MEDICAL POLICY – 8.01.502
Home Enteral Nutrition

Effective Date: July 1, 2017
Last Revised: June 22, 2017
Replaces: 1.02.01

RELATED MEDICAL POLICIES:
None

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Enteral nutrition is a term that means any feeding which uses the digestive tract. The nutrition product can be taken in through the mouth (oral) or may be sent to the stomach or intestines by a tube. In the normal eating process, a person eats and the body breaks down the food in the stomach and bowel and distributes the nutrients throughout the body. Sometimes, however, a person isn’t able to eat or swallow because of an illness. In other situations the body can’t break down or absorb the nutrients in a regular diet. The term enteral nutrition may mean that a person cannot eat or swallow food, and therefore need a feeding tube, or when special enteral nutritional products are used instead of food. The nutritional product may be taken by mouth or given by a tube. This policy discusses the conditions when enteral nutrition is considered medically necessary. Items such as normal food products, supplements for a deficient diet, typical infant formula, or weight loss products are not considered enteral nutrition and are not covered.

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.
<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral enteral nutrition (taken by mouth)</td>
<td>Oral nutrition or supplements may be considered medically necessary when used for the treatment of inborn errors of metabolism, such as (not an all-inclusive list):</td>
</tr>
<tr>
<td></td>
<td>• Histidinemia</td>
</tr>
<tr>
<td></td>
<td>• Homocystinuria</td>
</tr>
<tr>
<td></td>
<td>• Maple syrup urine disease (MSUD)</td>
</tr>
<tr>
<td></td>
<td>• Phenylketonuria (PKU)</td>
</tr>
<tr>
<td></td>
<td>• Tyrosinemia</td>
</tr>
<tr>
<td></td>
<td><strong>For Washington Members only:</strong> In addition to the above diagnoses, elemental enteral formula given orally or via feeding tube may be considered medically necessary when ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• There is a diagnosis of eosinophilic gastrointestinal associated disorders (eosinophilic esophagitis, eosinophilic gastroenteritis, or eosinophilic colitis)</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• There is a prescription</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• The provider supervises the use of the elemental formula.</td>
</tr>
<tr>
<td></td>
<td><strong>For Oregon Members only:</strong> In addition to the above diagnoses, elemental enteral formula given orally or via feeding tube may be considered medically necessary when ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• There is a diagnosis of severe intestinal malabsorption</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• There is a prescription</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• The elemental formula comprises the sole source of nutrition, or is an essential source of nutrition.</td>
</tr>
<tr>
<td></td>
<td>In addition to those inborn errors of metabolism listed above, there may rarely be other inborn errors of metabolism for which supplements are requested. There are hundreds of types of inborn</td>
</tr>
</tbody>
</table>
Service | Medical Necessity
--- | ---
errors of metabolism; therefore, not all could be listed within the policy. Not all inborn errors of metabolism require special foods for treatment. These requests must be reviewed and approved by a medical director on a case-by-case basis. Please refer to the table in the Coding section below.

| Enteral nutrition via feeding tube | Enteral nutritional support received by a feeding tube may be considered medically necessary for patients who are unable to take adequate nutrition by mouth and have:
- Adequate intestinal absorption despite:
  - Disorders of the gastrointestinal tract (e.g., head and neck cancer, an obstructing tumor or stricture of the esophagus or stomach, or Crohn disease);
  **OR**
  - Central nervous system disease or injury resulting in interference with neuro-muscular coordination of chewing and swallowing that presents a risk of aspiration;
- Anorexia or bulimia, when the patient meets the following:
  - Enteral nutrition (EN) should be temporary until such time as the patient is able to orally take in and retain adequate amounts of food in order to correct the specific physical abnormalities and maintain the corrected state. Within one week of beginning EN, attempts at oral feedings should be made. An additional week may be required to wean off EN. Concomitant psychotherapy to address the underlying psychological reasons for pathologically restricting intake and/or purging is mandatory.
- Failure to thrive

The following criteria must be met before the start of enteral nutrition services.
- The patient receives no more than 30% of his/her caloric intake orally
  **OR**
- The patient is unable to maintain estimated nutritional needs even though he may be receiving >30% orally (e.g., cystic fibrosis or failure to thrive)
### Service | Medical Necessity
--- | ---

Note: A physician must specifically order nutrients and the manner of administration for EN, medical food, and for oral nutrition supplies for the treatment of inborn errors of metabolism. However, a physician order for the nutritional support does not, in itself, qualify the service or supply for coverage.

### Service | Investigational
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**Relizorb™ immobilized lipase cartridge**

Digestive enzymes added to enteral formula via a cartridge device attached to the tubing used for enteral feeding is considered investigational (eg, Relizorb™ immobilized lipase cartridge).

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT</strong></td>
<td></td>
</tr>
<tr>
<td>44015</td>
<td>Tube or needle jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)</td>
</tr>
</tbody>
</table>

<p>| <strong>HCPCS</strong> | |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4157</td>
<td>Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
</tr>
<tr>
<td>B4158</td>
<td>Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</td>
</tr>
<tr>
<td>B4159</td>
<td>Enteral formula, for pediatrics, nutritionally complete soy-based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit</td>
</tr>
<tr>
<td>B4160</td>
<td>Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
</tr>
<tr>
<td>B4161</td>
<td>Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
</tr>
<tr>
<td>B4162</td>
<td>Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</td>
</tr>
<tr>
<td>B9000</td>
<td>Enteral nutrition infusion pump – without alarm</td>
</tr>
<tr>
<td>B9002</td>
<td>Enteral nutrition infusion pump – with alarm</td>
</tr>
<tr>
<td>B9004</td>
<td>Parenteral nutrition infusion pump, portable</td>
</tr>
<tr>
<td>B9006</td>
<td>Parenteral nutrition infusion pump, Stationary</td>
</tr>
<tr>
<td>B9998</td>
<td>NOC for enteral supplies</td>
</tr>
<tr>
<td>B9999</td>
<td>NOC for parenteral supplies</td>
</tr>
<tr>
<td>S9434</td>
<td>Modified solid food supplements for inborn errors of metabolism</td>
</tr>
<tr>
<td>S9435</td>
<td>Medical foods for inborn errors of metabolism</td>
</tr>
<tr>
<td>S9340</td>
<td>Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem</td>
</tr>
<tr>
<td>S9341</td>
<td>Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem</td>
</tr>
<tr>
<td>S9342</td>
<td>Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment</td>
</tr>
</tbody>
</table>
Table 1. Examples of Inborn Errors of Metabolism

<table>
<thead>
<tr>
<th>Brief Description</th>
<th>ICD-10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>histidemia</td>
<td>E70.41</td>
</tr>
<tr>
<td>homocystinuria</td>
<td>E72.11</td>
</tr>
<tr>
<td>maple syrup urine disease (MSUS)</td>
<td>E71.0</td>
</tr>
<tr>
<td>tyrosinemia type 1</td>
<td>E70.21</td>
</tr>
<tr>
<td>phenylketonuria (PKU)</td>
<td>E70.0</td>
</tr>
</tbody>
</table>

Related Information

Benefit Application

Regular food products, nutritional supplements and formula are considered **contract exclusions**, including but not limited to:

- Baby food
- Banked breast milk
- Food thickeners
- Food supplements for a deficient diet
- Food supplements to provide alternative nutrition in the presence of conditions such as hypoglycemia, allergies, obesity, and gastrointestinal disorders
- Gluten-free food products
- High protein powders and mixes
- Lactose-free products; products to aid in lactose digestion
- Low carbohydrate diets
- Normal grocery items
- Nutritional supplement puddings
- Oral vitamins and minerals
- Standardized or specialized infant formula for conditions other than those for inborn errors of metabolism
- Weight-loss foods and formula (products to aid weight loss)

**Oregon**

Oregon state statute 743A.070 mandates benefit coverage for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a physician has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition. More information can be found at the following link: [http://www.oregonlaws.org/ors/743A.070](http://www.oregonlaws.org/ors/743A.070) Accessed June 2017.

**Washington**

Effective for health benefit plans that are issued or renewed after December 31, 2015, Washington state statute (HB 2153) requires plans to cover medically necessary elemental formula, regardless of delivery method, when a provider diagnoses a patient with eosinophilic gastrointestinal associated disorders and subsequently orders and supervises the use of the elemental formula. More information can be found at the following link: [http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bill%20Reports/House/2153%20HBA%20HCW%202014.pdf](http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bill%20Reports/House/2153%20HBA%20HCW%202014.pdf) Accessed June 2017.

Physician supervision is defined as periodic assessment of nutritional status by a provider with prescriptive authority. A physician must specifically order nutrients and the manner of
administration for EN, medical food, and for oral nutrition supplies for the treatment of inborn errors of metabolism. However, a physician order for the nutritional support does not, in itself, qualify the service or supply for coverage.

Eligible nutritional support expenses could be reimbursed using the member’s Medical benefits, under Infusion, Medical Supply, Home Health or Medical Equipment and Supply benefits depending on the design of the individual member’s contract.

Nutritional support for complications of non-covered services such as bariatric surgery may be excluded by the member contract.

### Evidence Review

#### Description

Enteral nutrition is nutritional support given via the gastrointestinal tract. This includes oral feeding, sip feeding, and feeding using a tube. The tube may enter the body through the nose (nasogastric), through an opening made in the skin of the abdomen into the stomach (gastrostomy), or through an opening made in the skin of the abdomen into the small intestine (jejunostomy).

#### Background

Most enteral formulas used for nutritional support (feeds) are ready-to-use fluids, in microbial-free containers that provide macronutrients, micronutrients, fluids and, in some cases, soluble or insoluble fiber. They are usually nutritionally complete within a specific volume, providing the necessary nutrients to support the dietary needs of the patient.

#### Table 2. Classification of enteral feed/formulas

<table>
<thead>
<tr>
<th>Type of Feed/formula</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease-specific enteral formula</td>
<td>Designed for specific clinical conditions and metabolic disorders (ie, chronic renal failure, respiratory disease, diabetes, cancer).</td>
</tr>
<tr>
<td>Type of Feed/formula</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>General feeds (polymeric)</td>
<td>For patients with normal digestion and absorption. They contain whole proteins. Usual osmolarity: 300-500 mOsm/kg, 1-1.2 kcal/ml, 30-40 g protein/l</td>
</tr>
<tr>
<td>Hydrolysed/elemental</td>
<td>For patients with limited GI function. They contain free amino acids, low in fat and low residue. Hyperosmotic, 1 kcal/ml, 40 g protein/L.</td>
</tr>
<tr>
<td>Semi-elemental/partially hydrolyzed/peptide feeds</td>
<td>For patients with disturbed GI function, who need partially hydrolysed nutrients for better digestion and absorption. Osmolarity: depends on the level of hydrolysis, 1-1.2 kcal/ml, 30-45 g protein/l.</td>
</tr>
</tbody>
</table>

Elemental and semi-elemental feeds facilitate digestion and absorption in patients with abnormal GI function. They are indicated for patients with inflammatory bowel disease, pancreatic insufficiency, malabsorption, short bowel syndrome, radiation enteritis, early enteral feeding or intolerance to the normal nutritional molecules found in food.  

Treatment for most metabolic disorders includes exclusion of specific nutritional elements present in common diets. Special formulas are required for infants and children with these disorders to prevent or restrict physical and/or neurological injury that results from faulty metabolism. Life-long dietary restrictions may be required.

Malabsorption of ingested food has many causes. For example, surgical shortening of the small bowel, mucosal damage, impaired motility of the digestive tract and other problems can all cause malabsorption of ingested food. Gastrointestinal eosinophilia is a broad term for an abnormal accumulation of eosinophils in the gastrointestinal tract. It is a very rare condition, and may be related to many different diseases. Adults receiving enteral tube feedings who cannot break down and absorb fats may opt to use an immobilized lipase delivery system called Relizorb™. Relizorb mimics the normal action of pancreatic lipase and is proposed to improve fat absorption and increase the amount of absorbable calories from enteral formula. The system is a single-use, point-of-care digestive enzyme cartridge that connects in-line with existing enteral pump feed sets, and pump extension sets. The device received FDA approval in 2015. Not all enteral tube feed formulas are compatible with Relizorb. Large scale studies in human subjects are still lacking. At this time, Relizorb lacks sufficient evidence in the peer reviewed literature to support its use.
Regulatory Status

Enteral formulas are considered food supplements by the Food and Drug Administration (FDA) and are therefore not under the same regulatory control as medications. As a result, enteral formula labels may make “structure and function” claims without prior FDA review or approval. Furthermore, there is a lack of prospective, randomized, controlled clinical trials supporting the intended usefulness of the majority of the specialized formulas currently on the market.

Medical Food: defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b)) as:

A food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Available at: http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/MedicalFoods/ucm054048.htm Accessed June 2017.

References


## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/04/98</td>
<td>Add to Therapy Section - New Policy</td>
</tr>
<tr>
<td>03/02/99</td>
<td>Replace Policy - Policy and Policy Guidelines sections changed.</td>
</tr>
<tr>
<td>05/08/01</td>
<td>Replace Policy - Revised and updated.</td>
</tr>
<tr>
<td>05/14/02</td>
<td>Policy Deleted - Services will not be reviewed.</td>
</tr>
<tr>
<td>04/15/03</td>
<td>Policy Re-instated - Policy reviewed and updated. No change to policy statement.</td>
</tr>
<tr>
<td>08/12/03</td>
<td>Replace Policy - Policy language clean-up only; no change to policy statement.</td>
</tr>
<tr>
<td>01/01/04</td>
<td>Replace Policy - CPT code updates only.</td>
</tr>
<tr>
<td>05/11/04</td>
<td>Replace Policy - Scheduled review, no changes to policy statement.</td>
</tr>
<tr>
<td>09/01/04</td>
<td>Replace Policy - Policy renumbered from PR.8.01.102. No changes to dates.</td>
</tr>
<tr>
<td>05/10/05</td>
<td>Replace Policy - Scheduled review; no changes to policy statement.</td>
</tr>
<tr>
<td>04/11/06</td>
<td>Replace Policy - Scheduled review; no changes to policy statement.</td>
</tr>
<tr>
<td>06/02/06</td>
<td>Disclaimer and Scope update - No other changes.</td>
</tr>
<tr>
<td>04/10/07</td>
<td>Replace Policy - Policy updated with literature review; reference added and codes updated. No change in policy statement.</td>
</tr>
<tr>
<td>07/08/08</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement.</td>
</tr>
<tr>
<td>06/09/09</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement.</td>
</tr>
<tr>
<td>08/11/09</td>
<td>Replace Policy - Allergic disorders addressed in the Policy Guidelines and Benefit Application as an OTC food source.</td>
</tr>
<tr>
<td>05/11/10</td>
<td>Replace Policy - Policy statement revised to restrict oral nutrition only for treatment of errors of inborn metabolism. TPN and EN policy statements reworded but intent is unchanged. Guidelines, Benefit Application and References updated. Title updated.</td>
</tr>
<tr>
<td>06/13/11</td>
<td>Replace Policy - Policy updated and reviewed by practicing pediatrician. No change to policy statement.</td>
</tr>
<tr>
<td>05/22/12</td>
<td>Replace policy. Policy updated and reviewed by practicing pediatrician. Minor edits for clarification. Policy statement unchanged.</td>
</tr>
<tr>
<td>05/28/13</td>
<td>Replace policy. Policy updated and reviewed by practicing pediatrician. No change to policy statement.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12/18/13</td>
<td>Update Related Policies. Modify title to 7.01.516.</td>
</tr>
<tr>
<td>05/02/14</td>
<td>Annual Review. Added two policy statements for WA and OR mandates. Removed policy statements, description, rationale and codes on TPN. References 1-5 added. Clarification added in Benefit application section. Policy title changed to “Home Enteral Nutrition”.</td>
</tr>
<tr>
<td>02/25/15</td>
<td>Coding update. ICD-9 diagnosis and procedure codes removed; these were inadvertently reflected on the policy.</td>
</tr>
<tr>
<td>04/14/15</td>
<td>Annual Review. Clarification added in Policy Guidelines. Added table with IEM diagnosis, ICD-9 and ICD-10 codes.</td>
</tr>
<tr>
<td>05/27/15</td>
<td>Coding update. HCPCS codes S9434 and S9435 added.</td>
</tr>
<tr>
<td>11/20/15</td>
<td>Update Related Policies. Remove 7.01.516.</td>
</tr>
<tr>
<td>02/09/16</td>
<td>Annual Review. Policy reviewed. Policy statements unchanged.</td>
</tr>
<tr>
<td>01/01/17</td>
<td>Interim review, approved December 13, 2016. Policy statement added that digestive enzymes added to enteral formula via a cartridge device (Relizorb) are investigational. Policy updated with literature search through September 2016. References added.</td>
</tr>
<tr>
<td>04/14/17</td>
<td>Coding update; added HCPCS code S9433.</td>
</tr>
<tr>
<td>07/01/17</td>
<td>Annual Review, approved June 22, 2017. Policy moved into new format. Minor clarification updates to policy. No change to policy statements.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2017 Premera All Rights Reserved.

**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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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.


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본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서는 특별히 없는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 이용을 절대하기 위해 일정한 마감까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 중요성을 귀하는 안내 비용 부담없이 될 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)으로 전화하시십시오。

Polskie (Polish):


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 e 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).

Român (Romanian):


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).

Español (Spanish):

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

Tagalog (Tagalog):


ไทย (Thai):

ประกาศนี้มีข้อมูลสําคัญ

ตองการมั่นใจว่าคุณสามารถดําเนินการภายในกําหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่คุณอาจต้องการได้ใช้จ่ายไม่เกิน etchup 800-722-1471 (TTY: 800-842-5357) หรือสื่อสารได้.

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального 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. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):