


MEDICAL POLICY – 8.03.503

Occupational Therapy

Effective Date:	June 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	June 7, 2018	8.03.502 Physical Medicine and Rehabilitation – Physical Therapy and Medical Massage Therapy
Replaces:	8.03.03	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](#)

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Introduction

Occupational therapy (OT) is a type of therapy for people who have a physical or mental illness. This type of therapy helps them to recover by doing activities that are part of daily life. OT uses normal daily tasks or activities as training. These are focused on an area of a person’s life, like work or home. Examples are feeding, dressing, bathing, or other self-care activities. OT can also include teaching a person how to use a type of equipment needed to support their recovery. This policy explains when OT services 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
Occupational therapy (OT)	Occupational therapy (OT) may be considered medically necessary when ALL of the following criteria are met:

Type of Therapy	Medical Necessity
	<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 OT 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"> • OT services provide specific, effective, and reasonable treatment for the patient’s diagnosis and physical condition consistent with a detailed plan of care (see Documentation Requirements). <ul style="list-style-type: none"> ○ OT services must be described using standard and generally accepted medical/occupational therapy/rehabilitation terminology. The terminology should include objective measurements and standardized tests for strength, motion and 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>OT is considered not medically necessary when criteria are not met.</p>
<p>Home-based skilled occupational therapy (OT)</p>	<p>Home-based skilled occupational therapy may be considered medically necessary when the patient is homebound and other medically necessary criteria in this policy are met (see Definition of Terms).</p>



Type of Therapy	Medical Necessity
Duplicate therapy	Duplicate therapy is considered not medically necessary. Duplicate therapy is when occupational therapy (OT) and physical therapy (PT) provide the same treatment for the same diagnosis. Services provided concurrently by OT and PT may be covered if there are separate and distinct functional goals for different diagnoses.
Maintenance therapy	Maintenance programs for occupational therapy are considered not medically necessary (see Definition of Terms).
Non-skilled therapy	Treatment that does not generally require the skills of a qualified OT provider are considered not medically necessary (see Definition of Terms).

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 that 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 reevaluation of the patient’s progress is completed at each follow-up visit and includes



Documentation Requirements

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
CPT	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities



Code	Description
	that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97535	Self-care/home management training (eg, activities of daily living and compensation training, meal preparation, safety procedures and instructions in use of assistive technology devices/adaptive equipment) direct-one-on-one contact by provider, each 15 minutes
HCPCS	
G0152	Service of occupational therapist in home health setting; each 15 minutes
S9129	Occupational therapy, in the home, per diem

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Related Information



Definition of Terms

Activities of daily living (ADL): Self-care activities done daily within a patient's place of residence and includes:

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

Homebound/confined to home: A patient 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 patients that require assistance when performing ADLs (eg, transferring, walking or eating etc.).

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

Homebound status may be applied to patients 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): IADLs are 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. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no further 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 therapist may be required to establish a maintenance program; however, the repetitive occupational therapy services necessary to maintain a level of function are not covered.

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

- A general home exercise program that is not focused on the identified impairments or functional limitations
- Ongoing occupational therapy to maintain a static level of function when the patient's chronic medical condition has reached maximum functional improvement
- Passive stretching exercises that maintain range of motion and are performed by non-skilled personnel
- Therapy services that enhance performance beyond basic functional ability

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 OT provider. Non-Skilled Services may include but are not limited to:



- Activities that the patient performs without direct supervision of a qualified provider for general conditioning or preserving function
- 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 (POC): 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.

Qualified provider: One who is licensed where required and performs within the scope of licensure.

Note: Qualified providers of OT services 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:

- Basic activities of daily living (ADLs) and self-care training
- Cognitive, perceptual, safety, and judgment evaluations and training
- Functionally oriented upper extremity exercise programs
- Higher level independent living skills instruction
- Upper extremity orthotic and prosthetic programs



- Training of the patient and family in home exercise programs
- Skilled assessment of the living situation for threats to patient safety with recommendations for adaptation(s)

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 available occupational therapy benefit is defined by a specific number of treatment sessions covered per year regardless of the condition or number of courses of therapy ordered by the primary health care provider.

Some plans may require medical necessity review of OT treatment by eviCore healthcare based on their evidence-based clinical guidelines. Please contact Customer Service to check the member's contract.

Evidence Review

Occupational therapy is a medically prescribed treatment focused on improving or restoring functions that have been impaired by illness, injury, prior therapeutic intervention (eg, hand surgery, joint replacement) or where function has been permanently lost or reduced by disease, trauma, or congenital anomalies. The outcome of therapy is to improve the individual's ability to perform those tasks or activities of daily living (ADLs) required for independent functioning.

The American Occupational Therapy Association (AOTA) describes occupational therapy as services provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses physical, cognitive, psychosocial, sensory, communication, and other areas of performance in various contexts and environments in everyday life activities that affect health, well-being, and quality of life.² Occupational therapy practitioners use their expertise to maximize the fit between what it is the individual wants and needs to do and his/her capacity to do it. The patient's participation in therapy when coupled with the skilled intervention of the occupational therapy practitioner can often effectively resolve or compensate for health-related functional performance limitations.³



In 2007 Legg et al. published a systematic review and meta-analysis of 9 randomized control trials of occupational therapy (OT) delivered to 1258 patients after stroke. The objective was to determine if OT services that focused on personal ADLs improved patients' recovery after stroke. The data sources used were The Cochrane stroke group trials register, the Cochrane central register of controlled trials, Medline, Embase, CINAHL, PsycLIT, AMED, Wilson Social Sciences Abstracts, Science Citation Index, Social Science Citation, Arts and Humanities Citation Index, Dissertations Abstracts register, Occupational Therapy Research Index, scanning reference lists, personal communication with authors, and hand searching. Two reviewers independently reviewed each trial for methodological quality. Disagreement was resolved by consensus. The results of the review were that OT delivered to patients after stroke and targeted towards personal activities of daily living increased performance scores (standardised mean difference 0.18, 95% confidence interval 0.04 to 0.32, $P=0.01$) and reduced the risk of poor outcome (death, deterioration or dependency in personal activities of daily living) (odds ratio 0.67, 95% confidence interval 0.51 to 0.87, $P=0.003$). For every 100 people who received occupational therapy focused on personal activities of daily living, 11 (95% confidence interval 7 to 30) would be spared a poor outcome. The authors concluded stroke patients who receive occupational therapy focused on personal activities of daily living, as opposed to no routine occupational therapy, are more likely to be independent in those activities.⁴

In 2016, Schneider et al. published a systematic review with meta-analysis of 14 studies of randomized trials. The objective was to determine if increasing the amount of post-stroke physical and occupational rehabilitation would be more beneficial than adding extra rehabilitation of a different type. Their intervention was extra rehabilitation with the same content as usual rehabilitation aimed at reducing activity limitation of the lower and/or upper limb. Of the studies that delivered a large increase in rehabilitation amount, the average dose of usual rehabilitation was approximately 25 minutes per day in the control group and the average dose of extra rehabilitation provided was 260% (ie, 90 minutes per day) in the experimental group. They found a trend towards a positive relationship between extra rehabilitation and improved activity. For example, if a therapy service usually provided 30 minutes of reach and grasp rehabilitation per day, in order to ensure a better outcome, approximately 100 minutes of reach and grasp rehabilitation per day was required. They concluded that at least an extra 240% of rehabilitation was needed for significant likelihood that extra rehabilitation would improve activity. They called for additional randomized trials clarifying the relationship between extra rehabilitation and an improvement in post-stroke activity and recovery.⁸

References



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7. BlueCross BlueShield Association (BCBSA). Occupational Therapy [Archived]. Medical Policy Reference Manual: Policy No. 8.03.03, 2011.
8. Schneider, EJ, et al. Increasing the amount of usual rehabilitation improves activity after stroke: a systematic review ,2016 Oct;62(4):182-7. Source URL: <https://www.ncbi.nlm.nih.gov/pubmed/27637769> Accessed May 2018.

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.
03/08/05	Replace Policy - Policy reviewed without literature review; new review date only.
06/23/06	Update Scope and Disclaimer - No other changes.
07/10/07	Cross Reference Update - No other changes.
10/09/07	New PR Policy - Policy replaces AR.8.03.03. Policy statement amended to list maintenance programs as not medically necessary. Rationale updated with documentation requirements for treatment.
05/13/08	Cross References Updated - No other changes.
07/08/08	Replace Policy - Policy updated with literature search; no change to the policy statement.



Date	Comments
08/12/08	Cross References Updated - No other changes.
06/09/09	Replace Policy - Policy updated with literature search; no change to the policy statement.
05/11/10	Replace Policy - Policy updated with literature search; no change to the policy statement.
05/10/11	Replace Policy - Policy updated with literature search; no change to the policy statement. A definition of "homebound" has been added to the policy guidelines section.
05/22/12	Replace policy. HCPCS codes G0129 and G0160 added. CPT 97140 added. Policy updated with literature search, no new references added. Policy statements unchanged.
10/26/12	Update Related Policies. Title for 8.03.502 has been changed to say "Medical Massage Therapy".
05/28/13	Replace policy. Added functional limitation or disability to policy statement. Policy guidelines revised for readability. Rationale section revised based on a literature review through March 2013. References 1-3 added. Policy statement changed as noted. Add ICD-10 codes.
01/21/14	Update Related Policies. Add 7.01.551.
05/05/14	Annual Review. Added clarification to policy statements to include statement that Maintenance Therapy Program, Non-skilled services and Duplicate therapy are considered not medically necessary. Moved criteria from Policy Guidelines to Policy section. Updated Definition of Terms. A literature review through February 2014 did not prompt changes to the rationale section. No new references added. Policy statements changed as noted. ICD-9 procedure code 93.83 removed along with ICD-10 procedure codes; mostly paid through rehab benefit.
05/20/14	Update Related Policies. Remove 8.03.504 as it was archived.
12/01/14	Update Related Policies. Change title to 8.03.500.
08/11/15	Annual Review. Policy reviewed. Literature search through June, 2015 did not prompt the addition of new references. Policy statements unchanged. HCPCS codes G0129 and G0160 removed; these are not reviewed.
02/09/16	Annual Review. Policy updated with literature search through January 22, 2016. Redundant first sentence in policy statement deleted, but no substantive change to the policy statement.
07/01/16	Interim Review, 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



Date	Comments
	review using eviCore guidelines. One reference added.
02/10/17	Policy moved to new format; no changes to policy statement.
05/01/17	Annual Review, approved April 11, 2017. Policy updated with literature search through February 2017 Removed codes 97003-97004, added CPT Codes 97165-97168. Reference 8 added. No change to the policy statements.
06/01/17	Updated Related Policies; removed 8.03.500 as it was archived.
06/01/18	Annual Review, approved May 3, 2018. Policy updated with literature search through April 2018. No change to policy statement. No new references added.
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.



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200 Independence Avenue SW, Room 509F, HHH Building
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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):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu 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 pab 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):

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

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):

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

Português (Portuguese):

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

Română (Romanian):

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

Русский (Russian):

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

Fa'asamoa (Samoan):

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

Español (Spanish):

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

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).