BlueCross BlueShield Arizona

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EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 01/06/26**
SECTION: LABORATORY	**LAST REVIEW DATE: 01/06/26**
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NEXT ANNUAL REVIEW DATE: 1ST QTR 2027	**ARCHIVE DATE:**

DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT

Description:

This policy addresses the use of drug testing for adherence monitoring in individuals with controlled substance use as a part of chronic pain management and in individuals being treated for opioid addiction and/or substance use disorder(s).

This policy does not address the use of urine drug testing in the following situations:

- **Emergency Department testing, including for the detection of potential overdose or poisoning.**
- **Screening for any job-related testing.**
- **State or legally mandated drug testing.**

Individuals in pain management programs and substance use disorder treatment may misuse prescribed opioids and/or may use nonprescribed drugs. Thus, these individuals are often assessed before treatment and monitored while receiving treatment. Drug testing can be part of this monitoring strategy; it is most often used as part of a multifaceted intervention that includes other components, such as participant contracts. This guideline only addresses the testing of urine, oral fluids or hair in the treatment of pain management or substance use disorder(s).

Pain Management

The risk level for an individual should include both a global assessment of risk factors and monitoring for the presence of aberrant behavior. Standardized risk-assessment tools are available, such as the 5-item Opioid Risk Tool (ORT). Another screening instrument is the Screener and Opioid Assessment for Patients in Pain, a 24-item tool.

Aberrant behavior is defined by 1 or more of the following:

- multiple lost prescriptions
- multiple requests for early refill
- obtained opioids from multiple providers
- unauthorized dose escalation
- apparent intoxication during previous visits

Opinions vary on the optimal frequency of urine drug screening to monitor individuals on opioid therapy for chronic pain. Screening frequency using a risk-based approach, as recommended by the Washington State interagency guideline (Washington State Agency Medical Directors' Group, 2015) is as follows:

- Low risk by ORT: Once a year
- Moderate risk by ORT: Twice a year
- High risk or opioid dose >120 morphine milligram equivalents/day: 3 to 4 times a year
- Recent history of aberrant behavior: Each visit

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Note that the ORT is a copyrighted instrument. The Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain does not include specific screening frequencies but states that an individual's risk for opioid misuse and addiction should be considered when deciding when to order a urine drug screen.

Substance Use Disorder

Substance use, abuse, and addiction involving numerous prescription and illicit drugs is also a serious social and medical problem. Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry and is manifested by the individual pathologic pursuit of reward and/or relief by substance use and other behaviors.

Medical records should support the need for testing for the specific substance(s) of interest by documentation regarding the diagnosis, history and physical examination, and/or behavior of the individual. Medical records should also justify the test that is being used and describe how results of testing will guide medical decision-making.

Monitoring Strategies

Various strategies are available to monitor pain management and substance use disorder treatment, and multicomponent interventions are often used. Many settings require individuals to sign a contract before they are given a prescription for opioids. The contracts generally involve obtaining individuals' agreement on behaviors they will engage in during the treatment period (eg, taking medication as prescribed) and not engage in (eg, selling prescribed medication and/or obtaining additional prescriptions from other physicians).

Confirming whether individuals follow these behavioral guidelines can be a challenge. Risk-assessment screening instruments, such as the Screener and Opioid Assessment for Patients with Pain, and the Opioid Risk Tool, can aid in the assessment of individuals' risk for inappropriate drug use. In addition, the presence of "aberrant behaviors" can be used as a marker for individuals who are at high-risk for deviating from treatment protocols. Aberrant behaviors include multiple lost prescriptions, obtaining prescriptions from other practitioners, and displaying evidence of acute intoxication during office visits.

Testing Matrices

Another strategy for monitoring individuals is testing of biologic specimens for the presence or absence of drugs. Currently, urine is the most commonly used biologic substance. Advantages of urine drug testing (UDT) are that it is readily available and standardized techniques for detecting drugs in urine exist. Other biologic specimens (eg, blood, oral fluids, hair, sweat) can also be tested. All matrices have advantages and disadvantages with respect to sensitivity and specificity over different time windows, time to obtain results, different susceptibility to sample tampering, and ease of collection.

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Urine Drug Testing

There are 2 primary categories of UDT: presumptive testing (immunoassay) and confirmatory testing (specific drug identification).

Validity testing includes pH, specific gravity, nitrates, chromates, and creatinine, which are performed on the same specimen that is being drug tested. Validity testing is an internal process to affirm that the reported results are accurate and valid.

Oral Fluid Drug Testing

Oral fluid (liquid samples obtained from the oral cavity) can potentially be used to test for drug use. Oral fluid contains secretions from several different sources, including secretions from the 3 pairs of major salivary glands (parotid, sublingual, and submandibular), secretions from the minor salivary glands, oro-nasopharyngeal secretions, and cellular debris. The mixture of fluids obtained varies depending on the collection method used (eg, spitting, suctioning, draining, or collection on some type of absorbent material). Drug concentrations can be affected by the collection method and by the use of saliva stimulation methods. Several collection devices are commercially available in the U.S., and they generally involve collection on an absorbent material, such as foam pads; pads are then placed in a container with a stabilizing buffer solution. Drug concentrations may also depend on how the oral fluid is recovered from the collection device (eg, by centrifugation or by applying pressure). Drug concentrations may not reflect blood levels because of residual amounts of a drug (specifically those ingested or smoked) remaining in the oral cavity after recent use.

Analysis techniques must be able to detect drugs present in low concentration and in a small volume of fluid (often <1 mL). Immunoassay techniques are available to detect drugs in oral fluid; they require a small sample volume (25 µL). Immunoassays tend to be relatively sensitive techniques, but they have low specificity. Confirmation analysis is generally performed using mass spectrometry-based methods. In recent years, advancements have been made in mass spectrometry analysis techniques, including the development of multianalyte liquid chromatography/mass spectrometry (LC/MS) methods.

Hair Testing

Hair is composed of protein that traps chemicals in the blood at the time the hair develops in the follicle. Hair on the human head grows at approximately 0.5 inches per month. Thus, a 1.5-inch hair sample could be used to detect drug use during the previous 90 days. Potential advantages of hair as a drug testing source include noninvasive collection; ease of collection, storage, and shipping; availability of samples for testing and retesting; and difficulty in tampering. Potential disadvantages include: recent drug use (ie, within the past 7 days) cannot be detected; difficulty in detecting very light drug use (eg, a single episode); and drug levels can be affected by environmental exposure. In addition, variation in hair texture as well as cosmetic hair treatments can affect drug incorporation into hair and the accuracy of drug tests on hair samples. As with other types of samples, hair can be initially tested using immunoassay techniques, with confirmation by MS-based methods. Hair testing has been used in a variety of situations where detection of drug use during the previous several months is desired (eg, pre-employment screening, post-drug-treatment verification of relapse).

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Definitions:

Presumptive (e.g., Immunoassay) Drug Screen:
A test used to detect the presence of a drug in the body that is generally reported as either positive or negative.

Definitive (e.g., Confirmatory) Drug Screen:
A test used to confirm the presence of a specific drug identified by a screening test and can identify drugs that cannot be isolated by currently available immunoassays.

Criteria:

- In the treatment of pain management, presumptive (i.e. immunoassay) urine drug testing is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. **ONE** of the following:

     - Baseline screening before initiating treatment or at the time treatment is initiated, with documentation of **ALL** of the following:

       a. An adequate clinical assessment of individual history and risk of substance use disorder is performed
       b. Ordering clinicians have knowledge of test interpretation
       c. There is a plan of care in place regarding how to use test findings clinically
       d. Drug testing is ordered by a clinician

     - Subsequent monitoring of treatment at a frequency appropriate for the risk level of the individual with documentation of **ALL** of the following:

       a. Documentation explaining rationale for the specific test(s) ordered
       b. An adequate clinical assessment of individual history and risk of substance use disorder
       c. Documentation of how drug testing results will guide medical decision making
       d. Risk level of the individual documented as **ONE** of the following:

          - Low risk by Opioid Risk Tool: Once a year
          - Moderate risk by Opioid Risk Tool: Twice a year
          - High risk or opioid dose >120 morphine milligram equivalents/day: 3 to 4 times a year
          - Recent history of aberrant behavior: Each visit

  2. Evidence the prescriber has checked their state's controlled substance abuse database at the beginning of each new course of treatment and at least quarterly while continuing to prescribe that therapy as required by law

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- In the treatment of substance use disorder(s), presumptive (i.e. immunoassay) urine drug testing is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. **ONE** of the following:

     - Baseline screening before initiating treatment or at the time treatment is initiated (i.e. induction phase), one time per program entry with documentation of **ALL** of the following:

       a. An adequate clinical assessment of individual history and risk of substance use disorder is performed
       b. Ordering clinicians have knowledge of test interpretation
       c. There is a plan of care in place regarding how to use test findings clinically
       d. Drug testing is ordered by a clinician

     - Targeted weekly presumptive screening for a maximum of 4 weeks for an individual in the stabilization phase with documentation of **ALL** of the following:

       a. Documentation explaining rationale for the specific test(s) ordered
       b. An adequate clinical assessment of individual history and risk of substance use disorder
       c. Documentation of how drug testing results will guide medical decision making

     - Target presumptive screening once every 1 to 3 months for an individual in the maintenance phase with documentation of **ALL** of the following:

       a. Documentation explaining rationale for the specific test(s) ordered
       b. An adequate clinical assessment of individual history and risk of substance use disorder
       c. Documentation of how drug testing results will guide medical decision making

  2. Evidence the prescriber has checked their state's controlled substance abuse database at the beginning of each new course of treatment and at least quarterly while continuing to prescribe that therapy as required by law

- In the treatment of pain management or substance use disorder(s), definitive (i.e. confirmatory) urine drug testing is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. Individual meets above criteria for presumptive urine drug testing

  2. Immunoassays for the relevant drug(s) are not commercially available

  3. Definitive drug levels are required for clinical decision making with documentation **ANY** of the following:

     - A need to detect a specific substance not adequately identified by presumptive methods (see Attachment 1 - Presumptive Test Availability)

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- An unexpected positive test inadequately explained by the individual (e.g., a positive result on a presumptive test is inconsistent with the history and physical exam)
- An unexpected negative test (suspected medication diversion)
- A need for quantitative levels to compare with established benchmarks for clinical decision making such as treatment transition or changes in medication therapies

- If above criteria not met, urine drug testing in the treatment of pain management and substance use disorder(a) is considered ***not medically necessary*** based upon meeting **ANY** of the following:

1. Is inconsistent with the diagnosis or treatment of a symptom, illness, disease, or injury;
2. Is primarily for the convenience of a Member or a Provider;
3. Is not the most appropriate site, supply, or service level that can safely be provided;
4. Does not meet BCBSAZ's or its contracted vendor's Medical Necessity Guidelines and Criteria in effect when the Service is pre-certified or rendered.

This includes, *but is not limited to*:

- Routine presumptive or definitive urine drug testing
- Standing orders (eg, testing at every visit, without consideration for specific individual risk factors or without consideration for whether definitive testing is required for clinical decision making)
- Validity testing
- Blanket testing for all admissions
- Repetitive daily testing without documented need

- Urine drug testing in the following settings is considered ***medically necessary***:

1. Emergency rooms
2. Ambulatory surgery
3. An abrupt change in mental status (to rule out substance intoxication or delirium)
4. Drug or alcohol exposure during pregnancy
5. To rule out fetal withdrawal syndrome by testing the mother for drug use

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Other Drug Screen Testing:

- In the treatment of pain management or substance use disorder(s), hair testing and oral fluid drug testing are considered ***experimental or investigational*** when any **ONE** or more of the following criteria are met:

  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting

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Resources:

Literature reviewed 01/06/26. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 01/06/26 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Manchikanti L, Abdi S, Atluri S, et al. American Society of Interventional Pain Physicians (ASIPP) guidelines for responsible opioid prescribing in chronic non-cancer pain: Part I--evidence assessment. Pain Physician. Jul 2012; 15(3 Suppl): S1-65. PMID 22786448

2. International Narcotics Control Board (INCB). Report of the International Narcotics Control Board for 2016. 2016; https://www.incb.org/documents/Publications/AnnualReports/AR2016/English/AR2016_E_ebook.pdf. Accessed October 8, 2025.

3. International Narcotics Control Board (INCB). Report of the International Narcotics Control Board for 2020. 2020; https://www.incb.org/documents/Publications/AnnualReports/AR2020/Annual_Report/E_INCB_2020_1_eng.pdf. Accessed October 7, 2025.

4. International Narcotics Control Board (INCB). Report of the International Narcotics Control Board for 2023. 2023; https://unis.unvienna.org/unis/uploads/documents/2024-INCB/2325540E_INCB_Annaul_Report.pdf. Accessed October 5, 2025.

5. Fishbain DA, Cutler RB, Rosomoff HL, et al. Validity of self-reported drug use in chronic pain patients. Clin J Pain. Sep 1999; 15(3): 184-91. PMID 10524471

6. Manchikanti L, Atluri S, Trescot AM, et al. Monitoring opioid adherence in chronic pain patients: tools, techniques, and utility. Pain Physician. Mar 2008; 11(2 Suppl): S155-80. PMID 18443638

7. National Opioid Use Guideline Group (NOUGG). Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. Part B: Recommendations for practice. Version 5.6. 2010; https://www.cpd.utoronto.ca/opioidprescribing/files/2016/11/opioid_guideline_part_b_v5_6.pdf. Accessed October 8, 2025.

8. Veteran's Affairs (VA) and Department of Defense (DoD) Opioid Therapy for Chronic Pain Work Group. Clinical practice guideline for the use of opioids in the management of chronic pain. 2022; https://www.healthquality.va.gov/guidelines/Pain/cot/VADoDOpioidsCPG.pdf. Accessed October 8, 2025.

9. Jarvis M, Williams J, Hurford M, et al. Appropriate Use of Drug Testing in Clinical Addiction Medicine. J Addict Med. 2017; 11(3): 163-173. PMID 28557958

10. Nuckols TK, Anderson L, Popescu I, et al. Opioid prescribing: a systematic review and critical appraisal of guidelines for chronic pain. Ann Intern Med. Jan 07 2014; 160(1): 38-47. PMID 24217469

11. Argoff CE, Alford DP, Fudin J, et al. Rational Urine Drug Monitoring in Patients Receiving Opioids for Chronic Pain: Consensus Recommendations. Pain Med. Jan 01 2018; 19(1): 97-117. PMID 29206984

12. Manchikanti L, Kaye AM, Knezevic NN, et al. Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines. Pain Physician. Feb 2017; 20(2S): S3-S92. PMID 28226332

13. Manchikanti L, Kaye AM, Knezevic NN, et al. Comprehensive, Evidence-Based, Consensus Guidelines for Prescription of Opioids for Chronic Non-Cancer Pain from the American Society of Interventional Pain Physicians (ASIPP). Pain Physician. Dec 2023; 26(7S): S7-S126. PMID 38117465

14. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. JAMA. Apr 19 2016; 315(15): 1624-45. PMID 26977696

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16. Washington State Agency Medical Directors' Group. Interagency guideline on prescribing opioid dosing for pain. 2015; 3rd: http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf. Accessed October 7, 2025.

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18. American Society of Addiction Medicine (ASAM). Public Policy Statement On Drug Testing as a Component of Addiction Treatment and Monitoring Programs and in other Clinical Settings. 2010; https://www.asam.org/advocacy/public-policy-statements. Accessed October 5, 2025.

19. American Society of Addiction Medicine (ASAM). Drug Testing: A White Paper of the American Society of Addiction Medicine (ASAM). 2013; https://cmm.com.au/resources/drug-testing-a-white-paper-of-the-american-society-of-addiction-medicine-asam/. Accessed October 7, 2025.

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21. Ballotari M, Pigaiani N, Bacci A, et al. Retrospective Evaluation of Novel Synthetic Opioids and Xylazine Chronic Intake by Post-Mortem Hair Testing. *Drug Test Anal*. Sep 2025;17(9):1516-1527. doi:10.1002/dta.3852

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26. Hubbard JA. Review on Toxicology Testing in Hair. *J Appl Lab Med*. Jul 1 2025;10(4):983-1000. doi:10.1093/jalm/jfaf026

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28. Zhang HH, Loh JYH, Moy HY, Lui CP. An Improved GC-MS/MS Method for a Fast Multidrug Analysis in Hair. *Drug Test Anal*. Aug 2025;17(8):1344-1356. doi:10.1002/dta.3840

29. Mahajan G. Urine drug testing for patients with chronic pain. In: Swenson S, ed. *UpToDate*. UpToDate; 2025. Accessed December 3, 2025. https://www.uptodate.com/contents/urine-drug-testing-for-patients-with-chronic-pain

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30. Hoffman RJ. Urine drug testing. In: Ganetsky M, ed. *UpToDate*. UpToDate; 2025. Accessed December 3, 2025. https://www.uptodate.com/contents/urine-drug-testing

Coding:

Presumptive Drug Screen:
CPT: 0007U, 0082U, 0227U, 80305, 80306, 80307

Definitive Drug Screen:
CPT: 0054U, 0082U, 0517U, 0518U, 0519U, 0520U, 80320, 80321, 80322, 80323, 80324, 80325, 80326, 80327, 80328, 80329, 80330, 80331, 80332, 80333, 80334, 80335, 80336, 80337, 80338, 80339, 80340, 80341, 80342, 80343, 80344, 80345, 80346, 80347, 80348, 80349, 80350, 80351, 80352, 80353, 80354, 80355, 80356, 80357, 80358, 80359, 80360, 80361, 80362, 80363, 80364, 80365, 80366, 80367, 80368, 80369, 80370, 80371, 80372, 80373, 80374, 80375, 80376, 80377, 82077
HCPCS: G0480, G0481, G0482, G0483, G0659

Other Drug Screen:
CPT: 0011U, 0051U, 0079U, 0093U, 0116U, 0117U, 83992

History:	Date:	Activity:
Medical Policy Panel	01/06/26	Approved guideline
Legal Division	12/31/25	Review with revisions
Medical Director (Dr. Raja)	12/17/25	Review with revisions
Medical Director (Dr. Raja, Dr. Deering, Dr. Sutanto)	12/12/25	Review with revisions
Medical Director (Dr. Raja)	12/11/25	Review with revisions
Medical Director (Dr. Sutanto)	12/04/25	Review with revisions
Clinical Pharmacist	12/02/25	Review with no revisions
Medical Director (Dr. Raja)	11/25/25	Review with no revisions

Policy Revisions:

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Attachment 1: Presumptive Test Availability

There may not be commercially available tests for certain synthetic or semisynthetic opioids. The table describes limitations on availability of presumptive tests.

Limitations in Availability of Presumptive Immunoassays

Drug Type	Potential limitations in availability of or sensitivity of presumptive immunoassays for certain drugs in urine
Benzodiazepines	▪ Clonazepam and lorazepam are detected with varying sensitivity by different assays. ▪ Therapeutic doses of benzodiazepines are generally not detected.
Semisynthetic Opioids	▪ Oxycodone and oxymorphone (a metabolite of oxycodone) are detected in a few but not most standard opiate immunoassays depending on the antibodies used by the manufacturer. ▪ Hydrocodone and hydromorphone (a metabolite of hydrocodone) are also detected in most standard opiate immunoassays.
Synthetic opiates	▪ Meperidine, methadone, buprenorphine, and fentanyl will not be detected in a standard opiate immunoassay and require their own definitive test for detection.
Natural opioids	▪ Morphine and codeine (which is metabolized to morphine) are detected by standard immunoassays for opiates but presumptive testing does not distinguish specific drug present. ▪ Heroin is unable to be specifically detected by presumptive tests due to rapid metabolism to 6-MAM and subsequently to morphine.

Sources: Based on information included in ASAM 2017 guideline and Washington State interagency guideline (Washington State Agency Medical Directors' Group, 2015)

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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's 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 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh íłínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:
إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 01/06/26**
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DRUG TESTING IN PAIN MANAGEMENT AND SUBSTANCE USE DISORDER(S) TREATMENT

Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:
اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799
.[تماس حاصل نمایید

Assyrian:
ܐ ܫܟܚ، ܡ ܣ ܩܙܝܩܐ ܕܡܝܢ ܒܗ، ܫܟܚ ܫܟܚܗ، ܚܡܫܐ ܚܡܫ Blue Cross Blue Shield of Arizona، ܫܟܚ، ܫܟܚܗ، ܡܡܡܐ ܕܡܚܠܫܗ، ܡܡܡܐ ܕܡܚܠܫܗ ܚܠܫܐ ܫܟܚ ܣ ܚܕܩܙܝܐ، ܡܕ ܫܟܚ، ܟܕ ܗܟܫܗ، ܡܫܝ ܫܟܚ. ܕܡܚܡܚ ܟܣ ܣ ܚܕܩܙܝ، ܡܕ ܫܟܚ، ܟܕ ܗܟܫܗ، ܡܫܝ 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799