


# MEDICAL POLICY – 8.03.505

## Speech Therapy

Effective Date:	June 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	May 3, 2018	8.03.502 Physical Medicine and Rehabilitation – Physical Therapy and Medical Massage Therapy
Replaces:	N/A	8.03.503 Occupational Therapy
		11.01.508 Skilled Home Health Care Services

Select a hyperlink below to be directed to that section.

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

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### Introduction

Speech therapy is the treatment of speaking, language and swallowing problems. Speech therapy treatment helps with both developing and maintaining speech, language and swallowing abilities. Problems with speech, language and swallowing may result from brain injury, cleft palate, cerebral palsy, hearing loss, stroke and other conditions.

**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

Therapy	Medical Necessity
Speech therapy (ST)	Speech therapy (ST) services are considered not medically necessary for communication dysfunctions that are self-correcting, such as the natural developmental dysfluency or developmental articulation (speech) errors that are seen in

Therapy	Medical Necessity
	young children as they learn language production.
<b>Duplicate therapy</b>	<b>Duplicate therapy is considered not medically necessary. Patients receiving more than one therapy service, such as occupational (OT) and speech therapy (ST), must have separate treatment plans and goals for each therapy provided.</b>
<b>Non-skilled services</b>	<b>Non-skilled services (eg, routine word drills) that do not require the skills and expertise of a qualified provider of speech therapy services are considered not medically necessary.</b>
<b>Maintenance programs</b>	<b>Maintenance programs for speech therapy are considered not medically necessary.</b>
<b>Speech therapy (ST)</b>	<p><b>Speech therapy (ST) services may be considered medically necessary for the treatment of communication impairment or swallowing disorders due to disease, trauma, congenital anomalies, or prior therapeutic intervention when criteria are met.</b></p> <p><b>Speech therapy (ST) sessions must meet ALL of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• ST is for the needs of a patient who suffers from communication impairment or swallowing disorder due to disease, trauma, congenital anomalies, or prior therapeutic intervention</li> <li>• ST concentrates on achieving specific diagnosis-related goals for a patient who has a reasonable expectation of making measurable improvement in a reasonable and predictable period of time</li> <li>• ST is specific, effective, and reasonable for the patient's diagnosis and physical condition</li> <li>• ST is delivered by a qualified, licensed provider of speech therapy services. A qualified provider is one who is licensed where required and performs within the scope of licensure</li> <li>• ST interventions require the judgment, knowledge and skills of a qualified provider of speech therapy services due to the complexity and sophistication of the therapy and the physical condition of the patient</li> </ul>



Topic	Coverage Criteria
<b>Plan of care (POC)</b>	<p><b>The plan of care must be established prior to the treatment starting in order for services to be covered and must include:</b></p> <ul style="list-style-type: none"> <li>• Specific statements of long- and short-term goals</li> <li>• Measurable objectives</li> <li>• A reasonable estimate of when the goals will be reached</li> <li>• The specific treatment techniques and/or exercises to be used in the treatment</li> <li>• Details about frequency and duration of the planned treatment</li> </ul>
<b>POC Update / Recertification</b>	<p><b>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.</b></p>

## Coding

Code	Description
<b>CPT</b>	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech language, voice, communication, and/or auditory processing disorder; group 2 or more individuals
92526	Treatment of swallowing dysfunction and/or oral function for feeding
<b>HCPCS</b>	
G0153	Services of a speech and language pathologist in home health setting, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9152	Speech therapy, re-evaluation

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## Related Information



## Definition of Terms

**Aphasia:** A communication problem involving trouble with word finding and expressing coherent thoughts.

**Aphonia:** The inability to produce vocal sounds from the larynx, due to paralysis or disease of the pharyngeal nerves that affect the ability to speak.

**Apraxia:** The inability to perform purposeful movement in the absence of paralysis or other motor or sensory impairment.

**Duplicate Therapy:** When a patient receives both occupational and speech therapy. The therapies should provide different treatments and not duplicate the same treatment. They must also have separate treatment plans and goals.

**Dysarthria:** Impairment of vocalization (speech) related to the muscles used for speech.

**Dysfluency:** Speech that is interrupted in its forward flow by hesitations, repetitions, or prolonged sounds; as experienced during normal speech development in young children.

**Dysphagia:** Difficulty swallowing.

**Dysphasia:** Impairment of speech consisting of a lack of coordination and failure to arrange words in their proper order.

**Dysphonia:** The broad term used to describe any voice impairment, difficulty in speaking, or vocal cord dysfunction.

**Maintenance (Therapy):** A program consisting of drills, techniques, and exercises 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 and when no further functional progress is apparent or expected to occur.

**Non-Skilled Services:** Certain types of treatment do not generally require the skills of a qualified provider of speech therapy services, such as treatments which maintain function by using routine, repetitions, and reinforced procedures that are neither diagnostic nor therapeutic (eg, practicing word drills for developmental articulation errors) or procedures that may be carried out effectively by the patient, family, or caregivers.



## Benefit Application

The member's attending physician or appropriate treating health care professional must order ST services and approve the plan of care. Documentation in the plan of care must support the medical necessity of the ST services. Some health plans may have limited benefits for medically necessary ST (see [Scope](#)).

## Evidence Review

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A common reason for speech therapy is due to aphasia, a neurological disorder caused by damage to the part of the brain responsible for language. Aphasia is not a disease but is a symptom of brain damage. The most common cause of the damage is a brain attack (stroke) though it can be the result of a brain tumor, infection, head injury or dementia. "It is estimated that about 1 million people in the United States today suffer from aphasia. The type and severity of language dysfunction depends on the precise location and extent of the damaged brain tissue"<sup>1</sup>

In 2016 Brady et al updated a 2012 Cochrane Systematic Review that reported on speech language therapy (SLT) for aphasia following stroke. The authors reviewed 57 randomized controlled trials (RCTs) involving 3002 participants. Twenty-seven randomised comparisons (1620 participants) assessed SLT versus no SLT; SLT resulted in clinically and statistically significant benefits to patients' functional communication, reading, writing, and expressive language, but (based on smaller numbers) benefits were not evident at follow-up. Nine randomised comparisons (447 participants) assessed SLT with social support and stimulation; meta-analyses found no evidence of a difference in functional communication, but more participants withdrew from social support interventions than SLT. Thirty-eight randomised comparisons (1242 participants) assessed two approaches to SLT. Functional communication was significantly better in people with aphasia that received therapy at a high intensity, high dose, or over a long duration compared to those that received therapy at a lower intensity, lower dose, or over a shorter period of time. The benefits of a high intensity or a high dose of SLT were confounded by a significantly higher dropout rate in these intervention groups. Generally, trials randomised small numbers of participants across a range of characteristics (age, time since stroke, and severity profiles), interventions, and outcomes.

The authors concluded that the review provided evidence of the effectiveness of SLT for people with aphasia following stroke in terms of improved functional communication, reading, writing,



and expressive language compared with no therapy. There is some indication that therapy at high intensity, high dose or over a longer period may be beneficial. However, high-intensity and high dose interventions may not be acceptable to all.<sup>2</sup>

Another indication for speech therapy is dysphagia or swallowing disorders where the muscles and nerves used for swallowing are weakened or damaged. A stroke, brain injury, cancer of any of the structures involved in the swallow function or nervous system disorders are some examples of the causes for a swallowing problem. Swallowing disorders may lead to malnutrition, dehydration and/or aspiration.<sup>3</sup> Published clinical trials about specific speech therapy interventions for dysphagia are limited.

In 2008 Foley et al. reported on a systematic review of randomized controlled trials that evaluated dysphagia treatment post-stroke. Fifteen studies were included that covered a broad range of treatments, including: texture-modified diets, general dysphagia therapy programs, non-oral (eg, enteral) feeding, medication and physical and olfactory stimulation. There was heterogeneity of the treatments evaluated and the outcomes assessed that precluded the use of pooled analyses. The review reports that general swallowing treatment programs are associated with a reduced risk of pneumonia in the acute stage of stroke. Swallowing therapies and interventions in current practice appear to be based on clinical experience approaches that are physiologically based. The authors concluded that there is a need for high-quality research to identify effective dysphagia treatments post-stroke.<sup>4</sup>

In 2014 Godecke et al. stated that studies of very early rehabilitation have shown mixed results and that differences in therapy intensity and therapy type contribute significantly to the equivocal results. They performed a cohort study to compare a standardized, prescribed very early aphasia therapy regimen with a historical usual care control group at therapy completion (4-5 weeks post-stroke) and again at follow-up (6 months). This study compared two cohorts from successive studies conducted in four acute/sub-acute hospitals. The studies had near identical recruitment, blinded assessment and data-collection protocols. The Very Early Rehabilitation (VER) cohort (N = 20) had mild-severe aphasia and received up to 20 1-h sessions of impairment-based aphasia therapy, up to 5 weeks. The control cohort (n = 27) also had mild-severe aphasia and received usual care (UC) therapy for up to 4 weeks post-stroke. The primary outcome measure was the Aphasia Quotient (AQ) and a measure of communicative efficiency (DA) at therapy completion. Outcomes were measured at baseline, therapy completion and 6 months post-stroke and were compared using Generalized Estimating Equations (GEE) models. After controlling for initial aphasia and stroke disability, the GEE models demonstrated that at the primary end-point participants receiving VER achieved 18% greater recovery on the AQ and 1.5% higher DA scores than those in the control cohort. At 6 months, the VER participants maintained a 16% advantage in recovery on the AQ and 0.6% more on DA scores over the



control cohort participants. They concluded that a prescribed, impairment-based aphasia therapy regimen, provided daily in very early post-stroke recovery, resulted in significantly greater communication gains in people with mild-severe aphasia at completion of therapy and at 6 months, when compared with a historical control cohort. However, they cautioned that further research is required to demonstrate large-scale and long-term efficacy<sup>6</sup>

## Medicare National Coverage

Speech-language pathology services are covered under Medicare for the treatment of dysphagia, regardless of the presence of a communication disability.<sup>5</sup>

## References

1. National Institute of Neurological Disorders and Stroke (NINDS). NINDS aphasia information page. Last updated July 9, 2012. Available online at URL address: <https://www.ninds.nih.gov/Disorders/All-Disorders/Aphasia-Information-Page> Accessed May 2018.
2. Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. The Cochrane Collaboration. The Cochrane Library Cochrane Database Syst Rev. 2016 Jun 1;(6):CD000425. Available online at URL address: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000425.pub3/abstract><http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000425.pub4/full> Accessed May 2018.
3. National Institute on Deafness and Other Communication Disorders (NIDCD). Dysphagia information page. Last updated November 24, 2010. Available online at URL address: <http://www.nidcd.nih.gov/health/voice/Pages/dysph.aspx> Accessed May 2018.
4. Foley N, Teasell R, Salter K, Kruger E, Martino R. Dysphagia treatment post stroke: a systematic review of randomised controlled trials. Age and Ageing. 2008 May; 37(3):258-264. PMID18456790. Available online at URL address: <http://ageing.oxfordjournals.org/content/37/3/258.long> Accessed May 2018.
5. Centers for Medicare & Medicaid Services (CMS). NCD for speech pathology services for the treatment of dysphagia. 2006. Available online at URL address: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=192&ncdver=2&bc=AAAAGAAAAAAAAA%3d%3d&> Accessed May 2018.
6. Godecke E, Ciccone NA, Granger AS, et al. A comparison of aphasia therapy outcomes before and after a Very Early Rehabilitation programme following stroke. Int J Lang Commun Disord. 2014 Mar-Apr;49(2):149-61.

## History



Date	Comments
05/05/97	Add to Therapy Section - New Policy
11/12/02	Replace Policy - Policy reviewed without literature review; new review date only.
05/11/04	Replace Policy - Policy reviewed without literature review; HCPC code added. No change in policy statement.
02/14/06	Replace Policy - Policy reviewed without literature review. Benefit Application revised to delete definition of a "session" due to new guidelines released by Fee Schedule Committee.
06/23/06	Update Scope and Disclaimer - No other changes
09/18/06	Cross References Updated - No other changes.
07/10/07	Cross Reference Update - No other changes.
05/13/08	Replace Policy - Policy updated with literature search; no change to the policy statement. Status changed from AR to BC. Code added.
08/12/08	Cross Reference Update - No other changes.
08/11/09	Replace Policy - Policy updated with literature search; no change to the policy statement.
01/11/11	New PR Policy - Policy updated with literature search; added a statement that the plan of care must be made prior to treatment for services to be covered. Also, the plan of care should be updated every 60 days and as the patient's condition changes. Policy statement on speech therapy for dysfunctions which are self-correcting has been changed from investigational to not medically necessary. The policy has been converted to a PR policy replacing BC.8.03.04.
01/06/12	Replace Policy – Policy reviewed. No changes.
09/10/12	Update Related Policy – Change titles for 1.01.518 and 1.01.502.
10/26/12	Update Related Policies. Title for 8.03.502 has been changed to say "Medical Massage Therapy".
01/29/13	Replace policy. Policy guideline updated with addition of the statement "Require the judgment, knowledge and skills of a qualified provider of speech therapy services due to the complexity and sophistication of the therapy and the physical condition of the patient". Benefit application section has clarifying statement that the plan of care requires orders and approval from an appropriate health care professional. Rationale section updated based on a literature review through November 2012. References 1-4 added. Added definitions to the Appendix section. Policy statement unchanged.
12/23/13	Coding Update. CPT code 92506 discontinued effective 12/31/13.
02/24/14	Replace policy. Moved definition of terms from Benefit Application section to the Policy Guidelines section. A literature search through January 23, 2014 did not prompt the addition of any new references. Policy statements unchanged.





Date	Comments
05/02/14	Update Related Policies. Change title of policy 10.01.500.
08/11/15	Annual Review. Policy updated with a literature search through June, 2015. Definition of Terms moved from Appendix to Policy Guidelines section. Minor edits for readability. Reference 2 revised reference 5 added. Policy statements unchanged. ICD-9 diagnosis and procedure codes removed; these are not utilized in adjudication.
02/09/16	Annual Review. Policy updated with a literature search through January 2016. Reference 6 added. No change to the policy statements.
04/01/17	Annual Review, approved March 14, 2017. Policy moved to new format. Policy updated with a literature search through February 2017. No change to the policy statements.
06/01/18	Annual Review, approved May 3, 2018. Policy updated with a literature search through April 2018. No change to the policy statements.

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この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ឆ្លើយតបនឹងសំណួរ ឬការបញ្ជាក់ការបំពេញតាមការបញ្ជាក់របស់អ្នក 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 ਇਕੱਠ 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 คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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).