Applied behavior analysis medical necessity guide

Note: If there is a discrepancy between this guideline and a member's plan of benefits, the benefits plan will govern. Also, a state or federal government, or CMS for Medicare and Medicaid members,[1] may mandate some coverage (and coverage limits).

Purpose

This applied behavior analysis (ABA) guideline is for use by clinicians. It's meant to aid in the decision-making process to determine the type and intensity of services a member with a condition on the Autism Spectrum needs. If the treatment is provided in an inpatient, residential or partial hospitalization setting, applicable medical necessity for coverage at that level of care is used and specific authorization for ABA is not needed in addition. Reviews using other applicable medical necessity criteria occur at a frequency commensurate with the level of care. Prior to discharge from one of these higher levels of care, a review using the guideline below for medical necessity of ABA is needed.

Guideline development

These guidelines come from extensive review of the literature on the use of applied behavior analysis to treat Autism Spectrum Disorder and a comparative review of the guidelines of other health insurers. A multidisciplinary committee of health care professionals within and external to Aetna Behavioral Health developed and approved the guidelines based on these reviews. The guidelines are based upon the reviews and known best practices in the treatment of Autism Spectrum Disorder, including:

- The requirement for a complete assessment using validated tools and standardized developmental norms
- Focused interventions
- Caregiver participation
- Repeated measurement with standardized measures to assess progress

Philosophy

Applied behavior analysis is a scientifically supported model of treatment to remediate the functional impairments typically found in people with Autism Spectrum Disorder (ASD). It is a time-limited treatment that should result in progressive, measurable gains in functioning on a standardized measure.

[1] Exhibit A, attached to this guide, addresses medical necessity review for plans in Maryland subject to the law of the state. Other state laws and regulations may apply in other states.

Type, duration and intensity

ABA intervention type	Definition	Typical age range	Typical intensity	Typical duration
Comprehensive	Skills and behaviors in multiple affected domains are targeted for treatment, which often include maladaptive behaviors.	0-7 years	10-25 hrs/week	1-2 years
Focused	Services are directed to a limited number of skill and behavioral targets.	All ages	1-20 hrs/week	Variable 1-4 years

Essential elements

1. There is a DSM-V diagnosis of Autism Spectrum Disorder (ICD-10: F84.0; F84.3 – F84.9) obtained by an appropriate provider (i.e. licensed psychologist/psychiatrist, physician, or other health care professional qualified to diagnose mental health conditions within their scope of practice).
2. There are identifiable target behaviors having an impact so the member cannot adequately participate in developmentally appropriate activities such as school. Or there may be a significant risk of harm to self or others. The ABA is not custodial in nature (which Aetna defines as care provided when the member "has reached the maximum level of physical or mental function and such person is not likely to make further significant improvement" or "any type of care where the primary purpose of the type of care provided is to attend to the member's daily living activities which do not entail or require the continuing attention of trained medical or paramedical personnel.") Plan documents may have variations on this definition and need to be reviewed.
3. There is engagement and commitment from parent(s) (or guardians) to participate in treatment to generalize gains.
4. There is a time-limited, individualized treatment plan developed that is member-centric, strengths-specific, family-focused, community-based, multi-system, culturally competent, and least intrusive. This treatment plan has specific target behaviors that are clearly defined: frequency, rate, symptom intensity or duration, or other objective measures of baseline levels are recorded, and quantifiable criteria for progress are established. The plan describes behavioral intervention techniques appropriate to the target behavior, reinforcers selected, and strategies for generalization of learned skills are specified. And there is documentation of planning for transition through the continuum of interventions, services and settings, as well as titration and discharge criteria.
5. There is a review of the member's history, as well as ongoing collaboration and coordination with existing providers and/or the school district, as applicable. There is involvement of, or referrals to, appropriate health care, community or supplemental resources.
6. Services must be provided directly or billed by: licensed behavior analysts (in states with behavior analyst licensure laws), board-certified behavior analysts, or licensed psychologists where behavior analysis is within their scope of practice definition, unless state mandates, plan

documents or contracts require otherwise. If state mandates, plan documents or contracts allow authorization for services that are not directly provided by individuals licensed by the state or certified by the Behavior Analyst Certification Board as noted above, there must be supervision and direction of the unlicensed or non-certified providers in line with practice standards, unless state mandates, plan documents or contracts require otherwise.

Medical necessity criteria to initiate applied behavior analysis

All the following criteria must be met:

1. Essential elements are met.
2. There is demonstration of functional impairment on a standardized scale of functioning in the past 12 months. For instance, the Vineland Adaptive Behavior Scales 3 (VABS-3), the Adaptive Behavior Assessment Scale (ABAS), VB-MAPP or ABLLS. The impairment must be at least one standard deviation below the population mean OR represent a significant risk of harm to self or others.
3. Parent(s) (or guardians) will be provided necessary support and training to reinforce interventions and generalize gains.
4. The level of impairment (calculated below) justifies the number of hours requested.

Assessment of symptom severity (This can be used as a guide.)				
	None <1 SD below	**Mild** >1 SD below	**Moderate** >1.5 SD below	**Severe** >2 SD below
Functional impairment	0 Hours/Wk	1 to 4 Hours/Wk	4 to 7 Hours/Wk	7 to 10 Hours/Wk
Maladaptive behavior: aggression, self-injury, property destruction, restrictive/repetitive behaviors and interests; abnormal, inflexible or intense preoccupations				
Social communication: Problems with expressive or receptive language, poor understanding or use of non-verbal communications, stereotyped or repetitive language, lack of social/emotional reciprocity, failure to seek or develop shared social activities				
Self-care: Difficulty recognizing danger/risks, or advocating for self; problems with grooming/eating/toileting skills which are impeded by symptoms of Autism				
Based on functional impairment and assessment of symptom severity, additional authorization may be provided for QHP protocol modification and direction at 1 to 2 hours per 10 hours of treatment by protocol, as well as authorization for caregiver training.				

All four criteria above must be evaluated. Based on scientific literature and the Aetna clinician's judgment following their review, the initial authorization may be for up to 30 hours per week for Comprehensive ABA intervention of less than 2 years, or up to 25 hours per week for Focused ABA intervention, up to 6 consecutive months, unless state mandates dictate otherwise, or there is sufficient

clinical support for more hours. Further clinical review (by a medical director or clinical consultant) may be sought for requests for more hours than are supported by the available clinical information.

Medical necessity criteria to continue applied behavior analysis

All the following criteria must be met:

1. Essential elements are still met.
2. Re-evaluation of interventions and progress has been performed (every six months) to assess the need for ongoing ABA; AND a repeated validated assessment (e.g., Vineland, ABAS, VB-MAPP or ABLLS) has been done every 6-12 months to demonstrate response to intervention.
3. The frequency of the target behavior has improved since the last review, or if not, there has been modification of the treatment, additional assessments have been conducted, and/or there has been appropriate consultations from other staff or experts.
4. Parent(s) (or guardians) will have measurable goals that work to reinforce interventions and generalize gains across multiple settings and allow progress to be maintained over time as the treating professional fades out.
5. The treatment plan documents a gradual tapering of higher intensities of intervention and a shifting to supports from other sources (school, as an example) as progress occurs.
6. The level of impairment (calculated using the Assessment of Symptom Severity above) justifies the number of hours requested for ABA.

All six criteria above must be evaluated. Based on scientific literature and the Aetna clinician's judgment following their review of treatment progress and response to intervention, the continued authorization is adjusted (up or down) based on clinical justification or may be continued for up to 30 hours per week for Comprehensive ABA intervention of less than 2 years, or up to 25 hours per week for Focused ABA intervention, up to 6 consecutive months, unless state mandates dictate otherwise, or there is sufficient clinical support for more hours. Further clinical review (by a medical director or clinical consultant) may be sought for requests for more hours than are supported by the available clinical information.

Termination of applied behavior analysis

Termination: A member's progress is to be evaluated every six months. A member not making progress will be transitioned to other appropriate services. When it becomes clear that a treatment is ineffective, or the treatment is no longer needed, this must be communicated to the family and provider.

One of the following criteria must be met:

1. The essential elements are no longer met.
2. There has been improvement of two or more standard deviations in multiple domains.
3. There has been improvement of one or more standard deviations in multiple domains in a Focused ABA Intervention plan.
4. There has been improvement of less than one standard deviation in all domains for successive authorization periods.
5. Parent(s) (or guardians) have not participated in treatment for successive authorization periods.

References

Behavior Analyst Certification Board. (2014). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers* (2nd ed.).

Behavior Analyst Certification Board. (2019). *Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers* (2nd ed.).

Boyle, M., Keenan, G., Forck, K., & Curtis, K. (2019). Treatment of elopement without blocking with a child with autism. *Behavior modification*, *43*(1), 132–145. https://doi.org/10.1177/0145445517740871

Cohen, H., Amerine-Dickens, M., & Smith, T. (2006). Early intensive behavioral treatment: replication of the UCLA model in a community setting. *Journal of developmental and behavioral pediatrics*, *27*(2 Suppl), S145–S155. https://doi.org/10.1097/00004703-200604002-00013

Dawson, G., & Burner, K. (2011). Behavioral interventions in children and adolescents with autism spectrum disorder: a review of recent findings. *Current opinion in pediatrics*, *23*(6), 616–620. https://doi.org/10.1097/MOP.0b013e32834cf082

Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J., Donaldson, A., & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: The Early Start Denver Model. *Pediatrics, 125*(1), E17-23. https://doi.org/10.1542/peds.2009-0958

Doehring, P., Reichow, B., Palka, T., Phillips, C., & Hagopian, L. (2014). Behavioral approaches to managing severe problem behaviors in children with autism spectrum and related developmental disorders. A descriptive analysis. *Child and Adolescent Psychiatric Clinics of North America, 23*(1), 25-40. https://doi.org/10.1016/j.chc.2013.08.001

Eikeseth, S. (2009). Outcome of comprehensive psycho-educational interventions for young children with autism. *Research in Developmental Disabilities, 30*(1), 158–178. https://doi.org/10.1016/j.ridd.2008.02.003

Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2002). Intensive behavioral treatment at school for 4- to 7-year-old children with autism: A 1-year comparison controlled study. *Behavior Modification, 26*(1), 49–68. https://doi.org/10.1177/0145445502026001004

Eikeseth, S., Smith, T., Jahr, E., & Eldevik, S. (2007). Outcome for children with autism who began intensive behavioral treatment between ages 4 and 7: A comparison controlled study. *Behavior Modification, 31*(3), 264–278. https://doi.org/10.1177/0145445506291396

Eldevik S., Hastings R., Hughes J., Jahr E., Eikeseth S., & Cross S. (2009). Meta-analysis of Early Intensive Behavioral Intervention for children with autism. *Journal of Clinical Child & Adolescent Psychology*, *38*(3), 439-450. https://doi.org/10.1080/15374410902851739

Eldevik, S., Hastings, R., Hughes, J., Jahr, E., Eikeseth, S., & Cross, S. (2010). Using participant data to extend the evidence base for intensive behavioral intervention for children with autism. *American journal on intellectual and developmental disabilities*, *115*(5), 381–405. https://doi.org/10.1352/1944-7558-115.5.381

Eldevik S., Hastings R., Jahr E., & Hughes J. (2012). Outcomes of behavioral intervention for children with autism in mainstream pre-school settings. *Journal of Autism and Developmental Disorders*, *42*(2), 210-220. doi: 10.1007/s10803-011-1234-9

Eldevik, S., Eikeseth, S., Jahr, E., & Smith, T. (2006). Effects of Low-Intensity Behavioral Treatment for Children with Autism and Mental Retardation. *Journal of Autism and Developmental Disorders, 36*(2), 211–224. https://doi.org/10.1007/s10803-005-0058-x

Green, G. (2011). *Behavioral foundations of effective autism treatment* (E. A. Mayville & J. A. Mulick, Authors). Cornwall-on-Hudson, NY: Sloan Pub.

Hassiotis, A., Canagasabey, A., Robotham, D., Marston, L., Romeo, R., & King, M. (2011). Applied behaviour analysis and standard treatment in intellectual disability: 2-year outcomes. *British Journal of Psychiatry, 198*(6), 490-491. https://doi.org/10.1192/bjp.bp.109.076646

Leaf, J. B., Leaf, J. A., Milne, C., Taubman, M., Oppenheim-Leaf, M., Torres, N., Townley-Cochran, D., Leaf, R., McEachin, J., Yoder, P., & Autism Partnership Foundation. (2017). An evaluation of a behaviorally based social skills group for individuals diagnosed with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 47*(2), 243–259. https://doi.org/10.1007/s10803-016-2949-4

Linstead, E., Dixon, D., Hong, E., Burns, C., French, R., Novack, M., & Granpeesheh, D. (2017). An evaluation of the effects of intensity and duration on outcomes across treatment domains for children with autism spectrum disorder. Translational Psychiatry, 7(9) e1234. https://doi.org/10.1038/tp.2017.207

Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology, 55*(1), 3–9. https://doi.org/10.1037/0022-006X.55.1.3

Ozonoff, S., & Cathcart, K. (1998). Effectiveness of a home program intervention for young children with autism. *Journal of autism and developmental disorders*, *28*(1), 25–32. https://doi.org/10.1023/a:1026006818310

Peters-Scheffer, N., Didden, R., Mulders, M., & Korzilius, H. (2010). Low intensity behavioral treatment supplementing preschool services for young children with autism spectrum disorders and severe to mild intellectual disability. *Research in developmental disabilities*, *31*(6), 1678–1684. https://doi.org/10.1016/j.ridd.2010.04.008

Reichow B. (2012). Overview of meta-analyses on early intensive behavioral intervention for young children with autism spectrum disorders. *Journal of autism and developmental disorders*, *42*(4), 512–520. https://doi.org/10.1007/s10803-011-1218-9

Reichow, B., Hume, K., Barton, E., & Boyd, B. (2018). Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD). *The Cochrane database of systematic reviews*, *5*(5), CD009260. https://doi.org/10.1002/14651858.CD009260.pub3

Roane, H., Fisher, W., & Carr, J. (2016). Applied Behavior Analysis as Treatment for Autism Spectrum Disorder. *The Journal of pediatrics*, *175*, 27–32. https://doi.org/10.1016/j.jpeds.2016.04.023

Roscoe, E., Schlichenmeyer, K., & Dube, W. (2015). Functional analysis of problem behavior: A systematic approach for identifying idiosyncratic variables. *Journal of applied behavior analysis*, *48*(2), 289–314. https://doi.org/10.1002/jaba.201

Sarcia B. (2020). The Impact of Applied Behavior Analysis to Address Mealtime Behaviors of Concern Among Individuals with Autism Spectrum Disorder. *Child and adolescent psychiatric clinics of North America*, *29*(3), 515–525. https://doi.org/10.1016/j.chc.2020.03.004

Severini, K., Ledford, J., & Robertson, R. (2018). Systematic Review of Problem Behavior Interventions: Outcomes, Demographics, and Settings. *Journal of autism and developmental disorders*, *48*(10), 3261–3272. https://doi.org/10.1007/s10803-018-3591-0

Smith, I., Koegel, R., Koegel, L., Openden, D., Fossum, K., & Bryson, S. (2010). Effectiveness of a novel community-based early intervention model for children with autistic spectrum disorder. *American journal on intellectual and developmental disabilities*, *115*(6), 504–523. https://doi.org/10.1352/1944-7558-115.6.504

Virués-Ortega J. (2010). Applied behavior analytic intervention for autism in early childhood: meta-analysis, meta-regression and dose-response meta-analysis of multiple outcomes. *Clinical psychology review*, *30*(4), 387–399. https://doi.org/10.1016/j.cpr.2010.01.008

Vismara L., & Rogers S. (2010). Behavioral treatments in autism spectrum disorder: what do we know?. *Annual Review of Clinical Psychology*, *6(1)*, 447-468. https://doi.org/10.1146/annurev.clinpsy.121208.131151

Warren Z., McPheeters M., Sathe N., Foss-Feig J., Glasser A., & Veenstra-Vanderweele J. (2011). A systematic review of early intensive intervention for autism spectrum disorders. *Pediatrics,* 127(5) e1303-e1311. https://doi.org/10.1542/peds.2011-0426

Weitlauf, A., McPheeters, M., Peters, B., Sathe, N., Travis, R., Aiello, R., Williamson, E., Veenstra-VanderWeele, J., Krishnaswami, S., Jerome, R., & Warren, Z. (2014). *Therapies for Children With Autism Spectrum Disorder: Behavioral Interventions Update*. Agency for Healthcare Research and Quality (US).

Wong, C., Odom, S., Hume, K., Cox, A., Fettig, A., Kucharczyk, S., Brock, M., Plavnick, J., Fleury, V., & Schultz, T. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. *Journal of Autism and Developmental Disorders, 45*(7), 1951–1966. https://doi.org/10.1007/s10803-014-2351-z

Exhibit A: Medical necessity review for Maryland plans

Pursuant to Maryland insurance regulation COMAR 31.10.39, Aetna will apply the following criteria when assessing medical necessity for applied behavior analysis for plans subject to Maryland law.

1. The child's primary care provider or specialty physician must perform a comprehensive evaluation identifying the need for applied behavior analysis for the treatment of Autism or Autism Spectrum Disorder.

2. Such primary care provider or specialty physician must prescribe the treatment. Such prescription must include specific treatment goals.

3. Such treatment shall be reviewed annually for medical necessity with the primary care provider or specialty physician, and in consultation with the applied behavior analysis provider. Such utilization review shall include:

    a. Documentation of benefit to the child

    b. Identification of new or continuing treatment goals

    c. Development of a new or continuing treatment plan

4. The applied behavior analysis provider must be licensed, certified or otherwise authorized under the Maryland Health Occupations Article or similar licensing, certification or authorization requirements of another state or U.S. territory where the services are provided.

5. Coverage may be subject to limitations in a health benefit plan relating to coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, case management provisions, and copayments, coinsurance and deductible amounts.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@Aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY:711

English	**To access language services at no cost to you, call the number on your ID card.**
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏣᎩᏍᏗ ᏕᏬᏂᎯᏍᏗ ᎢᏳᎾᏓᏛᏁᏗ Ꮭ ᎠᏓᏍᏗ ᏗᏟᎬᏩᏁᏗ ᏱᎩ, ᏫᏢᎯᏏᏔᏅᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏕᎪᏪᎵ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᎵᎢ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.

German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.
Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D><ud;b.vDwJpdeD.*H>vXttd.vXecd.*DR A (ID) tvdRM.wuh>I
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອຂໍ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’11 ni nizaad k’ehj7 bee n7k1 a’doowo[doo b33h 7l7n7g00 naaltsoos bee atah n7l98go nanitin7g77 bee n44ho’d0lzin7g77 b44sh bee hane’7 bik1’7g77 1aj8’ h0lne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔn de tïït de nyin de panakim kɔu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܠܐ ܡܫܩܠܐ ܬܡܘܢ ܚܠ ܝܠܚܬܐ ܕܡܫܢܬܐ ܠܠܫܢܐ ܡܓܢܢܝܬܐ، ܡܩܪܘܢ ܡܢܝܢܐ ܚܠ ܦܬܩܐ ܡܫܘܕܥܢܘܬܐ ܕܝܠܟܘܢ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ʻoku ke fiemaʻu taʻetōtōngi ʻa e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ʻoku hā atu ʻi hoʻo ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнј отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

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