Introduction

The fundus of the eye is the back of the inner eye. Fundus photography uses a microscope with an attached camera to take a digital photograph of this area. The photo captures images of structures such as the retina (that converts light into signals the brain can understand), the optic nerve (that sends the signals to the brain), and the macula (allows a person to have sharp, clear vision straight ahead). Fundus photography is most useful when a disease is suspected or a condition needs to be monitored. It’s also useful to see if the retina has been damaged after eye trauma or injury. Fundus photography is unnecessary when a routine eye exam does not indicate any eye problems or symptoms. This policy describes when fundus photography 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.
Medical Necessity

Fundus Photography may be considered medically necessary to evaluate abnormalities in the fundus of the eye, follow the progression of a known disease or evaluate the response to treatment of an eye injury.

Indications that may need examination or monitoring include, but are not limited to the following:

- Abnormal electro-oculogram (EOG) or oculomotor studies
- Abnormal retinal function studies
- Abnormal visually evoked potential
- Age-related macular degeneration
- Anti-malarial therapy (Plaquinil or hydroxychloroquine or Aralen or chloroquine) when fundus changes are noted during standard screening
  - For example, automated threshold visual field testing, optical coherence tomography, fundus auto fluorescence imaging, multifocal electro-retinogram (Note: Drug may also be taken for treatment of rheumatoid arthritis or lupus)
- Autoimmune disease involving the eye
  - For example, systemic lupus erythematosus, rheumatoid arthritis and other inflammatory polyarthropathies
- Choroid disorders (for example, chorioretinal inflammation)
- Color vision deficiency
- Suspected congenital anomalies of the posterior segment of the eye
- Diabetic retinopathy
- Glaucoma
- Glaucoma suspected/pre-glaucoma when consistently elevated intraocular pressure is documented
- Infection of the eye
  - For example, endophthalmitis, histoplasmosis, human immunodeficiency virus (HIV), syphilis, cytomegalovirus, congenital rubella, toxoplasmosis
- Neoplasm of the choroid, cranial nerves, eyeball or retina
- Ocular trauma or foreign body in the eye
- Optic nerve disorders
  - For example, multiple sclerosis
- Pseudotumor cerebri (high pressure within the skull for no apparent reason)
- Retinal detachment and retinal defects
- Retinal abnormalities when the study results will change the treatment plan
- Retinopathy of prematurity (ROP) for infants less than 1500 grams or born at 30 weeks gestation or less
Medical Necessity

- Sickle-cell anemia
- Tuberous sclerosis
- Visual field exam abnormality when the study results will change the treatment plan

Fundus photography is considered not medically necessary when the routine ophthalmology (eye) exam shows normal clinical findings.

Fundus photography is considered not medically necessary when no symptoms are present.

Fundus photography is considered not medically necessary to routinely screen for eye (ocular) disorders. Remote imaging used to detect retinal disease is considered screening.

Documentation Requirements

The medical records submitted for review should document that medical necessity criteria are met. Include detailed history and physical supporting eyes abnormalities or a known condition that needs to be monitored or to follow up the response to treatment of an eye injury.

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
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<tr>
<td>92250</td>
<td>Fundus photography with interpretation and report</td>
</tr>
</tbody>
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ICD-10 Diagnosis Codes - Covered

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>A50.01</td>
<td>Early congenital syphilitic oculopathy</td>
</tr>
<tr>
<td>A50.30</td>
<td>Late congenital syphilitic oculopathy, unspecified</td>
</tr>
<tr>
<td>A50.44</td>
<td>Late congenital syphilitic optic nerve atrophy</td>
</tr>
<tr>
<td>A51.43</td>
<td>Secondary syphilitic oculopathy</td>
</tr>
<tr>
<td>A52.15</td>
<td>Late syphilitic neuropathy</td>
</tr>
<tr>
<td>A52.71</td>
<td>Late syphilitic oculopathy</td>
</tr>
<tr>
<td>B20</td>
<td>Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>Code</td>
<td>Descriptor</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>B25.0 – B25.9</td>
<td>Cytomegaloviral disease</td>
</tr>
<tr>
<td>B39.4 – B39.9</td>
<td>Histoplasmosis</td>
</tr>
<tr>
<td>B50.0 – B52.9</td>
<td>Malaria</td>
</tr>
<tr>
<td>B58.00 – B58.09</td>
<td>Toxoplasma oculopathy</td>
</tr>
<tr>
<td>C69.00 – C69.92</td>
<td>Malignant neoplasm of eye and adnexa</td>
</tr>
<tr>
<td>C79.49</td>
<td>Secondary malignant neoplasm of other parts of nervous system</td>
</tr>
<tr>
<td>D09.20 – D09.22</td>
<td>Carcinoma in situ of eye</td>
</tr>
<tr>
<td>D31.00 – D31.92</td>
<td>Benign neoplasm of eye and adnexa</td>
</tr>
<tr>
<td>D33.3</td>
<td>Benign neoplasm of cranial nerves</td>
</tr>
<tr>
<td>D49.81</td>
<td>Neoplasm of unspecified behavior of retina and choroid</td>
</tr>
<tr>
<td>D57.00 – D57.819</td>
<td>Sickle-cell disorders</td>
</tr>
<tr>
<td>E08.00 – E11.9</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>E70.20 – E70.9</td>
<td>Disorders of aromatic amino-acid metabolism</td>
</tr>
<tr>
<td>G35</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>G93.2</td>
<td>Benign intracranial hypertension</td>
</tr>
<tr>
<td>H27.10 – H27.119</td>
<td>Subluxation of lens</td>
</tr>
<tr>
<td>H27.131 - H27.139</td>
<td>Posterior dislocation of lens</td>
</tr>
<tr>
<td>H30.001 – H30.93</td>
<td>Chorioretinal inflammation</td>
</tr>
<tr>
<td>H31.00 – H31.9</td>
<td>Other diseases of choroid</td>
</tr>
<tr>
<td>H32</td>
<td>Chorioretinal disorders in diseases classified elsewhere</td>
</tr>
<tr>
<td>H33.001 – H33.8</td>
<td>Retinal detachment and breaks</td>
</tr>
<tr>
<td>H34.00 – H34.9</td>
<td>Retinal vascular occlusions</td>
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<tr>
<td>H35.00 – H35.9</td>
<td>Other retinal disorders</td>
</tr>
<tr>
<td>H36</td>
<td>Retinal disorders in diseases classified elsewhere</td>
</tr>
<tr>
<td>H40.001 – H40.9</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>H42</td>
<td>Glaucoma in diseases classified elsewhere</td>
</tr>
<tr>
<td>Code</td>
<td>Descriptor</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>H43.00 – H43.9</td>
<td>Disorders of vitreous body</td>
</tr>
<tr>
<td>H44.001 – H44.9</td>
<td>Disorders of globe</td>
</tr>
<tr>
<td>H46.00 – H47.9</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H53.50 – H53.59</td>
<td>Color vision deficiencies</td>
</tr>
<tr>
<td>H59.031 – H59.039</td>
<td>Cystoid macular edema following cataract surgery</td>
</tr>
<tr>
<td>L93.0 – L93.2</td>
<td>Lupus erythematous</td>
</tr>
<tr>
<td>M05.00 – M14.89</td>
<td>Rheumatoid arthritis and inflammatory polyarthropathies</td>
</tr>
<tr>
<td>M32.0 – M32.9</td>
<td>Systemic lupus erythematous (SLE)</td>
</tr>
<tr>
<td>M35.00</td>
<td>Sicca syndrome, unspecified</td>
</tr>
<tr>
<td>M35.01</td>
<td>Sicca syndrome with keratoconjunctivitis</td>
</tr>
<tr>
<td>P35.0 – P35.9</td>
<td>Congenital viral diseases</td>
</tr>
<tr>
<td>P37.0 – P37.9</td>
<td>Other congenital infectious and parasitic diseases</td>
</tr>
<tr>
<td>Q13.4</td>
<td>Other congenital corneal malformations</td>
</tr>
<tr>
<td>Q14.0 – Q14.9</td>
<td>Congenital malformations of posterior segment of eye</td>
</tr>
<tr>
<td>Q15.0</td>
<td>Congenital glaucoma</td>
</tr>
<tr>
<td>Q85.1</td>
<td>Tuberous sclerosis</td>
</tr>
<tr>
<td>Q85.8 – Q85.9</td>
<td>Other and unspecified phakomatoses, not elsewhere classified</td>
</tr>
<tr>
<td>Q87.1 – Q87.89</td>
<td>Other specified congenital malformation syndromes affecting multiple systems</td>
</tr>
<tr>
<td>Q89.8</td>
<td>Other specified congenital malformations</td>
</tr>
<tr>
<td>Q99.2</td>
<td>Fragile X chromosome</td>
</tr>
<tr>
<td>R94.110 – R94.118</td>
<td>Abnormal results of function studies of eye</td>
</tr>
<tr>
<td>S05.00XA – S05.92XS</td>
<td>Injury of eye and orbit</td>
</tr>
</tbody>
</table>

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In order to be a covered service, the results from fundus photography must have a direct impact on the decision-making related to the patient’s medical care and treatment. In general, fundus photographs are not needed to confirm the presence of a condition, but are necessary in determining the progression of a known disease that affects the eye.

The term “retinal fundus” means the inside or back of the eyeball that is seen through the pupil during a dilated eye examination. Fundus photography uses a special camera to photograph structures behind the lens of the eye including the choroid, optic nerve, retina and vitreous. The image can be either digital or a hard copy photograph.

Fundus photography is used to evaluate and document vascular and structural changes related to eye conditions not part of a routine screening eye examination. Some of these conditions include choroid disturbances, diabetic retinopathy, glaucoma, macular degeneration, multiple sclerosis or other central nervous system abnormalities, and tumors of the retina.

A comprehensive eye examination includes evaluation of any signs and symptoms present at the time of the office visit. Signs and symptoms involving the eye can be divided into three basic categories: abnormalities of vision, abnormalities of eye appearance, and abnormalities of eye feelings/sensation such as pain and discomfort.

Patients without any signs or symptoms should not have routine imaging studies of their eyes if the only goal is to document normal eye anatomy. (See Practice Guidelines and Position Statements directly below.)

Evidence Review

Practice Guidelines and Position Statements

*American Academy of Ophthalmology (AAO)*

The AAO recommends against imaging tests for patients without symptoms or signs of significant eye disease. In their statement for *ChoosingWisely* they say the following:

If patients do not have symptoms or signs of significant disease pathology, then clinical imaging tests are not generally needed because a comprehensive history and physical examination will usually reveal if eye disease is present or is getting worse. Examples of routine imaging include:
visual-field testing; optical coherence tomography (OCT) testing; retinal imaging of patients with diabetes; and neuroimaging or fundus photography. If symptoms or signs of disease are present, then imaging tests may be needed to evaluate further and to help in treatment planning.


All AAO Preferred Practice Pattern (PPP) guidelines are available at: http://www.aaojournal.org/content/preferred-practice-pattern Accessed May 2018.

Institute for Clinical Systems Improvement (ICSI)

The ICSI guideline for Diagnosis and management of type 2 diabetes mellitus (T2DM) in adults recommends the following:

A dilated eye examination for diabetic eye disease performed by an ophthalmologist or optometrist is recommended annually for patients with T2DM. Less frequent exams (every two to three years) may be considered in the setting of a normal eye exam. The role of fundus photography is still being considered, but does not replace a comprehensive exam.


References

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/16</td>
<td>New UM Guideline, approved March 8, 2016. Add to Vision section. Fundus photography may be considered medically necessary for the indications listed in the guideline. Routine fundus photography or for asymptomatic patients is not medically necessary because it is not clinically indicated based on the specialty practice guidelines. This policy will be effective August 1, 2016, following 90-day provider notification.</td>
</tr>
<tr>
<td>07/01/16</td>
<td>Interim Review, approved June 14, 2016. Policy updated to indicate screening for eye (ocular) disorders as not medically necessary; previously listed as investigational. CPT codes removed with the exception of 92250.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Interim Review, approved January 10, 2017. Added clarification that glaucoma-suspected/pre-glaucoma is evidenced by abnormal results from the usual screening test for glaucoma. Indications simplified and put in alphabetical order. Practice Guideline added from the ICSI added.</td>
</tr>
<tr>
<td>07/01/17</td>
<td>Annual Review, approved June 6, 2017. Policy updated with literature review. Clarifying edits made to policy section. Investigational policy statement removed; The intent of this policy is medically necessary when criteria are met, not medically necessary when criteria are not met. Clarified Plaquenil as anti-malarial drug.</td>
</tr>
<tr>
<td>08/15/17</td>
<td>Updated Coding table to include covered diagnosis codes and code ranges.</td>
</tr>
<tr>
<td>05/18/18</td>
<td>Coding update, removed diagnosis code Z79.899.</td>
</tr>
<tr>
<td>06/01/18</td>
<td>Annual Review, approved May 3, 2018. Medical necessity statements edited for clarity. Intent did not change. Reference 1 added. Otherwise policy statements unchanged. Added diagnosis codes M35.00, M35.01, and Q15.0 to policy.</td>
</tr>
</tbody>
</table>

**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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  - Written information in other formats (large print, audio, accessible
electronic formats, other formats)
- Provides free language services to people whose primary language is not
  English, such as:
  - Qualified interpreters
  - Information written in other languages

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PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5952. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help
filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health
and Human Services, Office for Civil Rights, electronically through the
Office for Civil Rights Complaint Portal, available at:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at:

Getting Help in Other Languages

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

Arabic (Amharic):
لا يوجد هذه الإشعار معلومة هامة. قد يوجد هذه الإشعار معلومات مهمة
خصوص طببك أو
المعلقة التي تحدد الحصول عليها من خلال
Premera Blue Cross. قد تكون هناك تاریخ مهمة
Premera Blue Cross. حاول الاتصال بمكتب الحصول على هذه
المعلومات والمعلومات والبيانات من خلال
800-722-1471 (TTY: 800-842-5357) لسؤاليك.

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

Oromoo (Cushite):
Beekisini kun odeefannoo bbarbaachsisa qaaba. Beekisini kun sagantaa
yookan karaa Premera Blue Cross tiin tajaajila keessan ilaachisee
odeefannoo bbarbaachsisa qabaachu danda’a. Guyyaaawan murteessaq
ta’an beekisika kana keessatti ilaala. Tarii kaffaltii daaheen deeggarmamuuf
yookan tajaajila fayyaa keessaniff gijyaa dhumea iratti wanti rawwato
jiraachu danda’a. Kaffaltii irraa bilisa haala ta’een aaana keessanii
odeefannoo argachuu fi deeggarsa argachuu miga ni qabaattu.
Lakkoofsa biibilaa 800-722-1471 (TTY: 800-842-5357) ti biibilaa.

Francais (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
devrez 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 Enpòtàn ioadann. Avi sila a kapab genyen
enfòmasyon enpòtàn konsènan aplikasyon w lan oswa konvènt kouvèti
asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtàn nan
avi sila a. Ou ka gen pou pou an kòk aksyon avan sèten d lo je pou ka
kentbe kouvèti asirans sante w la oswa pou yo ko ede w akèk depans yo.
Se dwa w pou resewa enfòmasyon sa a ak asistans nan lang ou pale a,
san ou pa gen pou peye pou sa. Rate 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 ntsiab lus tseem ceeb. Tej zaum
ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb bong kaj daim ntawv
thov kev pkg lus yo sgoy kev pkg cuam lus ntawv Premera Blue Cross. Tej zaum
ntawv cov hnuv tseem ceeb cuam lus saa rau hauv daim ntawv
no. Tej zaum kaj koy juaw ta qee yam saa koj kaj tsaas pub
dhau cov cajy ngoy lus saa teev tseg rau hauv daim ntxaw no mas kaj
thaj juaw taq baai pkg kev pkg cuam kho mo hauv pkg kev pkg
ntawv no. Tej kaj maei kom lawv muab cov ntsiab lus no us saa muab saa
koj kom lus pub daaw rau koj. Hu rau 800-722-1471
(TTY: 800-842-5357).

Illoko (Ilocano):
Daytoy a Pakdaa ket naglaon iti Napateng nga Impormasion. Daytoy a
pakdaa mabalim nga adda ket naglaon iti napateg nga impormasion
maipanggep iti aplikasyonنو wenn coverage babaen iti Premera Blue Cross. Daytoy ket mabalim dagiti importante a pelta iti daytoy a pakdaa.
Mabalim nga adda rumbeg nga aramideng nga adda saskay dagiti
partikular a naituding nga adaw tapno mapagtagaingayado ti coverage
iti salun-ayno wenn tungong kadagit gastos. Adda karbenganyo a mangua iti
daytoy nga impormasion ken tungong iti bukodyo a pagasagao nga awan iti

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere
informazioni importanti sulla tua domanda o copertura attraverso Premera
Blue Cross. 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.
Chiamà 800-722-1471 (TTY: 800-842-5357).
நேர்வாயு (Tamil):
இந்தச் சீட்டில் உள்ள வேளாண்மைகளைக் குறிப்பிடுவது வேண்டும். Premera Blue Cross உடன் சார்ந்த வழக்கங்கள் என்பதை குறிப்பிடுவது வேண்டும். இந்தச் சீட்டில் உள்ள வேளாண்மைகளை கூறப் பெறவும் வழி வழங்கப்பட்டது. வேளாண்மைகள் மற்றும் வழக்கங்கள் என்பதை குறிப்பிடுவது வேண்டும்.

بولسکی (Polish):

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 dados importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde e 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):

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 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).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud de cobertura a través de Premera Blue Cross. Es posible que haya fechas claves 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):

ไทย (Thai):
ข้อที่นี้มีข้อมูลที่สำคัญเกี่ยวกับการประกันสุขภาพของคุณผ่าน Premera Blue Cross และมีการอ้างอิงถึงข้อมูลที่คุณควรทราบในการจัดการและส่งเสริมสุขภาพของคุณในกรณีที่มีการเปลี่ยนแปลงเพื่อความคุ้มครองของคุณ โปรดติดต่อกับ Premera Blue Cross ที่ 800-722-1471 (TTY: 800-842-5357).