Summary of Evidence

For individuals who have advanced-stage epithelial ovarian cancer who receive hematopoietic cell transplantation (HCT), the evidence includes randomized trials and data from case series and registries. Relevant outcomes are overall survival, disease-specific survival, change in disease status, and treatment related mortality and morbidity. Although some observational studies have reported longer survival in subsets of women with advanced epithelial ovarian cancer than in women treated with standard chemotherapy, none of the randomized trial evidence has shown any benefit from HCT in this population. Overall, the evidence has not shown that HCT



improves health outcomes in treating epithelial ovarian cancer, including survival, compared with conventional standard doses of chemotherapy. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in January 2018 did not identify any ongoing or unpublished trials that would likely influence this review.

Practice Guidelines and Position Statements

National Comprehensive Cancer Network Guidelines

Current National Comprehensive Cancer Network guidelines (v.4.2017) do not address hematopoietic cell transplantation for ovarian cancer for patients either with newly diagnosed or with relapsed or refractory disease.³

U.S. Preventive Services Task Force Recommendations

Stem-cell transplantation is not a preventive service.

Medicare National Coverage

The Centers for Medicare and Medicaid Services currently have the following national noncoverage decision on autologous stem cell transplantation [AuSCT]: "Insufficient data exist to establish definite conclusions regarding the efficacy of AuSCT for the following condition[s]: Solid tumors (other than neuroblastoma)."¹³

Regulatory Status

The U.S. Food and Drug Administration (FDA) regulates human cells and tissues intended for implantation, transplantation, or infusion through the Center for Biologics Evaluation and



Research, under Code of Federal Regulation (CFR) title 21, parts 1270 and 1271. Hematopoietic stem cells are included in these regulations.

References

1. American Cancer Society. Cancer Facts & Figures 2017. Atlanta, GA: American Cancer Society; 2017. <http://www.cancer.org/research/cancerfactsstatistics/> Accessed April 2018.
2. National Cancer Institute, Surveillance Epidemiology and End Results Program. Cancer Stat Facts: Ovarian Cancer. n.d.; <https://seer.cancer.gov/statfacts/html/ovary.html> Accessed April 2018.
3. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 4.2017. https://www.nccn.org/professionals/physician_gls/PDF/ovarian.pdf Accessed April 2018.
4. Mobus V, Wandt H, Frickhofen N, et al. Phase III trial of high-dose sequential chemotherapy with peripheral blood stem cell support compared with standard dose chemotherapy for first-line treatment of advanced ovarian cancer: intergroup trial of the AGO-Ovar/AIO and EBMT. *J Clin Oncol*. Sep 20 2007;25(27):4187-4193. PMID 17698804
5. Papadimitriou C, Dafni U, Anagnostopoulos A, et al. High-dose melphalan and autologous stem cell transplantation as consolidation treatment in patients with chemosensitive ovarian cancer: results of a single-institution randomized trial. *Bone Marrow Transplant*. Mar 2008;41(6):547-554. PMID 18026149
6. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). High-dose chemotherapy with autologous stem-cell support for epithelial ovarian cancer. *TEC Assessments*. 1998;Volume 13:Tab 6.
7. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Salvage high-dose chemotherapy with allogeneic stem cell support for relapse following high-dose chemotherapy with autologous stem cell support for non-lymphoid solid tumors. *TEC Assessments*. 1999;Volume 14:Tab 11.
8. Donato ML, Aleman A, Champlin RE, et al. Analysis of 96 patients with advanced ovarian carcinoma treated with high-dose chemotherapy and autologous stem cell transplantation. *Bone Marrow Transplant*. Jun 2004;33(12):1219-1224. PMID 15122311
9. Ledermann JA, Herd R, Maraninchi D, et al. High-dose chemotherapy for ovarian carcinoma: long-term results from the Solid Tumour Registry of the European Group for Blood and Marrow Transplantation (EBMT). *Ann Oncol*. May 2001;12(5):693-699. PMID 11432630
10. Stiff PJ, Bayer R, Kerger C, et al. High-dose chemotherapy with autologous transplantation for persistent/relapsed ovarian cancer: a multivariate analysis of survival for 100 consecutively treated patients. *J Clin Oncol*. Apr 1997;15(4):1309-1317. PMID 9193322
11. Stiff PJ, Veum-Stone J, Lazarus HM, et al. High-dose chemotherapy and autologous stem-cell transplantation for ovarian cancer: an autologous blood and marrow transplant registry report. *Ann Intern Med*. Oct 3 2000;133(7):504-515. PMID 11015163
12. Sabatier R, Goncalves A, Bertucci F, et al. Are there candidates for high-dose chemotherapy in ovarian carcinoma? *J Exp Clin Cancer Res*. Oct 16 2012;31:87. PMID 23072336
13. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for STEM CELL Transplantation (110.8.1). 2010; Version 5: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncid=45&ncdver=5&coverageselection=both&articletype=all&policytype=final&s=pennsylvania&keyword=stem+cell&keywordlookup=title&keywordsearchtype=and&bc=gaaaabaaaaa&> Accessed April 2018.



History

Date	Comments
02/01/00	Add to Therapy Section - New Policy — replaces 8.01.15, original master policy on HDC for miscellaneous malignancies. However, policy statement is unchanged.
02/26/01	Replace Policy - Policy revised no criteria changes.
05/13/03	Replace Policy - Policy updated, references added; no change in policy statement. CPT codes updated.
08/12/03	Replace Policy - Reviewed and recommended for adoption without any changes by Company Oncology Advisory Panel 7/22/03
12/14/04	Replace Policy - Policy reviewed with literature search; references added. Policy statement unchanged.
01/10/06	Replace Policy - Policy reviewed with literature search; NCI and NCCN information updated; no change to policy statement. Reviewed by OAP 04/21/05.
06/02/06	Disclaimer and Scope updates - No other changes.
03/13/07	Replace Policy - Policy updated with literature review; policy statement unchanged. Reviewed and recommended by OAP February 22, 2007.
10/09/07	Cross References Updated - No other changes.
04/08/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Reviewed and recommended for adoption by the Oncology Advisory Panel, February 21, 2008.
05/13/08	Cross Reference Update - No other changes
02/10/09	Replace Policy - Policy updated with literature search; no change to the policy statement. Rational section extensively revised. HDC removed from title and reflected on the body of the policy. References added.
01/12/10	Replace Policy - Policy updated with literature search. Minor addition to the policy statement "hematopoietic" added; no other changes.
02/09/10	Code Update - New 2010 codes added.
01/11/11	Replace Policy - Policy updated with literature review; references 1 and 11 updated. No change in policy statement. Reviewed and recommended for adoption by Oncology Advisory Panel, May 20, 2010.
12/06/11	Related Policy Titles Updated.
01/06/12	Replace Policy – Policy updated with literature review; no new references added; no change in policy statement. ICD-10 codes added to policy.
01/24/12	Code 38232 added.



Date	Comments
02/10/12	The CPT code 38204 was removed from the policy.
06/20/12	Minor update: Related Policies updated; 8.01.17 replaced 8.01.507 effective June 12, 2012.
07/31/12	Updates to Related Policy titles: 8.01.17, 8.01.30, 8.01.31, 8.01.35, and 8.01.520. Removed 8.01.38 as it was archived.
10/08/12	Update Coding Section – ICD-10 codes are now effective 10/01/2014.
01/29/13	Replace policy. Policy updated with literature review; no new references added; no change in policy statement. Codes 38220 and 38221 removed; they do not apply to this policy. Change title to 8.01.21 in Related Policies section.
03/20/13	The following codes were removed from the policy, as they were not suspending and just informational: HCPCS J9000-J9999 and Q0083 – Q0085.
09/30/13	Update Related Policies. Change title to 8.01.31.
10/18/13	Update Related Policies. Change title to 8.01.17.
01/21/14	Replace policy. Policy updated with literature review through August 2013. Reference 11 added; references 1, 2, and 12 updated. No change in policy statement.
03/21/14	Update Related Policies. Delete 8.01.514.
04/18/14	Update Related Policies. Remove 8.01.20, 8.01.35 and 8.01.54, then add 8.01.529, 8.01.531 and 8.01.532.
12/03/14	Update Related Policies. Remove 8.01.17.
01/28/15	Annual Review. Policy updated with literature review through October 20, 2014; no new references added; references 1-2 and 12 updated. No change in policy statement. ICD-9 and ICD-10 diagnosis codes removed; these are not utilized in policy adjudication.
05/01/16	Annual Review, approved April 12, 2016. Policy updated with literature review through December 18, 2015; no references added; references 1-2 updated. Policy statement unchanged.
11/04/16	Coding update. Removed codes that are transplant benefit related.
04/01/17	Annual Review, approved March 14, 2017. Policy updated with literature review through November 9, 2016; reference 12 added. Policy statement unchanged. Changed “hematopoietic stem cell transplantation” to “hematopoietic cell transplantation” per NCCN terminology change.
11/10/17	Policy moved to new format, no changes to policy statement.
05/01/18	Annual Review, approved April 3, 2018. Policy updated with literature review through November 2017; reference 2 added; references 1 and 3 updated. Policy statement revised to add “advanced stage” associated with epithelial ovarian cancer; intent of the policy is unchanged.



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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 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):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 (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 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 คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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).