

## MEDICAL POLICY – 8.03.08

## Cardiac Rehabilitation in the Outpatient Setting

BCBSA Ref. Policy: 8.03.08

Effective Date: May 1, 2018

Last Revised: April 18, 2018


Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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## Introduction

Cardiac rehabilitation — also called cardiac rehab — is a program to improve heart health. It's done after an event like a heart attack, heart failure, or heart surgery. The goals are to help a person regain strength and also reduce the risk of future heart events. Cardiac rehab is supervised by medical professionals and usually has three areas of focus:

- **Evaluation:** This involves assessing physical abilities, limitations, and risk factors in order to create a program tailored to the individual.
- **Exercise:** This can take many forms such as walking, riding an exercise cycle, or even jogging. Lifting weights or other strength training activities may also be recommended.
- **Education and stress reduction:** Guidance is given about nutrition, lifestyle choices, and stress management.

This policy discusses when cardiac rehabilitation is 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.

## Policy Coverage Criteria

Service	Medical Necessity
<p><b>Outpatient cardiac rehabilitation programs</b></p>	<p><b>Outpatient cardiac rehabilitation programs are considered medically necessary for patients with a history of the following conditions and procedures:</b></p> <ul style="list-style-type: none"> <li>• Acute myocardial infarction (MI) (heart attack) within the preceding 12 months</li> <li>• Compensated heart failure</li> <li>• Coronary artery bypass graft (CABG) surgery</li> <li>• Current stable angina pectoris</li> <li>• Heart valve surgery</li> <li>• Heart or heart-lung transplantation</li> <li>• Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting</li> </ul> <p><b>ALL of the following components must be included in cardiac rehabilitation programs:</b></p> <ul style="list-style-type: none"> <li>• Physician-prescribed exercise each day cardiac rehabilitation services are provided</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Cardiac risk factor modification</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Psychosocial assessment</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Outcomes assessment</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Individualized treatment plan detailing how each of the above components are utilized</li> </ul> <p><b>Note:</b> A cardiac rehabilitation exercise program is eligible for coverage for 3 sessions per week up to a 12-week period (36 sessions). Programs should start within 90 days of the cardiac event and be completed within 6 months of the cardiac event.</p> <p>A comprehensive evaluation may be performed before initiation of cardiac rehabilitation to evaluate the patient and determine an appropriate exercise program. In addition to a medical examination, an</p>



Service	Medical Necessity
	<p>electrocardiogram stress test may be performed. An additional stress test may be performed at the completion of the program.</p> <p><b>Physical and/or occupational therapy are considered not medically necessary in conjunction with cardiac rehabilitation unless performed for an unrelated diagnosis.</b></p>

Service	Investigational
<b>Repeat participation</b>	<b>Repeat participation in an outpatient cardiac rehabilitation program in the absence of another qualifying cardiac event is considered investigational.</b>
<b>Intensive cardiac rehabilitation</b>	<b>Intensive cardiac rehabilitation with the Ornish Program for Reversing Heart Disease or Pritikin Program is considered investigational.</b>

<b>Documentation Requirements</b>
<p><b>The medical records submitted for review should document that medical necessity criteria are met. The record should include detailed history and physical supporting any of the following conditions or procedures:</b></p> <ul style="list-style-type: none"> <li>• Acute myocardial infarction (MI) (heart attack) within the preceding 12 months</li> <li>• Compensated heart failure</li> <li>• Coronary artery bypass graft (CABG) surgery</li> <li>• Current stable angina pectoris</li> <li>• Heart valve surgery</li> <li>• Heart or heart-lung transplantation</li> <li>• Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting</li> </ul> <p><b>In addition, documentation that ALL of following components are included in the cardiac rehabilitation programs:</b></p> <ul style="list-style-type: none"> <li>• Physician-prescribed exercise each day cardiac rehabilitation services are provided</li> </ul>



## Documentation Requirements

- Cardiac risk factor modification
- Psychosocial assessment
- Outcomes assessment
- Individualized treatment plan detailing how each of the above components are utilized

## Coding

Code	Description
<b>CPT</b>	
93797	Physician services for outpatient cardiac rehab; without continuous ECG monitoring (per session)
93798	Physician services for outpatient cardiac rehab; with continuous ECG monitoring (per session)
<b>HCPCS</b>	
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per hour, per session
S9472	Cardiac rehabilitation program, non-physician provider, per diem

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Benefit Application

Cardiac rehabilitation is an outpatient service. Therefore, this policy only addresses cardiac rehabilitation in the outpatient setting.

Cardiac rehabilitation must be performed in a facility approved by the Plan.



Services that are educational in nature (eg, lectures or counseling), which are performed as part of the cardiac rehabilitation program, are not eligible for coverage, even when occurring on a different date of service, unless specified in the contract or certificate of coverage.

Psychological testing and psychotherapy are not a usual component of cardiac rehabilitation. Such services for patients who have a psychiatric diagnosis must be considered under the Mental Health benefits of the contract.

The ongoing maintenance program that follows the 12-week rehabilitation program is not eligible for coverage.

Some contracts have an exclusion for cardiac rehabilitation, because this is considered "self-care" or "self-help" training. In these cases, any related diagnostic testing must also be excluded.

## Evidence Review

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### Description

Cardiac rehabilitation refers to comprehensive medically supervised outpatient programs that aim to improve the function of patients with heart disease and prevent future cardiac events. National organizations have specified core components to be included in cardiac rehabilitation programs.

### Background

#### *Heart Disease*

Heart disease is the leading cause of mortality in the United States, causing more than half of all deaths. Coronary artery disease (CAD) is the most common cause of heart disease. In a 2015 update on heart disease and stroke statistics from the American Heart Association, it was estimated that 635,000 Americans have a new coronary attack (first hospitalized myocardial infarction or coronary heart disease death) and 300,000 have a recurrent attack annually.<sup>1</sup> Both CAD and various other disorders - structural heart disease and other genetic, metabolic, endocrine, toxic, inflammatory, and infectious causes - can lead to the clinical syndrome of heart failure, of which there are about 650,000 new cases in the U.S. annually.<sup>2</sup> Given the burden of



heart disease, preventing secondary cardiac events and treating the symptoms of heart disease and heart failure have received much attention from national organizations.

## ***Cardiac Rehabilitation***

In 1995, the U.S. Public Health Service (USPHS) defined cardiac rehabilitation services as, in part, “comprehensive, long-term programs involving medical evaluation, prescribed exercise, cardiac risk factor modification, education, and counseling.... [These programs are] designed to limit the physiologic and psychological effects of cardiac illness, reduce the risk for sudden death or reinfarction, control cardiac symptoms, stabilize or reverse the atherosclerotic process, and enhance the psychosocial and vocational status of selected patients.” This USPHS guideline recommended cardiac rehabilitation services for patients with coronary heart disease and with heart failure, including those awaiting or following cardiac transplantation. A 2010 definition of cardiac rehabilitation by the European Association of Cardiovascular Prevention and Rehabilitation stated: “Cardiac rehabilitation can be viewed as the clinical application of preventive care by means of a professional multi-disciplinary integrated approach for comprehensive risk reduction and global long-term care of cardiac patients.”<sup>3</sup> Since release of the USPHS guideline, other societies, including the American Heart Association (2005)<sup>4</sup> and the Heart Failure Society of America (2010)<sup>5</sup> have developed guidelines about the role of cardiac rehabilitation in patient care.

## **Summary of Evidence**

For individuals who have diagnosed heart disease who receive outpatient cardiac rehabilitation, the evidence includes multiple randomized controlled trials (RCTs) and systematic reviews of these trials. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. Meta-analyses of the available trials have found that cardiac rehabilitation improves health outcomes for selected patients, particularly those with coronary heart disease. The available evidence has limitations, including lack of blinded outcome assessment, but, for the survival-related outcomes of interest, this limitation is less critical. The evidence is sufficient to determine that the technology results in meaningful improvement in the net health outcome.

For individuals who have diagnosed heart disease without a second event who receive repeat outpatient cardiac rehabilitation, the evidence includes no trials. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. No studies were identified that



evaluated the effectiveness of repeat participation in a cardiac rehabilitation program. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have diagnosed heart disease who receive intensive cardiac rehabilitation with the Ornish Program for Reversing Heart Disease, the evidence includes 1 RCT and uncontrolled studies. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. No RCTs have compared the Ornish Program to a “standard” cardiac rehabilitation program; 1 RCT compared it with usual care. The trial included patients with coronary artery disease and no recent cardiac events, and had mixed findings at 1 and 5 years. The trial had a small sample size for a cardiac trial (N=48), and only 35 patients were available for the 5-year follow-up. The Ornish Program is considered by the Centers for Medicare & Medicaid Services as an intensive cardiac rehabilitation program, but the program described in the RCT might meet criteria for standard cardiac rehabilitation. No studies were identified comparing the Ornish Program with any other cardiac rehabilitation program. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have diagnosed heart disease who receive intensive cardiac rehabilitation with the Pritikin Program, the evidence includes 1 case series. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. Studies are needed that compare the impact of intensive cardiac rehabilitation between the Pritikin Program and standard outpatient cardiac rehabilitation programs. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Ongoing and Unpublished Clinical Trials

Some ongoing and unpublished trials that might influence this policy are listed in [Table 1](#).

**Table 1. Summary of Key Trials**

NCT No.	Trial Name	Planned Enrollment	Completion Date
<b>Ongoing</b>			
<a href="#">NCT02619422</a>	More Intensive Cardiac Rehabilitation Programs in Less Time (másPORmenos)	509	Mar 2018
<a href="#">NCT02762825</a>	Novel Cardiac Rehabilitation in Patients Heart Failure and Preserved Ejection Fraction	66	Mar 2018



NCT No.	Trial Name	Planned Enrollment	Completion Date
<a href="#">NCT02795936a</a>	Feasibility of Cardiac Rehabilitation in Patients With Heart Failure at the Moi Teaching and Referral Hospital	101	Jul 2018
<a href="#">NCT03385837</a>	Activity Level and Barriers to Participate of Cardiac Rehabilitation in Advanced Heart Failure Patients	50	Nov 2018
<a href="#">NCT02984449</a>	Preventive Heart Rehabilitation to Prevent Complications in Patients Undergoing Elective Open Heart Surgery (Heart-ROCQ)	350	Aug 2025
<b>Unpublished</b>			
<a href="#">NCT01822769</a>	Cardiopulmonary Rehabilitation for Adolescents and Adults With Congenital Heart Disease	60	Dec 2015 (ongoing)

NCT: national clinical trial.

## Practice Guidelines and Position Statements

### *American College of Cardiology Foundation et al*

In 2013, the American College of Cardiology Foundation (ACCF) and the American Heart Association (AHA) updated their joint guidelines on the management of heart failure.<sup>2</sup> These guidelines included the following class IIA recommendation related to cardiac rehabilitation (level of evidence B):

Cardiac rehabilitation can be useful in clinically stable patients with HF [heart failure] to improve functional capacity, exercise duration, health-related quality of life, and mortality.

### *American College of Physicians et al.*

In 2012, the American College of Physicians, ACCF, AHA, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, and Society of Thoracic Surgeons published joint guidelines on management of stable ischemic heart disease.<sup>20</sup> The guidelines included the following statement on cardiac rehabilitation:

Medically supervised exercise programs, (cardiac rehabilitation) and physician-directed home-based programs are recommended for at-risk patients at first diagnosis.





## ***American Heart Association et al***

In 2007, the AHA and the American Association of Cardiovascular and Pulmonary Rehabilitation issued a consensus statement on the core components of cardiac rehabilitation programs.<sup>21</sup> The core components included patient assessment before beginning the program, nutritional counseling, weight management, blood pressure management, lipid management, diabetes management, tobacco cessation, psychosocial management, physical activity counseling, and exercise training. Programs that only offer supervised exercise training are not considered to be cardiac rehabilitation. The guidelines specified the assessment, interventions, and expected outcomes for each of the core components. For example, symptom-limited exercise testing before exercise training was strongly recommended. The national guideline does not specify the optimal overall length of programs or number or duration of sessions.

## ***European Association for Cardiovascular Prevention and Rehabilitation (EACPR)***

In 2010, the European Association of Cardiovascular Prevention and Rehabilitation published a position paper on cardiac rehabilitation.<sup>3</sup> Recommendations were based on a review of national guidelines from the United States and Europe. These recommendations stated that core components of multidisciplinary cardiac rehabilitation are "...patient assessment, physical activity counseling, exercise training, diet/nutritional counseling, weight-control management, lipid management, blood pressure monitoring, smoking cessation, and psychosocial management."

The recommended criteria for adequate exercise training were:

- Mode: Continuous endurance: walking, jogging, cycling, swimming, rowing, stair climbing, elliptical trainers, and aerobic dancing..
- Duration: At least 20-30 minutes (preferably 45-60 minutes)
- Frequency: Most days (at least 3 days per week and preferably 6-7 days per week)
- Intensity: 50%-80% of peak oxygen consumption (close to anaerobic threshold) or of peak heart rate or 40%-60% of heart rate reserve; 10/20–14/20 of the Borg Rating of Perceived Exertion.

The position paper did not address repeat participation in cardiac rehabilitation programs.



## Medicare National Coverage

### *Cardiac Rehabilitation*

Medicare has had a National Coverage Determination (NCD) for cardiac rehabilitation since 1989. There was a change in Medicare coverage for cardiac rehabilitation in January 2010.<sup>22</sup> Indications for coverage remain the same; namely, patients who have experienced at least one of the following:

- Acute myocardial infarction within the preceding 12 months
- Coronary artery bypass surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- Heart or heart-lung transplant

As of February 2014, a change was made to the patient criteria to expand eligibility for cardiac rehabilitation to patients with the following:

Stable, chronic heart failure, defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks. Stable patients are defined as patients who have not had recent ( $\leq 6$  weeks) or planned ( $\leq 6$  months) major cardiovascular hospitalizations or procedures.<sup>23</sup>

The 2010 criteria specify the required components of cardiac rehabilitation programs. Programs must include ALL of the following:

- Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished
- Cardiac risk factor modification, including education, counseling and behavioral intervention at least once during the program, tailored to patients' individual needs
- Psychosocial assessment
- Outcomes assessment
- Individualized treatment plan detailing how components are utilized for each patient.



In addition, criteria on the frequency and duration of cardiac rehabilitation services were updated. Beginning in January 2010, the criteria were updated:

Cardiac rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all time items and services are being furnished under the program....

...[C]ardiac rehabilitation program sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions over up to 36 weeks, with the option of an additional 36 sessions over an extended period of time if approved by the Medicare contractor.

### ***Intensive Cardiac Rehabilitation***

Beginning in January 2010, Medicare added intensive cardiac rehabilitation as a benefit. Intensive cardiac rehabilitation programs must be approved by Medicare on an individual basis.<sup>24</sup>

The NCD described intensive cardiac rehabilitation in the following manner:

Intensive cardiac rehabilitation (ICR) refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner. As required by §1861(eee)(4)(A) of the Social Security Act (the Act), an ICR program must show, in peer-reviewed published research, that it accomplished one or more of the following for its patients: (1) positively affected the progression of coronary heart disease; (2) reduced the need for coronary bypass surgery; and, (3) reduced the need for percutaneous coronary interventions. The ICR program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in five or more of the following measures for patients from their levels before cardiac rehabilitation services to after cardiac rehabilitation services: (1) low density lipoprotein; (2) triglycerides; (3) body mass index; (4) systolic blood pressure; (5) diastolic blood pressure; and, (6) the need for cholesterol, blood pressure, and diabetes medications. Individual ICR programs must be approved through the national coverage determination process to ensure that they demonstrate these accomplishments.

In 2010, Center for Medicare & Medicaid Services also issued 2 decision memos on specific programs. One stated that the Ornish Program for Reversing Heart Disease met the intensive cardiac rehabilitation program requirements and was included on the list of approved intensive cardiac rehabilitation programs.<sup>25</sup> It provided the following description of the Ornish Program:



“The Ornish Program for Reversing Heart Disease (also known as the Multisite Cardiac Lifestyle Intervention Program, Multicenter Cardiac Lifestyle Intervention Program and the Lifestyle Heart Trial program) ... incorporates comprehensive lifestyle modifications including exercise, a low-fat diet, smoking cessation, stress management training, and group support sessions. Over the years, the Ornish program has been refined but continues to focus on these specific risk factors.”

The other stated that the Pritikin Program met program requirements and was included on the list of approved intensive cardiac rehabilitation programs.<sup>26</sup> As described in the decision memo: “The Pritikin program (also known as the Pritikin Longevity Program) evolved into a comprehensive program that is provided in a physician’s office and incorporates a specific diet (10%–15% of calories from fat, 15%–20% from protein, 65%–75% from complex carbohydrates), exercise and counseling lasting 21–26 days. An optional residential component is also available for participants.”

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## History

Date	Comments
02/02/99	Add to Therapy Section - New Policy
11/12/02	Replace Policy - Policy reviewed without literature review; new review date only
02/10/04	Replace Policy - Policy reviewed without literature review; new review date only. Title updated by dropping "Programs"
06/16/06	Replace Policy - Policy updated with new Medicare policy guidelines; reference added; no change in policy statement.
10/09/07	Replace Policy - Policy updated with literature review; no change in policy statement; policy status changed from AR to BC.
12/08/09	Replace Policy - Policy updated with literature review; no change to policy statement. Reference added.
08/10/10	Replace Policy - Policy updated with literature review through April 2010. Rationale rewritten; reference numbers 1-5 added. "In the outpatient setting" added to policy title; changes to existing medically necessary policy statement include the addition of the indications "heart-lung transplantation" and "coronary stenting," and specification of components in cardiac rehabilitation programs; second policy statement that repeat programs are investigational has been added.
08/09/11	Replace Policy – Policy updated with literature review through April 2011. References 2, 5 and 8 added; no change to policy statements.
08/20/12	Replace policy. Policy updated with literature review through April 2012. References 3, 5, 6 and 7 added; other references renumbered or removed. No change to policy statements.
10/09/12	Update Coding Section – ICD-10 codes are now effective 10/01/2014.
08/16/13	Replace policy. Policy updated with literature review through May 13, 2013. References 3 and 9 added; other references renumbered or removed. No change to policy statements.
08/11/14	Annual Review. Policy updated with literature review through May 12, 2014. References 1-2, 5-6, 13, 15 added; others renumbered/removed. Policy statements unchanged. ICD-9 and ICD-10 diagnosis codes removed; they are not utilized in adjudication of the policy. ICD-9 procedure codes removed with the exception of 93.36 which is specific to



Date	Comments
	this policy.
08/11/15	Annual Review. List of medically necessary conditions and procedures put in alpha-order format. Clinical trials list reformatted as a table. Policy updated with literature review through May 12, 2015; reference 18 added. Policy statements unchanged. CPT codes 93015, 93016 and 99215; these are not specific to the policy. ICD-9 procedure code 93.36 removed; informational only.
06/01/16	Annual Review, approved May 10, 2016. Policy updated with literature review through January 29, 2016; references added. Policy statements unchanged.
08/01/17	Annual Review, approved July 18, 2017. Policy moved to new format. Policy updated with literature review through May 31, 2017; references 11, 14-16, and 22-23 added. Repeat participation is considered not medically necessary (previously considered investigational). Added statement that intensive cardiac rehabilitation with the Pritikin Program or the Ornish Program is considered investigational.
05/01/18	Annual Review, approved April 18, 2018. Policy updated with literature review through January 2018; references 13-14, and 16 added. Minor edit to the Policy section; policy statements otherwise unchanged.

**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). ©2018 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 interpreters
  - Information written in other languages

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Email AppealsDepartmentInquiries@Premera.com

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.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 509F, HHH Building  
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Getting Help in Other Languages**

**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

**አማርኛ (Amharic):**

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

**العربية (Arabic):**

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

**中文 (Chinese):**

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

**Oromoo (Cushite):**

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

**Français (French):**

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

**Kreyòl ayisyen (Creole):**

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

**Hmoob (Hmong):**

**Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv 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 ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដ្ឋាននានា 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).