


MEDICAL POLICY – 8.03.502

Physical Medicine and Rehabilitation – Physical Therapy and Medical Massage Therapy

Effective Date:	Feb. 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	June 7, 2018	8.03.501 Chiropractic Services
Replaces:	8.03.02	8.03.503 Occupational Therapy
		8.03.505 Speech Therapy
		11.01.508 Skilled Home Health Care Services

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Physical therapy is a type of physical medicine and rehabilitation that treats disease, injury, or deformity using massage, heat, and exercise in place of drugs or surgery. It is done by physical therapists. Massage therapy may also be given by licensed massage therapists. Exercise and massage help make it easier for people to move, decrease pain, and aid in returning people to their daily activities. Each person is given an individualized treatment plan. This policy outlines when these services are may be 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

Type of Therapy	Medical Necessity
<p>Physical medicine and rehabilitation — physical therapy (PM&R – PT)</p>	<p>Physical medicine and rehabilitation — physical therapy (PM&R – PT), including medical massage therapy services — may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The patient has a documented condition causing physical functional impairment, or disability due to disease, illness, injury, surgery or physical congenital anomaly that interferes with activities of daily living (ADLs). <p>AND</p> <ul style="list-style-type: none"> • The patient has a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time based on specific diagnosis-related treatment/therapy goals <p>AND</p> <ul style="list-style-type: none"> • Due to the physical condition of the patient, the complexity and sophistication of the therapy and the therapeutic modalities used, the judgment, knowledge, and skills of a qualified PM&R-PT or medical massage therapy provider are required. <ul style="list-style-type: none"> ○ A qualified provider is one who is licensed where required and performs within the scope of licensure <p>AND</p> <ul style="list-style-type: none"> • PM&R-PT and/or medical massage therapy services provide specific, effective, and reasonable treatment for the member’s diagnosis and physical condition consistent with a detailed plan of care (see Documentation requirements) <ul style="list-style-type: none"> ○ PM&R-PT and/or medical massage therapy services must be described using standard and generally accepted medical/physical/massage therapy/rehabilitation terminology. The terminology should include objective measurements and standardized tests for strength, motion, functional levels and pain ○ The plan should include training for self-management for the condition(s) under treatment ○ Services provided that are not part of a therapy plan of care, or are provided by unqualified staff are not covered
<p>Physical medicine and</p>	<p>Physical medicine and rehabilitation — physical therapy</p>



Type of Therapy	Medical Necessity
<p>rehabilitation — physical therapy (PM&R – PT) for Chronic Pain</p>	<p>(PM&R – PT), including medical massage therapy services — may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The patient has intractable or moderate to severe chronic pain (eg chronic low back pain, complex regional pain syndrome, or fibromyalgia) <p>AND</p> <ul style="list-style-type: none"> • The patient is initially screened and evaluated by a qualified provider for associated medical conditions masking as musculoskeletal pain including but not limited to, tumors, cauda equina syndrome, or a compression fracture and referred for appropriate further evaluation and management if needed. <p>AND</p> <ul style="list-style-type: none"> • The initial evaluation establishes a baseline for outcome measures using validated self-report tools such as the Numeric Pain Scale and/or the Oswestry Disability Index. These tools are then used to identify a patient’s baseline status relative to pain, function, and disability and monitored for a change in the patient’s status throughout the course of treatment. <p>AND</p> <ul style="list-style-type: none"> • A plan of care is established and documented based on the evaluation findings and is directed towards improving upon the impairments and functional deficits noted, including the following: <ul style="list-style-type: none"> ○ Therapeutic treatment to reduce and manage the symptoms with a goal of maximizing function over time ○ Specifically prescribed, directed, and monitored home or self-administered exercise program with documentation of compliance ○ Patient education regarding the use of active pain coping strategies is provided
<p>Physical medicine and rehabilitation — physical therapy (PM&R – PT) for Chronic Diseases or Conditions</p>	<p>Physical medicine and rehabilitation — physical therapy (PM&R – PT), including medical massage therapy services — may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • The services are used to treat a disease or moderate to severe condition that has lasted at least 3 months and may no longer



Type of Therapy	Medical Necessity
	<p>be expected to resolve or may be slowly progressive over an indefinite period of time (such as cancer [for which active treatment is being provided], lymphedema, multiple sclerosis, Parkinson’s disease, or other chronic degenerative diseases or inherited musculoskeletal disorders).</p> <p>AND</p> <ul style="list-style-type: none"> • The skilled services of a qualified provider are required in order to provide reasonable and necessary corrective or rehabilitative care to prevent or slow further deterioration of the patient’s condition. <p>AND</p> <ul style="list-style-type: none"> • A plan of care is established and documented based on the evaluation findings and is directed towards improving upon the impairments and functional deficits noted, including the following: <ul style="list-style-type: none"> ○ Therapeutic treatment to reduce and manage the symptoms with a goal of maximizing function over time. ○ Specifically prescribed, directed, and monitored home or self-administered exercise program or self-care techniques (such as heat or ice) with documentation of compliance. ○ Progress Report documentation describes objective measurements which show improvements in function and decrease in severity to justify continued treatment.
<p>Medical massage therapy</p>	<p>Medical massage therapy may be considered medically necessary as the only therapeutic intervention when ALL of the above criteria for physical medicine and rehabilitation — physical therapy (PM&R – PT) are met AND:</p> <ul style="list-style-type: none"> • The diagnosis-specific prescription, from the attending clinician with prescribing authority, stating the number of medical massage therapy visits is retained in the member’s massage therapy medical record. <p>AND</p> <ul style="list-style-type: none"> • The diagnosis-specific plan of care, approved by the attending clinician with prescribing authority, is retained in the member’s massage therapy medical record. Progress Report documentation describes the following: <ul style="list-style-type: none"> ○ The patient has at least one functional limitation (such as



Type of Therapy	Medical Necessity
	<p>sitting, standing, walking, stair climbing, lifting, working, personal care, driving, or sleeping).</p> <ul style="list-style-type: none"> ○ The patient has at least one subjective complaint (such as neck, shoulder, arm, wrist/hand, back, hip, leg, ankle/foot pain). ○ Treatment frequency should be commensurate with severity of the chief complaint, natural history of the condition, and expectation for improvement. <ul style="list-style-type: none"> ▪ When improvements in the patient’s subjective and objective findings are demonstrated-continued treatment with decreased frequency is appropriate. ▪ Progress may be documented by increases in functional capacity and increasingly longer durations of pain relief. <p>Physical Medicine and Rehabilitation: Physical Therapy (PM&R-PT) and medical massage therapy is considered not medically necessary when criteria are not met.</p>
Home-based skilled rehabilitative physical and medical massage therapy	Home-based physical therapy (PM&R-PT), including medical massage therapy services may be considered medically necessary when the patient is homebound and other medical necessity criteria detailed in this policy are met.
Duplicate therapy	<p>Duplicate therapy is considered not medically necessary.</p> <ul style="list-style-type: none"> • Duplicate therapy is when physical therapy (PT), occupational therapy (OT), and/or medical massage therapy provide the same treatment for the same diagnosis. Services provided concurrently by PT, OT, medical massage therapy may be covered if there are separate and distinct functional goals for different diagnoses.
Maintenance therapy programs	Maintenance therapy programs are considered not medically necessary.
Non-skilled therapy	Treatment that does not generally require the skills of a qualified physical medicine and rehabilitation-physical therapy (PM&R-PT) and/or medical massage therapy provider are considered not medically necessary (see definition of non-skilled therapy below).



Documentation Requirements

The clinical impression, diagnosis and treatment care plan documented for the initial and the follow-up visits must clearly support the medical necessity of the rehabilitation therapy provided.

Documentation must be legible and include:

- A key for any symbols, abbreviations or codes that are used by the provider and/or staff
- Brief notations, check boxes, and codes/symbols for treatment are acceptable if the notations refer to a treatment modality that has been described in the current plan of care
- Initials of the provider of service and any staff/employees who provide services

Documentation of objective findings include the following information:

- A statement of the patient's complaint
- Signs and symptoms of impairment or injury
- Signs or symptoms of the patient's inability to perform activities of daily living (ADLs)

The treatment plan of care:

- Is patient-centered and appropriate for the symptoms, diagnosis and care of the condition
- Includes objectively measurable short and long-term goals for specific clinical and/or functional improvements in the patient's condition with an estimated completion date
- Includes details of the specific modalities and procedures to be used in treatment
- Is approved by the referring physician (if applicable)

A re-evaluation of the patient's progress is completed at each follow-up visit and includes documentation of:

- Objective physical findings of the patient's current status
- The patient's subjective response to treatment
- Measured clinical and/or functional improvement in the patient's condition
- A review of the treatment plan of care along with progress toward the short and long-term goals for discharge from therapy
- Updates to the initial treatment plan of care with new goals that are appropriate to the patient's condition
- Reporting to the referring clinician with prescribing authority (if applicable) about the therapy outcomes and recommendations for follow up

Coding



Code	Description
HCPCS	
G0151	Services of a physical therapist in a home or health setting, each 15 minutes
S9131	Physical therapy, in the home, 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

Definition of Terms

Activities of daily living (ADL): Self-care activities done daily within a member’s place of residence which include:

- Ambulating (walking)
- Dressing/bathing
- Eating
- Hygiene (grooming)
- Toileting
- Transferring (to/from bed or chair)

Fluidized therapy – physical therapy (Fluidotherapy®): A dry heat whirlpool using particles (sand-sized ground corn cobs) in a heated air stream. Fluidotherapy® treats acute or subacute traumatic or nontraumatic musculoskeletal disorders of the extremities as an alternative to other heat therapy modalities. This physical therapy service might be billed with CPT codes found in the [Coding](#) section of this policy with documentation of the therapy provided.

Homebound/confined to home: A member may be considered homebound if:

- Their medical condition restricts the ability to leave their place of residence (except with the aid of supportive devices such as wheelchairs and walkers, the use of special transportation, and/or the assistance of another person); or



- Leaving the home would require a taxing effort; or
- Leaving home is medically contraindicated.

Homebound status also applies to those members that require assistance when performing ADLs (eg, transferring, walking or eating etc.).

A member confined to home may leave their place of residence for medical treatment such as chemotherapy.

Homebound status may be applied to members with compromised immune status or who are in such poor health that reverse isolation precautions are recommended by their providers to avoid exposure to infection(s). Examples of a poor resistance to disease may include but are not limited to:

- Premature infants, or
- Patients undergoing chemotherapy, or
- Patients with a chronic disease that has lowered their immune status.

Note: Homebound status is not determined by the lack of available transportation, or the inability to drive.

Instrumental activities of daily living (IADLs): Activities related to independent living that do not involve personal care activities.¹ Activities that may not always be done on a daily basis include:

- Communication (using the telephone, computer or other communication devices)
- Housework/home maintenance
- Managing personal finances
- Managing medications
- Preparing meals
- Shopping
- Transportation (driving or using public transit)

Maintenance therapy program: A maintenance therapy program consists of activities that preserve the patient's present level of function and prevent regression of that function rather than provide immediate corrective benefit. Maintenance begins when the therapeutic goals of the Plan of Care have been achieved, or when no additional functional progress is apparent or



expected to occur. This may apply to patients with chronic and stable conditions where skilled supervision is no longer required and clinical improvement is not expected. The specialized knowledge and judgment of a qualified provider may be required to establish a maintenance program; however, the continuation of PM&R-PT and/or medical massage therapy services to **maintain** a level of function are **not** covered.

Examples of maintenance therapy may include, but are not limited to:

- Additional PM&R-PT and/or medical massage therapy services when the patient's chronic medical condition has reached maximum functional improvement
- PM&R-PT and/or massage therapy services that enhance performance beyond what is needed to accomplish routine functional tasks
- Passive stretching exercises that maintains range of motion and are performed by non-skilled personnel
- A general home exercise program that is not focused on the identified impairments or functional limitations.

Corrective or Rehabilitative Care: Corrective or rehabilitative care is the stage of ongoing care beyond the sub-acute phase. This phase of care may last up to 6 months to 12 months from onset. It may also refer to treatment of conditions that are chronic in nature and do not occur in conjunction with an acute or subacute phase. Treatment may be directed towards management of ongoing, unresolved symptoms that may or may not impact functional status. The therapeutic goals of this phase are reduction and management of symptoms with a goal of maximizing function over time, patient/caregiver education, self-management, and to prevent deterioration of physical or functional status. Means and methods include progression of exercise, continued patient education, and transition to self-management. Intensity of care is guided by functional status, focusing on home management, supplemented by therapy visits.

Non-skilled services: Activities that maintain function and could be done safely and effectively by the patient or a non-medical person without the skills or supervision of a qualified provider.

Non-skilled Services may include but are not limited to:

- Activities that the patient performs without direct supervision of a qualified provider such as treadmill, stationary bike, or other aerobic activity for warm-up or general conditioning



- Modalities that the patient self-applies without direct supervision of a qualified provider, such as stretching/resistance exercises with a TheraBand™, traction, automobilization tables (Spinalator, Anatamotor, etc.) or Wobble chairs
- Passive range of motion (PROM) treatment, that is not related to restoration of a specific loss of function
- Treatment modalities that the patient self-applies without direct supervision of a qualified provider such as traction
- Unskilled repeated procedures that reinforce previously learned skills to maintain a level of function and/or prevent a decline in function

Physical functional impairment: A limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity (birth defect), pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Plan of care: The goal driven plan of care details the therapeutic interventions to guide health care professionals involved with the patient's care. Goals are linked to the outcomes to be measured in order to assess and monitor the effectiveness of the therapy program (see [Documentation](#) section).

Qualified provider: One who is licensed where required and performs within the scope of licensure. Qualified providers of PM&R-PT services and medical massage therapy may include, but are not limited to:

- Advanced Registered Nurse Practitioner (ARNP) (ANP)
- Doctor of Chiropractic/Chiropractor (DC) (see [Related Policies](#))
- Doctor of Osteopathy/Osteopathic Physician (DO)
- Doctor of Podiatric Medicine/Podiatrist (DPM) (limited by licensure requirements)
- Licensed massage practitioner/therapist (LMP, LMT) (subject to the member's health plan benefit)
- Medical Doctors (MD)
- Naturopathic Physician (ND)



- Occupational Therapist (OT) (see [Related Policies](#))
- Physical Therapist (PT)

Note: Qualified providers of PM&R-PT services and medical massage therapy must meet the definition in the member's health benefit plan contract. Therapy services will not be covered when provided by athletic trainers, and other providers not recognized by the Health Plan. Please refer to the member's benefit booklet or contact a customer service representative for specific language to determine coverage for the provider of service. (See [Scope](#)).

Therapy visit: A visit is defined as up to a one hour session of treatment and/or evaluation on any given day. These visits may include, but are not limited to the following:

- Chiropractic or osteopathic manipulative therapy
- Massage modalities including, but not limited to effleurage, petrissage, tapping and friction
- Patient and family education in home exercise programs
- Therapeutic exercise programs, including coordination and resistive exercises, to increase strength and endurance
- Traction, or mobilization techniques
- Various modalities including, but not limited to, fluidized therapy, thermotherapy, cryotherapy, and hydrotherapy

Note: The initial evaluation, as well as periodic reevaluations and assessments, may be performed as a separate service on the same day as the therapy visit described above.

Benefit Application

In some plans, the benefits available for Physical Medicine Rehabilitation – Physical Therapy and Medical Massage Therapy include a fixed number of treatment visits covered per year regardless of the patient's condition or prescribed number of courses of therapy. When the maximum benefit is reached coverage will stop.

Some plans may require medical necessity review of physical medicine rehabilitation – physical therapy and medical massage therapy by eviCore healthcare based on their evidence-based clinical guidelines. Please contact Customer Service to check the member's contract.



Plan of Care (POC) Update/Recertification

The plan of care must be updated as the patient's condition changes and must be recertified by a physician or appropriate treating professional at least every 60 days.

Physical Medicine and Rehabilitation Therapy Types

Physical Therapy

Physical therapy (PT) is a form of rehabilitation with an established theoretical and scientific base and widespread clinical applications in the restoration, conservation, and promotion of optimal physical function.

Medical Massage Therapy

Medical massage, also called therapeutic massage, is outcome-based massage, using specific treatment modalities targeted to the functional problem(s) or diagnosis provided by the primary licensed clinician with prescribing authority.

Medical massage therapy or therapeutic massage may be provided by various qualified providers (see [Definition of Terms](#)).

Massage therapists, one type of medical massage provider, are required to be licensed by most states where the service is performed. The patient must be referred to the massage therapist by a licensed clinician with prescribing authority who writes a diagnosis-specific prescription for medical massage and approves the plan of care for a specific number of therapy visits.

Classification of Severity of Conditions

Severity is classified as mild, moderate and severe conditions. Severity is determined by various factors as noted in the following table.



Table 1. Classification Criteria for Severity of Conditions

Criteria	Mild condition	Moderate condition	Severe condition
Mode of onset	Variable	Variable	Severe
Anticipated duration of care	1-6 weeks	6-10 weeks	10 or more weeks
Functional deficits:			
1. Range of motion	Mild/no loss	Mild to moderate loss	Considerable loss
2. Muscle Strength	Mild/no loss	Mild to moderate loss	Considerable loss
3. Neurologic findings	None	May be present	May be present
4. BADL - Basic activities of daily living include: ambulating (walking), dressing/bathing, eating, hygiene (grooming), toileting, transferring (to/from bed or chair.	Mild/no loss	Mild to moderate	Moderate to severe
Loss of work days	No loss of work days	0-4 days of work lost	5 or more days of work lost
Work restriction	None	Possible, depends on occupation; 0-2 weeks	Restriction, depends on occupation; 2 or more weeks

Evidence Review

This policy was originally created in 1997. Since that time the policy has been reviewed and updated using MEDLINE literature searches. The most recent update with literature review was through February 2017. Following is a summary of the key literature.

Physical therapy consists of treatment modalities prescribed to restore lost functional ability. Some of the therapeutic interventions include heat and cold, electrical stimulation, massage, therapeutic exercises, traction, gait training for ambulation and training in other functional activities.² There are case studies found, however, few RCTs exist that address physical therapy modalities/manual medicine treatment as distinct from a comprehensive rehabilitation program.

In 2007 Taylor and colleagues³ summarized the benefits of therapeutic exercise based on a systematic review of the literature published from 2002-2005. The review extracted 36 studies



that were classified into groups based on condition. The conditions were 6-cardiopulmonary, 6-neurology, 20-musculoskeletal (including: spinal n=7; peripheral n=9, arthritis n=4), and 4-other. Therapeutic exercise was found to be effective for patients with multiple sclerosis, osteoarthritis, subacute and chronic low back pain, chronic heart failure, coronary heart disease, chronic heart failure, coronary heart disease, chronic obstructive pulmonary disease (COPD), and intermittent claudication and after lumbar disc surgery. Outcomes measured the effect of therapeutic exercise in terms of physical impairment, and restriction or limitation to active participation in ADLs. The conclusions state that focused, patient-centered therapeutic exercise programs were effective; however, some of the trials were of poor quality.

In 2011, Cherkin and colleagues published results from a parallel-group randomized control trial (RCT) ([NCT00371384](#)) on the effects of two types of massage and usual care on chronic low back pain. Patients (n=401) with low back pain of no identified cause lasting at 3 months were randomly assigned to get relaxation massage (n=136), structural massage (n=132) or usual medical care (analgesic, anti-inflammatory, muscle relaxing drugs) without massage (n=133). Patients assigned to the massage groups received 1 hour of massage once a week for 10 weeks. The researchers measured patients' symptoms and ability to perform daily activities using the Roland Disability Questionnaire (RDQ) and symptom bothersomeness scores before starting the interventions and again after completing the 10 massage treatments, and then at 6 months and 1 year after starting massage therapy.⁴ The researchers found that patients who received massage had less pain and were able to perform daily activities better after 10 weeks than those who received usual care. The benefits of massage lasted for 6 months but were less clear at 1 year, when both pain and functional improvement were about equal in all 3 groups. The type of massage did not seem to make a difference. Symptoms and ability to perform activities improved about the same in the 2 massage groups. Study limitations were that the patients were not blinded to the treatment and the patients were mostly middle-aged, female and white which may limit applicability of the research findings to the general population.

In 2012, Perlman et. al. published the results of a RCT to determine the optimal "dose" of Swedish massage therapy for study participants identified with painful osteoarthritis (OA) of the knee. ([NCT00970008](#)) "The researchers defined optimal, practical dose as producing the greatest ratio of desired effect compared to costs in time, labor and convenience".⁵ Participants (n=125) with OA of the knee were randomly assigned to one of four 8-week doses of a standardized regimen of Swedish massage therapy (30 or 60 minutes weekly or biweekly) or to a Usual Care control group. The Usual Care control group continued with their current treatment plan and did not receive massage therapy. The primary outcome measure was a change in the Western Ontario and McMaster Universities Arthritis Index (WOMAC-Global). Three researchers assessed the 125 enrolled participants' pain, function, and joint flexibility. One hundred nineteen participants completed the 8-week trial and 115 completed the entire 24-week trial. Conclusion



by the authors: Based on the convenience of a once-weekly protocol, cost savings, and consistency with a typical real world massage protocol, the 60-minute once weekly dose was determined to be optimal, potentially establishing a standard for future clinical trials.

In 2016, Nelson and Churilla published the results of a systematic review of randomized controlled trials of massage therapy for patients with arthritis. Their goal was to critically appraise and synthesize the current evidence regarding the effects of massage therapy as a stand-alone treatment on pain and functional outcomes among those with osteoarthritis or rheumatoid arthritis. Their review found seven randomized controlled trials representing 352 participants who satisfied the inclusion criteria. Their results found low- to moderate-quality evidence that massage therapy is superior to nonactive therapies in reducing pain and improving certain functional outcomes. They concluded that it is unclear whether massage therapy is more effective than other forms of treatment as an intervention for individuals with arthritis.¹⁴

Practice Guidelines and Position Statements

American Physical Therapy Association (APTA)

The APTA publishes positions and policies, the most recent revisions are available at www.apta.org.⁷ It includes Guidelines for Physical Therapy Documentation:

It is the position of the APTA that physical therapist examination, evaluation, diagnosis, and prognosis shall be documented, dated, and authenticated by the physical therapist that performs the service." "Intervention provided by the physical therapist or physical therapist assistant, under direction and supervision of a physical therapist, is documented, dated, and authenticated by the physical therapist who performs the service or, when permissible by the law, the physical therapy assistant.

Medicare National Coverage

"Part A covers medically necessary physical therapy services that are ordered by a physician under home health services if the patient is homebound. Part B helps pay for medically necessary outpatient physical therapy services that are ordered by a physician. Physical therapy services: include testing, measurement, assessment and treatment of the function, or dysfunction, of the neuromuscular, musculoskeletal, cardiovascular and respiratory system, and



establishment of a maintenance therapy program for an individual whose restoration potential has been reached". "Skilled therapy services may be necessary to:

- Improve a patient's current condition,
- Maintain the patient's current condition, or
- Prevent or slow further deterioration of the patient's condition."^{6,9}

References

1. HHS. Measuring the activities of daily living: Comparison across national surveys. 1990. Source URL: <http://aspe.hhs.gov/daltcp/reports/meacmpes.htm> Accessed April 2017.
2. Role of Manual Therapies in Musculoskeletal Disorders. PM&R Knowledge Now. Available at: <http://me.aapmr.org/kn/article.html?id=148> Accessed April 2017.
3. Taylor NF, Dodd KJ, Shields N, Bruder A. Therapeutic exercise in physiotherapy practice is beneficial: a summary of systematic reviews 2002-2005. *Aust J Physiother.* 2007; 53(1):7-16. PMID 17326734
4. Cherkin DC, Sherman KJ, Kahn J, Wellman R, Cook AJ, et al. A comparison of the effects of 2 types of massage and usual care on chronic low back pain: a randomized, controlled trial. *Ann Intern Med.* 2011 Jul 5, 155(1):1-9. PMID 21727288
5. Perlman AI, Ali A, Njike VY, et al. Massage therapy for osteoarthritis of the knee: a randomized dose-finding trial. *PLoS One.* 2012; 7(2):e30248. PMID 22347369
6. Medicare Benefit Policy Manual. Comprehensive Outpatient Rehabilitation Facility (CORF) Coverage. Physical Therapy. Available at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c12.pdf> Accessed April 2017.
7. American Physical Therapy Association (APTA). Guide to Physical Therapist Practice 3.0; updated: 2013. Available at: <http://guidetoptpractice.apta.org/> Accessed April 2017.
8. National Guideline Clearinghouse. Manual medicine guidelines for musculoskeletal injuries. Revised 2013. Available at: <http://www.guideline.gov/content.aspx?id=47895> Accessed April 2017.
9. Centers for Medicare & Medicaid Services (CMS). Pub. 100-02, Chapter 15, Sections 220. Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance and Section 230. Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology. Rev 221, 03-11-16. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf> Accessed April 2017.
10. Local Coverage Determination (LCD) for non-covered services (L34886). Noridian Healthcare Solutions, LLC. Effective 05/31/2016. Source URL: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34886&ver=38&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Final&ts=56&CtrctrType=12%7c9&CptHcpcsCode=97545&kq=true&bc=IAAABAACAAAAA%3d%3d&> Accessed April 2017.
11. Local Coverage Determination (LCD) for non-covered services (L35008). Noridian Healthcare Solutions, LLC. Effective 05/31/2016. Source URL: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35008&ver=43&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Final&ts=56&CtrctrType=12%7c9&CptHcpcsCode=97545&kq=true&bc=IAAABAACAAAAA%3d%3d&>



yType=Final&s=56&CtrctrType=12%7c9&CptHcpcsCode=97545&kq=true&bc=IAAABAACAAAA%3d%3d&
 Accessed April 2017.

12. eviCore healthcare. Clinical guidelines for medical necessity review of physical and occupational therapy services. Effective 4/15/2016. Source URL: <https://www.evicore.com/resources/Pages/Providers.aspx> Accessed April 2017.
13. Reviewed by practicing Chiropractor January 2009; January 2010; April 2011.
14. Nelson NL, Churilla JR. Massage Therapy for Pain and Function in Patients With Arthritis: A Systematic Review of Randomized Controlled Trials. Am J Phys Med Rehabil. 2017 Feb 7. doi: 10.1097.

History

Date	Comments
05/05/97	Add to Therapy Section - New Policy
12/10/02	Replace Policy - Policy reviewed without literature review; new review date only.
05/13/03	Replace Policy - Policy reviewed; text deleted from Policy Guidelines; no criteria changes.
06/23/06	Update Scope and Disclaimer - No other changes.
07/10/07	New PR Policy - Policy updated with literature review; policy statement on maintenance programs added as not medically necessary. Benefit Application and codes updated. Policy changed from AR status to PR, replacing AR.8.03.02.
10/09/07	Cross References Updated - No other changes.
11/09/07	Reference added - No other changes.
05/13/08	Cross References Updated - No other changes.
08/12/08	Replace Policy - Policy updated with literature search. Policy statement updated to add the language "functional limitation or disability" under the medically necessary indication. Title updated to add "medicine and rehabilitation". Codes and references added.
02/10/09	Replace Policy - Policy updated with literature search. Policy statement remains unchanged.
11/10/09	Cross Reference Update - No other changes.
02/09/10	Replace Policy - Policy updated with literature search. No change to policy statement.
12/21/10	Cross Reference Update - No other changes.
02/08/11	Replace Policy - Policy updated with literature search. No change to policy statement. Policy Guidelines updated, along with the Benefit Application; no change to policy statements. Reference number one removed and replaced.
05/10/11	Replace Policy - The title has been updated to include "Massage Therapy." Massage



Date	Comments
	therapy has been incorporated to be part of the medically necessary policy statement when used in as part of PM&R-PT. An additional policy statement has been added indicating that massage therapy is considered not medically necessary as a stand-alone procedure; a medically necessary policy statement has been added for home-based occupational therapy and the definition of "homebound" has been added to the Policy Guidelines section. Approved with 90-day hold for notification; effective date is November 9, 2011.
11/07/11	Minor Update – Clarification to policy statement that massage therapy may be considered medically necessary as the sole procedure when criteria are met. Massage therapy that is not part of a written Plan of Care remains not medically necessary.
02/27/12	Related Policies updated with 1.01.523.
10/26/12	Replace Policy. Added "Medical" to massage therapy in the title. Medical Necessity criteria moved to policy statement from policy guidelines section. Related policies revised with Chiropractic Services policy added. Revised wording of policy guidelines for clarity. Revised rationale section. References 5-8 added. Other references renumbered. Policy statement changed as noted, intent unchanged.
12/21/12	Minor update: add ARNPs and ANPs to the list of approved practitioners.
08/16/13	Replace policy. Rationale section updated based on literature review through June 2013; section reformatted for usability. Reference 2 added; others renumbered to match the reformatted rationale. Policy statement unchanged.
09/09/13	Replace policy. Removed policy requirement for submission of prescription and POC for massage therapy. Changed attending "physician" to attending "clinician with prescribing authority". Policy guideline changed to say massage therapists <i>are required</i> to be licensed in most states instead of <i>must be</i> licensed in the state where service is performed. Changed "sessions" to "visits" to match wording in benefit booklets. Policy statement changed as noted. Update is subject to 90-day provider notification and will be effective 2/15/14.
01/21/14	Update Related Policies. Add 7.01.551.
03/17/14	Update Related Policies. Remove 1.01.523 as it was archived.
05/19/14	Update Related Policies. Remove 1.01.517 as it was archived.
09/03/14	Annual Review. Policy reviewed. Literature search through June 2014 did not prompt addition of new references. Policy statements unchanged.
08/11/15	Annual Review. IADLs added to Definition of Terms. Policy reviewed with a literature search through June, 2015. Reference 1, 9 added. Policy statements unchanged. ICD-9 procedure codes, HCPCS codes G0157, G0159 and S8950 removed; informational only. CPT code 97755 removed; no longer reviewed. Other information CPT codes also removed.
02/09/16	Annual Review. Policy reviewed. Policy statements unchanged.



Date	Comments
07/01/16	Interim Update, approved June 14, 2016. Policy reviewed. Policy statements reformatted, intent is unchanged. Definitions in Benefit Application section moved to Definitions section in Policy Guidelines. Changed "sessions" to "visits" to match wording in benefit booklets. Added Classification of Severity of Conditions table. Added Benefit Application information that some member health plans may require review using eviCore guidelines. References added.
02/10/17	Policy moved to new format; no changes to policy statement.
05/01/17	Annual Review, approved April 11, 2017. Policy reviewed; no change to policy statement. Reference 14 added.
02/01/18	Annual Review, approved January 16, 2018. Criteria was added regarding services performed to address chronic pain and chronic diseases or conditions. Clarification provided regarding documentation requirements for medical massage therapy services. Removed CPT codes 97022, 97039, 97124, 97139, 98140.
06/07/18	Minor update. Clarified language in the Benefit Application section.

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.



Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - 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

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
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 nyuog 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 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 ដល់កិច្ចការច្នៃផ្ទះកំចាត់នានា 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).