

MEDICAL POLICY – 9.03.01

Keratoprosthesis

BCBSA Ref. Policy: 9.03.01

Effective Date: May 1, 2018

Last Revised: April 18, 2018


Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

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Introduction

The cornea is the clear, dome-shaped tissue that covers the front of the eyeball. The cornea bends light rays to help focus vision. When the cornea becomes cloudy it's called corneal opacity. This cloudiness can be from any number of eye problems such as inflammation, infection, ulcers on the eye, and many other conditions. When the cloudiness severely limits vision or leads to blindness, a corneal transplant may be done. Most corneal transplants use tissue from donors. If this surgery fails or a person isn't a candidate for a corneal transplant using donor tissue, surgery using an artificial cornea may be an option. This policy describes when a surgery using an artificial cornea may be considered medically necessary.

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

Implantation of a keratoprosthesis is considered a high-risk procedure associated with numerous complications and probable need for additional surgery. Therefore, the likelihood of regaining vision and the patient’s visual acuity in the opposite eye should be taken into account when considering the appropriateness of this procedure. Treatment should be restricted to centers experienced in treating this condition and staffed by surgeons adequately trained in techniques addressing implantation of this device.

Procedure	Medical Necessity
<p>The Boston (Dohlman-Doane) Keratoprosthesis (Boston KPro)</p>	<p>The Boston (Dohlman-Doane) Keratoprosthesis (Boston KPro) may be considered medically necessary for the surgical treatment of severe corneal opacification in situations where cadaveric corneal transplants have failed or have a very low likelihood of success or under the following conditions:</p> <ul style="list-style-type: none"> • The cornea is severely opaque and vascularized <p>AND</p> <ul style="list-style-type: none"> • Best-corrected vision is worse than 20/400 in the affected eye and worse than 20/40 in the opposite eye <p>AND</p> <ul style="list-style-type: none"> • No end-stage glaucoma or retinal detachment is present <p>AND</p> <ul style="list-style-type: none"> • The patient has at least one of the following indications: <ul style="list-style-type: none"> ○ History of 1 or more corneal transplant graft failures ○ Stevens-Johnson syndrome ○ Ocular cicatricial pemphigoid ○ Autoimmune conditions with rare ocular involvement ○ Ocular chemical burns ○ An ocular condition unlikely to respond favorably to primary corneal transplant surgery (eg, limbal stem cell compromise or postherpetic anesthesia) <p>Note: Implantation of a keratoprosthesis is considered a high-risk procedure associated with numerous complications and probable need for additional surgery. Therefore, the likelihood of regaining vision and the patient’s visual acuity in the contralateral eye should be taken into account when considering the appropriateness of this procedure. Treatment should be restricted to centers experienced in treating this condition and staffed by surgeons adequately trained in techniques addressing implantation of this device. Patients should be able and expected to comply with postoperative care.</p>



Procedure	Investigational
Permanent keratoprosthesis for all conditions not listed above	A permanent keratoprosthesis for all other conditions not listed in the Medical Necessity section above is considered investigational.
All other types of permanent keratoprostheses	All other types of permanent keratoprostheses not listed in the Medical Necessity section above are considered investigational.

Documentation Requirements

Keratoprosthesis using the Dohlman Doane Boston KPro (“Boston KPro”) device may be considered medically necessary with clinical documentation of ALL of the following conditions:

- The cornea is severely opaque and vascularized (cloudy and blood vessels growing into it)
- Best-corrected vision is worse than 20/400 in the affected eye and worse than 20/40 in the opposite eye
- Absence of end-stage glaucoma or retinal detachment
- The patient has at least **one** of the following indications:
 - History of 1 or more corneal transplant graft failures
 - Stevens-Johnson syndrome
 - Ocular cicatricial pemphigoid (a specific form of mucous membrane pemphigoid)
 - Autoimmune conditions with rare ocular involvement
 - Ocular chemical burns
 - An ocular condition unlikely to respond favorably to primary corneal transplant surgery (eg, limbal stem cell compromise or postherpetic anesthesia)

Coding



Code	Description
CPT	
65770	Keratoprosthesis
HCPCS	
L8609	Artificial cornea

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Related Information

N/A

Evidence Review

Description

A keratoprosthesis, consisting of a central optic held in a cylindrical frame, is an artificial cornea intended to restore vision to patients with severe bilateral corneal disease for whom a corneal transplant is not an option. The keratoprosthesis replaces the cornea that has been removed and is held in place by the surrounding tissue. Various biologic materials are being investigated to improve integration of the prosthetic into the eye.

Background

Cornea

The cornea, a clear, dome-shaped membrane that covers the front of the eye, is a key refractive element of sight. Layers of the cornea consist of the epithelium (outermost layer); Bowman layer; the stroma, which comprises approximately 90% of the cornea; Descemet membrane; and the endothelium.



Treatment

The established surgical treatment for corneal disease is penetrating keratoplasty, which involves making a large central opening through the cornea and then filling the opening with a full-thickness donor cornea. In certain conditions, such as Stevens-Johnson syndrome, ocular cicatricial pemphigoid, chemical injury, or prior failed corneal transplant, survival of transplanted cornea is poor. The keratoprosthesis was developed to restore vision in patients for whom a corneal transplant is not an option.

Keratoprosthesis devices consist of a central optic held in a cylindrical frame. The keratoprosthesis replaces the section of the cornea that has been removed, and, along with being held in place by the surrounding tissue, may be covered by a membrane to further anchor the prosthesis. A variety of biologic materials are being investigated to improve the integration of prosthetic corneal implants into the stroma and other corneal layers.

The Dohlman-Doane keratoprosthesis, most commonly referred to as the Boston Keratoprosthesis (KPro), is manufactured under the auspices of the Harvard Medical School-affiliated Massachusetts Eye and Ear Infirmary. The Boston type 1 KPro uses a donor cornea between a central stem and a back plate. The Boston type 2 prosthesis is a modification of the type 1 prosthesis and is designed with an anterior extension to allow implantation through surgically closed eyelids. The AlphaCor, previously known as the Chirila keratoprosthesis (Chirila KPro), consists of a polymethylmethacrylate (PMMA) device with a central optic region fused to a surrounding sponge skirt; the device is inserted in a 2-stage surgical procedure.

Autologous keratoprostheses use a central PMMA optic supported by a skirt of either tibia bone or the root of a tooth with its surrounding alveolar bone. The most common is the osteo-odonto-keratoprosthesis, which uses osteodental lamina derived from an extracted tooth root and attached alveolar bone that has been removed from the patient's jaw. Insertion of the osteo-odonto-keratoprosthesis device requires a complex staged procedure, in which the cornea is first covered with buccal mucosa. The prosthesis itself consists of a PMMA optical cylinder, which replaces the cornea, and is held in place by biologic support made from a canine tooth extracted from the recipient. A hole is drilled through the dental root and alveolar bone, and the PMMA prosthesis is placed within. This entire unit is placed into a subcutaneous ocular pocket and is then retrieved 6 to 12 months later for final insertion.

Hydroxyapatite, with a similar mineral composition to both bone and teeth (phosphate and calcium), may also be used as a bone substitute and as a bioactive prosthesis with the orbit. Collagen coating and scaffolds have also been investigated to improve growth and



biocompatibility with the corneal epithelial cells, which form the protective layer of the eye. Many of these materials and devices are currently being tested in vitro or animal models.

Summary of Evidence

For individuals who have corneal blindness and have failed or are not candidates for corneal transplantation who receive a Boston Keratoprosthesis (Boston KPro), the evidence includes case series and systematic reviews. Relevant outcomes are change in disease status, morbid events, quality of life, and treatment-related morbidity. Numerous case series have been published. Together, studies have assessed thousands of eyes. A 2015 systematic review of Boston KPro efficacy included 22 series with a total of 2176 eyes. Systematic reviews and case series with longer follow-up (ie, at least 2 years) have shown improvement in visual outcomes in a substantial percentage of patients with Boston KPro. This procedure is high-risk and associated with numerous complications (eg, the growth of retro prosthetic membranes) and a probable need for additional surgery, thus careful patient selection is important. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have corneal blindness and have failed or are not candidates for corneal transplantation who receive a keratoprosthesis using the AlphaCor device, the evidence includes case series. Relevant outcomes are change in disease status, morbid events, quality of life, and treatment-related morbidity. Only a few published case series have evaluated the AlphaCor device. There are insufficient data on improvement in vision outcomes using the AlphaCor device. Moreover, the device has been associated with complications, including thinning or melting of the anterior corneal surface and corneal necrosis. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have corneal blindness and have failed, or are not candidates for corneal transplantation who receive an osteo-odonto-keratoprosthesis, the evidence includes case series and a systematic review. Relevant outcomes are change in disease status, morbid events, quality of life, and treatment-related morbidity. A 2012 systematic review of case series, all conducted outside of the United States, found high anatomic survival rates at 5 and 20 years, but vision outcomes were not well-described. Osteo-odonto-keratoprosthesis is a complex surgical procedure and has been associated with a number of complications, including extrusion of the keratoprosthesis, retinal detachment, and vitreoretinal complications. The evidence is insufficient to determine the effects of the technology on health outcomes.



Ongoing and Unpublished Clinical Trials

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

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02084745	Timing of Glaucoma Drainage Device With Boston KPro Surgery (GDD-KPro)	40	Mar 2020

NCT: national clinical trial.

Clinical Input Received From Physician Specialty Societies and Academic Medical Centers

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during the review process, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

In response to requests, input was received from one specialty society and four academic medical centers while this policy was under review in 2009. Reviewers generally supported a limited role for the Boston KPro in selected patients. Some reviewers recommended use without first attempting a transplant in specific conditions that have a poor prognosis for corneal transplant; however, other input indicated that this is controversial. Some reviewers recommended use only in patients who have limited visual acuity in the contralateral eye. Overall, input indicated that the Boston KPro is reserved for cases in which no other alternative (ie, corneal transplantation) is available for treatment of corneal opacification.

Practice Guidelines and Position Statements

A 2013 Preferred Practice Parameter on ocular edema and opacification by the American Academy of Ophthalmology did not provide specific recommendations on the keratoprosthesis, but included this discussion of the technology²⁰:



...Significant improvements in the design and postoperative management of the Boston type 1 keratoprosthesis has resulted in a steady rise in the number of these procedures performed both in the United States and abroad. Reduced incidence of postoperative stromal necrosis and bacterial endophthalmitis due to the chronic use of protective soft contact lenses and topical antibiotics has resulted in improved retention and visual outcomes and has had a positive impact on surgeons' perceptions of when to recommend keratoprosthesis. Once considered a procedure of last resort in patients with severe bilateral visual impairment, it is now being used for a variety of unilateral and bilateral indications, such as ocular trauma, herpetic keratitis, aniridia, Stevens-Johnson syndrome, and congenital corneal opacification. More recently, as corneal surgeons have gained a greater appreciation of the failure rate of repeat corneal transplantation, a role for a keratoprosthesis in cases of multiple graft failure has become clearer.

Patients with severe dry eye and autoimmune ocular surface diseases (particularly Stevens-Johnson syndrome and OMMP [ocular mucous membrane pemphigoid]) remain a difficult management group despite the other successes of the Boston type 1 keratoprosthesis. Epithelial defects, scleral necrosis, extrusion, and endophthalmitis are the principal concerns. This group of patients has had some success with a Boston type 2 keratoprosthesis designed to be used through the lid and the osteo-odonto-keratoprosthesis.

Regulatory Status

In 1992, the Boston KPro (Dohlman-Doane keratoprosthesis; Massachusetts Eye and Ear Infirmary) was approved by the U.S. Food and Drug Administration through the premarket approval process for use in patients with severe corneal opacity. The device is used when standard corneal transplant has failed or would be unlikely to succeed. There are 2 types of Boston KPro. Type 1 is used in eyes when eyelids, blink mechanism, and tear film are intact. Type 2 is used with severe dry eye and in eyes with mucosal keratinization and obliteration of normal conjunctival fornices.

In August 2002, the AlphaCor® (Chirila Keratoprosthesis) was cleared for marketing by the Food and Drug Administration through the 510(k) process. The Food and Drug Administration determined that this device was substantially equivalent to the Dohlman-Doane keratoprosthesis. The AlphaCor® device is indicated as a keratoprosthesis in adults with corneal opacity when standard penetrating keratoplasty with donor tissue is not suitable, when patients have declined



standard penetrating keratoplasty, or when adjunctive procedures to prevent graft rejection are contraindicated.

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History

Date	Comments
01/97	Add to Other Section - New Policy
12/10/02	Replace Policy - Policy reviewed without literature review; new review date only.
05/13/03	Replace Policy - Policy statement unchanged; expanded description and benefit application sections.
05/11/04	Replace Policy - Policy reviewed without literature review; new review date only.
10/12/04	Replace Policy - Policy updated with new HCPCS code; 2 previously approved FDA Devices; and Medicare Policy text; no change in policy statement.
07/12/05	Replace Policy - Policy updated with literature search; reference added; no change to policy statement. Status changed from AR to BC.
05/26/06	Scope and Disclaimer Update - No other changes.
07/11/06	Replace Policy - Policy updated with literature review; no change in policy statement; Rationale section rewritten; references added.
11/13/07	Replace Policy - Policy updated with literature review; no change in policy statement; references added.
02/09/10	Replace Policy - Policy updated with literature search. Policy statement changed to be considered medically necessary when specific criteria are met. References added.
12/21/10	Cross Reference Update - No other changes.
05/10/11	Replace Policy - Policy updated with literature review through December 2010; reference added; policy statement unchanged. ICD-10 codes added to policy.
04/25/12	Replace policy. Policy updated with literature review through December 2011; references 3 and 12-15 added; some references removed; policy statements unchanged.



Date	Comments
10/09/12	Update Coding Section – ICD-10 codes are now effective 10/01/2014.
04/16/13	Replace policy. Policy updated with literature review through January 14, 2013; references 1, 7, and 15 added; policy statement unchanged.
06/04/13	Update Related Policies. Remove 9.03.14 as it was archived.
10/16/13	Update Related Policies. Add policy 9.03.25.
05/05/14	Annual Review. Policy updated with literature review through January 14, 2014; references 8 and 19 added; policy statement unchanged. Remove all codes except CPT 65770; it is the only specific code to this policy.
10/22/14	Update Related Policies. Remove 9.03.25 as it was archived.
12/22/14	Update Related Policies. Remove 9.03.22 as it was archived.
04/24/15	Annual Review. Policy updated with literature review through January 13, 2015. References 10-11 added; additional conditions that are likely to have poor outcomes from a corneal transplant were added to the medically necessary policy statement.
08/25/15	Update Related Policies. Remove 9.03.506 as it was archived.
06/01/16	Annual Review, approved May 10, 2016. Policy updated with literature review through February 8, 2016; references 1, 3, 10-13, and 27 added. In medically necessary policy statement, “multiple graft failures changed” to “history of 1 or more” graft failures and “an ocular condition unlikely to respond favorably to primary corneal transplant surgery” was added. Indications for keratoprosthesis retained in policy statement.
06/01/17	Annual Review, approved May 2, 2017. Policy moved into new format. Policy updated with literature review through January 25, 2017; references 8 and 20 added. Policy statements unchanged.
05/01/18	Annual Review, approved April 18, 2018. Policy updated with literature review through January 2018; no references added. Policy statements unchanged. Removed Related Policy 9.03.15 as it was archived.

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

Kreyòl ayisyen (Creole):

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

Deutsche (German):

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

Hmoob (Hmong):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnuv ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-ato 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 ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនុលោមតាមរបស់អ្នក 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).