BlueCross BlueShield Arizona

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EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 09/19/22**
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TREATMENT OF HYPERHIDROSIS

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.

TREATMENT OF HYPERHIDROSIS (cont.)

Description:

Hyperhidrosis
Excessive sweating beyond a level required to maintain normal body temperature, in response to heat exposure or exercise. It can be classified as primary or secondary. It can lead to impairments in psychologic and social functioning. Various treatments for hyperhidrosis are available, such as topical antiperspirant agents (e.g., aluminum chloride 20% solution), oral medications, botulinum toxin, and surgical procedures.

Primary focal hyperhidrosis (includes axillary, palmar, plantar, or craniofacial):
A condition characterized by visible, excessive sweating of at least 6 months in duration without apparent cause and with at least 2 of the following features: bilateral and relatively symmetric sweating, impairment of daily activities, frequency of at least once per week, age at onset younger than 25 years, positive family history, and cessation of focal sweating during sleep. Typically, it involves the hands (palmar), feet (plantar), or axillae (underarms). A variety of therapies have been investigated to treat primary hyperhidrosis, including topical therapy with aluminum chloride, topical anticholinergic medications, oral anticholinergic medications, iontophoresis, intradermal injections of botulinum toxin, endoscopic transthoracic sympathectomy, and surgical excision of axillary sweat glands.

Secondary hyperhidrosis:
A condition that can result from a variety of drugs (e.g., tricyclic antidepressants, selective serotonin reuptake inhibitors) or underlying diseases/conditions (e.g., febrile diseases, diabetes, menopause). Secondary hyperhidrosis is usually generalized or craniofacial sweating. Treatment of secondary hyperhidrosis focuses on treatment of the underlying cause, such as discontinuing certain drugs or hormone replacement therapy as a treatment for menopausal symptoms.

Secondary gustatory hyperhidrosis
Excessive sweating on ingesting highly spiced foods. This trigeminovascular reflex typically occurs symmetrically on the scalp or face and predominately over the forehead, lips, and nose. Secondary facial gustatory occurs independently of the nature of the ingested food.

Botulinum toxin
A potent neurotoxin that blocks cholinergic nerve terminals, which prevents hyperstimulation of eccrine sweat glands that lead to excessive sweating. Therefore, intracutaneous injections have been investigated as a treatment of gustatory hyperhidrosis and focal primary hyperhidrosis, most frequently involving the axillae or palms. The drawback of this approach is the need for repeated injections, which have led some to consider surgical approaches.

Iontophoresis
Uses electrical current to deliver medication transdermally. A charged ionic drug is placed on the skin with an electrode of the same charge, which drives the drug into the skin, with the purpose of achieving better penetration of the drug into underlying tissue. The benefits of this method would be an enhancement of treatment effects and a reduction in adverse events associated with systemic administration of the drug.

TREATMENT OF HYPERHIDROSIS (cont.)

Description: (cont.)

Surgical treatments
Options include removal of the eccrine glands and/or interruption of the sympathetic nerves. Eccrine sweat glands produce an aqueous secretion, the overproduction of which is primarily responsible for hyperhidrosis. These glands are innervated by the sympathetic nervous system. Surgical removal has been performed in individuals with severe isolated axillary hyperhidrosis.

Criteria:

Aluminum Chloride 20% Solution:

- Aluminum Chloride 20% Solution for the treatment of primary focal hyperhidrosis (e.g., axillary, palmar, plantar, or craniofacial) is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. **ANY** of the following conditions:

     - Acrocyanosis of the hands
     - History of recurrent skin maceration with bacterial or fungal infections
     - History of recurrent secondary infections
     - History of persistent eczematous dermatitis despite medical treatments with topical dermatologic or systemic anticholinergic agents

  2. Functional impairment

  3. Individual is 18 years of age or older

  4. Inadequate management with topical agents (e.g., anticholinergic medications)

- Aluminum Chloride 20% Solution for the treatment of severe secondary gustatory hyperhidrosis is considered ***medically necessary.***

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Aluminum Chloride 20% Solution: (cont.)

- Aluminum Chloride 20% Solution for all other indications not previously listed or if above criteria not met is 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.

Botulin Toxin:

- Botulin Toxin for the treatment of severe primary axillary hyperhidrosis is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. **ANY** of the following conditions:

     - Acrocyanosis of the hands
     - History of recurrent skin maceration with bacterial or fungal infections
     - History of recurrent secondary infections
     - History of persistent eczematous dermatitis despite medical treatments with topical dermatologic or systemic anticholinergic agents

  2. Functional impairment

  3. Individual is 18 years of age and older

  4. Inadequate management with topical agents (e.g., aluminum chloride, anticholinergic medications)

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Botulin Toxin: (cont.)

- Botulinum toxin for the treatment of severe primary axillary hyperhidrosis if above criteria not met is 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.

- Botulin Toxin for the treatment of the following indications is 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.

  These indications include, *but are not limited to:*

  - Craniofacial hyperhidrosis
  - Plantar hyperhidrosis
  - Severe secondary gustatory hyperhidrosis

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Botulin Toxin: (cont.)

- Botulin Toxin type A products for the treatment of severe primary palmar hyperhidrosis is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. Individual is 18 years of age and older

  2. Inadequate management with topical agents

- Botulin Toxin type A products for all other indications not previously listed or if above criteria not met is 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.

- RimabotulinumtoxinB for the treatment of palmar hyperhidrosis is 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.

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Surgical options:

- Endoscopic Transthoracic Sympathectomy (ETS) and surgical excision of axillary sweat glands for the treatment of primary axillary hyperhidrosis is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. **ANY** of the following conditions:

     - Acrocyanosis of the hands
     - History of recurrent skin maceration with bacterial or fungal infections
     - History of recurrent secondary infections
     - History of persistent eczematous dermatitis despite medical treatments with topical dermatologic or systemic anticholinergic agents

  2. Functional impairment

  3. Conservative treatment (e.g., aluminum chloride or botulinum toxin, individually and in combination) has failed

- ETS and surgical excision of axillary sweat glands for all other indications not previously listed or if above criteria not met is 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.

- ETS for the treatment of palmar hyperhidrosis is considered ***medically necessary*** with documentation that conservative treatment (e.g., aluminum chloride or botulinum toxin type A, individually and in combination) has failed.

- ETS for the treatment of craniofacial hyperhidrosis is considered ***medically necessary*** with documentation that conservative treatment (e.g., aluminum chloride) has failed.

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Surgical options: (cont.)

- ETS for all other indications not previously listed or if above criteria not met is 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.

- Surgical options (i.e., tympanic neurectomy) for the treatment of severe secondary gustatory hyperhidrosis is considered ***medically necessary*** with documentation that conservative treatment (i.e., aluminum chloride or botulinum toxin, individually and in combination) has failed.

- Axillary liposuction for the treatment of axillary hyperhidrosis is 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.

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Surgical options: (cont.)

- Lumbar sympathectomy for the treatment of plantar hyperhidrosis is 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.

Iontophoresis:

- Iontophoresis for the treatment of hyperhidrosis of the following focal regions is 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.

  These focal regions include, *but are not limited to:*

  - Axillary
  - Craniofacial
  - Palmar
  - Plantar

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Iontophoresis: (cont.)

- Iontophoresis for the treatment of severe secondary gustatory hyperhidrosis is 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.

Microwave Treatment:

- Microwave treatment for hyperhidrosis of the following focal regions is 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.

  These focal regions include, *but are not limited to:*

  - Axillary
  - Craniofacial
  - Palmar
  - Plantar

TREATMENT OF HYPERHIDROSIS (cont.)

Criteria: (cont.)

Radiofrequency Ablation:

- Radiofrequency Ablation for the treatment of hyperhidrosis of the following focal regions is 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.

  These focal regions include, *but are not limited to:*

  - Axillary
  - Craniofacial
  - Palmar
  - Plantar

Resources:

Literature reviewed 08/01/23. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 08/01/23 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. An JS, Hyun Won C, Si Han J, Park HS, Seo KK. Comparison of onabotulinumtoxinA and rimabotulinumtoxinB for the treatment of axillary hyperhidrosis. *Dermatol Surg*. Aug 2015;41(8):960-7. doi:10.1097/dss.0000000000000429

2. Baumann L, Slezinger A, Halem M, et al. Double-blind, randomized, placebo-controlled pilot study of the safety and efficacy of Myobloc (botulinum toxin type B) for the treatment of palmar hyperhidrosis. *Dermatol Surg*. Mar 2005;31(3):263-70. doi:10.1111/j.1524-4725.2005.31071

3. Baumann L, Slezinger A, Halem M, et al. Pilot study of the safety and efficacy of Myobloc (botulinum toxin type B) for treatment of axillary hyperhidrosis. *Int J Dermatol*. May 2005;44(5):418-24. doi:10.1111/j.1365-4632.2004.02531.x

TREATMENT OF HYPERHIDROSIS (cont.)

Resources: (cont.)

4. Baumgartner FJ, Reyes M, Sarkisyan GG, Iglesias A, Reyes E. Thoracoscopic sympathicotomy for disabling palmar hyperhidrosis: a prospective randomized comparison between two levels. *Ann Thorac Surg*. Dec 2011;92(6):2015-9. doi:10.1016/j.athoracsur.2011.07.083

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9. de Bree R, van der Waal I, Leemans CR. Management of Frey syndrome. *Head Neck*. Aug 2007;29(8):773-8. doi:10.1002/hed.20568

10. de Campos JRM, Lembrança L, Fukuda JM, et al. Evaluation of patients who underwent resympathectomy for treatment of primary hyperhidrosis. *Interact Cardiovasc Thorac Surg*. Nov 1 2017;25(5):716-719. doi:10.1093/icvts/ivx235

11. Deng B, Tan QY, Jiang YG, et al. Optimization of sympathectomy to treat palmar hyperhidrosis: the systematic review and meta-analysis of studies published during the past decade. *Surg Endosc*. Jun 2011;25(6):1893-901. doi:10.1007/s00464-010-1482-3

12. Dogruk Kacar S, Ozuguz P, Eroglu S, Polat S, Karaca S. Treatment of primary hyperhidrosis with tap water iontophoresis in paediatric patients: a retrospective analysis. *Cutan Ocul Toxicol*. Dec 2014;33(4):313-6. doi:10.3109/15569527.2013.875559

13. Dressler D. Comparing Botox and Xeomin for axillar hyperhidrosis. *J Neural Transm (Vienna)*. Mar 2010;117(3):317-9. doi:10.1007/s00702-010-0372-0

14. Frasson E, Brigo F, Acler M, Didonè G, Vicentini S, Bertolasi L. Botulinum toxin type A vs type B for axillary hyperhidrosis in a case series of patients observed for 6 months. *Arch Dermatol*. Jan 2011;147(1):122-3. doi:10.1001/archdermatol.2010.408

TREATMENT OF HYPERHIDROSIS (cont.)

Resources: (cont.)

15. Fukuda JM, Varella AYM, Teivelis MP, et al. Video-Assisted Thoracoscopic Sympathectomy for Facial Hyperhidrosis: The Influence of the Main Site of Complaint. *Ann Vasc Surg*. Jan 2018;46:337-344. doi:10.1016/j.avsg.2017.06.142

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25. Lima SO, Santos RS, Moura AMM, et al. A systematic review and meta-analysis to evaluate the efficacy of lumbar sympathectomy for plantar hyperhidrosis. *Int J Dermatol*. Aug 2019;58(8):982-986. doi:10.1111/ijd.14470

TREATMENT OF HYPERHIDROSIS (cont.)

Resources: (cont.)

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27. Lowe NJ, Glaser DA, Eadie N, Daggett S, Kowalski JW, Lai PY. Botulinum toxin type A in the treatment of primary axillary hyperhidrosis: a 52-week multicenter double-blind, randomized, placebo-controlled study of efficacy and safety. *J Am Acad Dermatol*. Apr 2007;56(4):604-11. doi:10.1016/j.jaad.2007.01.009

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TREATMENT OF HYPERHIDROSIS (cont.)

Resources: (cont.)

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TREATMENT OF HYPERHIDROSIS (cont.)

Resources: (cont.)

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Coding:

CPT: 11450, 11451, 32664, 64650, 64653, 64818, 69676, 97024, 97033
HCPCS: J0585, J0586, J0587, J0588

History:	Date:	Activity:
Medical Policy Panel	08/01/23	Review with revisions
Medical Policy Panel	09/14/22	Approved guideline (Effective 09/19/22)
Medical Director (Dr. Deering)	08/24/22	Development

TREATMENT OF HYPERHIDROSIS (cont.)

Policy Revisions:

08/01/23	Added:	"Insufficient evidence to support improvement of the net health outcome; or", and "Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, or" to experimental or investigational criteria bullets
08/01/23	Revised:	"Insufficient evidence to support improvement outside the investigational setting" from #3 to #5 in experimental or investigational criteria bullets
08/01/23	Updated:	Description section; Resource section

EVIDENCE-BASED CRITERIA	**ORIGINAL EFFECTIVE DATE: 09/19/22**
SECTION: MEDICINE	**LAST REVIEW DATE: 08/01/23**
	CURRENT EFFECTIVE DATE: 08/01/23
	LAST CRITERIA REVISION DATE: 08/01/23
NEXT ANNUAL REVIEW DATE: 3RD QTR 2024	**ARCHIVE DATE:**

TREATMENT OF HYPERHIDROSIS (cont.)

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.

TREATMENT OF HYPERHIDROSIS (cont.)

Multi-Language Interpreter Services: (cont.)

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:

[illegible] Blue Cross Blue Shield of Arizona [illegible] 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