

EVIDENCE-BASED CRITERIA SECTION: SURGERY ORIGINAL EFFECTIVE DATE:09/19/22LAST REVIEW DATE:08/06/24CURRENT EFFECTIVE DATE:08/06/24LAST CRITERIA REVISION DATE:08/01/23ARCHIVE DATE:08/01/23

NEXT ANNUAL REVIEW DATE: 3RD QTR 2025

MINIMALLY INVASIVE ABLATION PROCEDURES FOR MORTON AND OTHER PERIPHERAL NEUROMAS

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 "<u>Description</u>" 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 "<u>Criteria</u>" 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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Description:

Morton neuroma is a common and painful compression neuropathy of the dorsal foot that is also referred to as intermetatarsal neuroma, interdigital neuroma, interdigital neuritis, and Morton metatarsalgia. Morton neuroma has been treated with conservative measures (pads, orthotics, drugs) or surgery. Minimally invasive procedures, including intralesional alcohol injection, radiofrequency ablation (RFA) and cryoablation, have been investigated as alternatives to open surgery. These methods have also been used to treat other peripheral neuromas.

Neuroma

A neuroma is a pathology of a peripheral nerve that develops as part of a normal reparative process. Neuromas may develop after nerve injury or result from chronic irritation, pressure, stretch, poor repair of nerve lesions or previous neuromas, laceration, crush injury, or blunt trauma. Neuromas typically appear 6 to 10 weeks after trauma, with most presenting within 1 to 12 months after injury or surgery. They may gradually enlarge over 2 to 3 years and may or may not be painful. Pain from a neuroma may be secondary to traction on the nerve by scar tissue, compression of the sensitive nerve endings by adjacent soft tissues, ischemia of the nervous tissue, or ectopic foci of ion channels that elicit neuropathic pain. Individuals may describe the pain as low-intensity dull pain or intense paroxysmal burning pain, often triggered by external stimuli such as touch or temperature. Neuroma formation has been implicated as a contributor of neuropathic pain in residual limb pain, postthoracotomy, postmastectomy, and postherniorrhaphy pain syndromes. Neuromas may coexist with phantom pain or can predispose to it.

Morton Neuroma

Morton neuroma is a common and painful compression neuropathy of the common digital nerve of the foot that may also be referred to as interdigital neuroma, interdigital neuritis, and interdigital or Morton metatarsalgia. It is histologically characterized by perineural fibrosis, endoneurial edema, axonal degeneration, and local vascular proliferation. Thus, some investigators do not consider Morton neuroma to be a true neuroma; instead, they consider it to be an entrapment neuropathy occurring secondary to compression of the common digital nerve under the overlying transverse metatarsal ligament. Morton neuroma appears 10-fold more often in women than in men, with an average age at presentation of around 50 years.

The pain associated with Morton neuroma is usually throbbing, burning, or shooting, and localized to the plantar aspect of the foot. It is typically located between the 3rd and 4th metatarsal heads, although it may appear in other proximal locations. The pain may radiate to the toes and can be associated with paresthesia. The pain can be severe, and the condition may become debilitating to the extent that individuals are apprehensive about walking or touching their foot to the ground. It is aggravated by walking in shoes with a narrow toe box or high heels that cause excessive pronation and excessive forefoot pressure; removal of tight shoes typically relieves the pain.



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Criteria:

- Minimally invasive ablation procedures, including intralesional alcohol injection, radiofrequency ablation, and cryoablation for the treatment of Morton and other peripheral neuromas 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

Resources:

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

- 1. Adams WR, 2nd. Morton's neuroma. *Clin Podiatr Med Surg*. Oct 2010;27(4):535-45. doi:10.1016/j.cpm.2010.06.004
- 2. Anchala PR, Irving WD, Hillen TJ, et al. Treatment of metastatic spinal lesions with a navigational bipolar radiofrequency ablation device: a multicenter retrospective study. *Pain Physician*. Jul-Aug 2014;17(4):317-27.
- 3. Avery J, Kumar K, Thakur V, Thakur A. Radiofrequency ablation as first-line treatment of varicose veins. *Am Surg*. Mar 2014;80(3):231-5.
- 4. Bennett GL, Graham CE, Mauldin DM. Morton's interdigital neuroma: a comprehensive treatment protocol. *Foot Ankle Int*. Dec 1995;16(12):760-3. doi:10.1177/107110079501601204
- 5. Boersma D, van Eekeren RR, Kelder HJ, et al. Mechanochemical endovenous ablation versus radiofrequency ablation in the treatment of primary small saphenous vein insufficiency (MESSI trial): study protocol for a randomized controlled trial. *Trials*. Oct 29 2014;15:421. doi:10.1186/1745-6215-15-421
- 6. Cazzato RL, Garnon J, Ramamurthy N, et al. Percutaneous MR-Guided Cryoablation of Morton's Neuroma: Rationale and Technical Details After the First 20 Patients. *Cardiovasc Intervent Radiol.* Oct 2016;39(10):1491-8. doi:10.1007/s00270-016-1365-7



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- 7. Chuter GS, Chua YP, Connell DA, Blackney MC. Ultrasound-guided radiofrequency ablation in the management of interdigital (Morton's) neuroma. *Skeletal Radiol*. Jan 2013;42(1):107-11. doi:10.1007/s00256-012-1527-x
- Collins KK, Schaffer MS. Use of cryoablation for treatment of tachyarrhythmias in 2010: survey of current practices of pediatric electrophysiologists. *Pacing Clin Electrophysiol*. Mar 2011;34(3):304-8. doi:10.1111/j.1540-8159.2010.02953.x
- 9. Connors JC, Boike AM, Rao N, Kingsley JD. Radiofrequency Ablation for the Treatment of Painful Neuroma. *J Foot Ankle Surg*. May-Jun 2020;59(3):457-461. doi:10.1053/j.jfas.2019.09.003
- 10. Di Costanzo GG, Tortora R, D'Adamo G, et al. Radiofrequency ablation versus laser ablation for the treatment of small hepatocellular carcinoma in cirrhosis: a randomized trial. *J Gastroenterol Hepatol*. Mar 2015;30(3):559-65. doi:10.1111/jgh.12791
- 11. Dierselhuis EF, van den Eerden PJ, Hoekstra HJ, Bulstra SK, Suurmeijer AJ, Jutte PC. Radiofrequency ablation in the treatment of cartilaginous lesions in the long bones: results of a pilot study. *Bone Joint J*. Nov 2014;96-b(11):1540-5. doi:10.1302/0301-620x.96b11.33544
- 12. Dockery GL. The treatment of intermetatarsal neuromas with 4% alcohol sclerosing injections. *J Foot Ankle Surg.* Nov-Dec 1999;38(6):403-8. doi:10.1016/s1067-2516(99)80040-4
- 13. Duarte R, Pereira T, Pinto P, Coelho H. [Percutaneous Image-guided cryoablation for localized bone plasmacytoma treatment]. *Radiologia*. Sep-Oct 2014;56(5):e1-4. Crioablación percutánea guiada por imagen para el tratamiento de un plasmacitoma óseo localizado. doi:10.1016/j.rx.2012.02.006
- 14. Durand M, Barret E, Galiano M, et al. Focal cryoablation: a treatment option for unilateral low-risk prostate cancer. *BJU Int.* Jan 2014;113(1):56-64. doi:10.1111/bju.12370
- 15. Fanucci E, Masala S, Fabiano S, et al. Treatment of intermetatarsal Morton's neuroma with alcohol injection under US guide: 10-month follow-up. *Eur Radiol*. Mar 2004;14(3):514-8. doi:10.1007/s00330-003-2057-7
- 16. Friedman T, Richman D, Adler R. Sonographically guided cryoneurolysis: preliminary experience and clinical outcomes. *J Ultrasound Med*. Dec 2012;31(12):2025-34. doi:10.7863/jum.2012.31.12.2025
- 17. Fuller CW, Nguyen SA, Lohia S, Gillespie MB. Radiofrequency ablation for treatment of benign thyroid nodules: systematic review. *Laryngoscope*. Jan 2014;124(1):346-53. doi:10.1002/lary.24406
- 18. Genon MP, Chin TY, Bedi HS, Blackney MC. Radio-frequency ablation for the treatment of Morton's neuroma. *ANZ J Surg*. Sep 2010;80(9):583-5. doi:10.1111/j.1445-2197.2010.05401.x



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- 19. Hillen TJ, Anchala P, Friedman MV, Jennings JW. Treatment of metastatic posterior vertebral body osseous tumors by using a targeted bipolar radiofrequency ablation device: technical note. *Radiology*. Oct 2014;273(1):261-7. doi:10.1148/radiol.14131664
- 20. Hiraki T, Gobara H, Iguchi T, Fujiwara H, Matsui Y, Kanazawa S. Radiofrequency ablation as treatment for pulmonary metastasis of colorectal cancer. *World J Gastroenterol.* Jan 28 2014;20(4):988-96. doi:10.3748/wjg.v20.i4.988
- 21. Huang WZ, Wu YM, Ye HY, Jiang HM. Comparison of the outcomes of monopolar and bipolar radiofrequency ablation in surgical treatment of atrial fibrillation. *Chin Med Sci J*. Mar 2014;29(1):28-32. doi:10.1016/s1001-9294(14)60020-1
- 22. Huang XM, Hu JQ, Li ZF, et al. Symptomatic sinus tachycardia with perpetuating slow pathway: successful treatment with radiofrequency ablation. *Pacing Clin Electrophysiol*. Oct 2014;37(10):e1-4. doi:10.1111/j.1540-8159.2010.02963.x
- 23. Hughes RJ, Ali K, Jones H, Kendall S, Connell DA. Treatment of Morton's neuroma with alcohol injection under sonographic guidance: follow-up of 101 cases. *AJR Am J Roentgenol*. Jun 2007;188(6):1535-9. doi:10.2214/ajr.06.1463
- 24. Jain S, Mannan K. The diagnosis and management of Morton's neuroma: a literature review. *Foot Ankle Spec*. Aug 2013;6(4):307-17. doi:10.1177/1938640013493464
- 25. Kaufman CS, Bachman B, Littrup PJ, et al. Cryoablation treatment of benign breast lesions with 12-month follow-up. *Am J Surg*. Oct 2004;188(4):340-8. doi:10.1016/j.amjsurg.2004.06.025
- 26. Kim EH, Tanagho YS, Saad NE, Bhayani SB, Figenshau RS. Comparison of laparoscopic and percutaneous cryoablation for treatment of renal masses. *Urology*. May 2014;83(5):1081-7. doi:10.1016/j.urology.2013.10.081
- 27. Moore JL, Rosen R, Cohen J, Rosen B. Radiofrequency thermoneurolysis for the treatment of Morton's neuroma. *J Foot Ankle Surg*. Jan-Feb 2012;51(1):20-2. doi:10.1053/j.jfas.2011.10.007
- 28. Morgan P, Monaghan W, Richards S. A systematic review of ultrasound-guided and nonultrasound-guided therapeutic injections to treat Morton's neuroma. *J Am Podiatr Med Assoc*. Jul 2014;104(4):337-48. doi:10.7547/0003-0538-104.4.337
- 29. Morillo CA, Verma A, Connolly SJ, et al. Radiofrequency ablation vs antiarrhythmic drugs as firstline treatment of paroxysmal atrial fibrillation (RAAFT-2): a randomized trial. *Jama*. Feb 19 2014;311(7):692-700. doi:10.1001/jama.2014.467
- 30. Mulder JD. The causative mechanism in morton's metatarsalgia. *J Bone Joint Surg Br*. Feb 1951;33-b(1):94-5. doi:10.1302/0301-620x.33b1.94



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- 31. Musson RE, Sawhney JS, Lamb L, Wilkinson A, Obaid H. Ultrasound guided alcohol ablation of Morton's neuroma. *Foot Ankle Int*. Mar 2012;33(3):196-201. doi:10.3113/fai.2012.0196
- 32. Pasquali C, Vulcano E, Novario R, Varotto D, Montoli C, Volpe A. Ultrasound-guided alcohol injection for Morton's neuroma. *Foot Ankle Int*. Jan 2015;36(1):55-9. doi:10.1177/1071100714551386
- 33. Perini L, Perini C, Tagliapietra M, et al. Percutaneous alcohol injection under sonographic guidance in Morton's neuroma: follow-up in 220 treated lesions. *Radiol Med.* Jul 2016;121(7):597-604. doi:10.1007/s11547-016-0622-9
- 34. Prologo JD, Passalacqua M, Patel I, Bohnert N, Corn DJ. Image-guided cryoablation for the treatment of painful musculoskeletal metastatic disease: a single-center experience. *Skeletal Radiol*. Nov 2014;43(11):1551-9. doi:10.1007/s00256-014-1939-x
- 35. Rajput K, Reddy S, Shankar H. Painful neuromas. *Clin J Pain*. Sep 2012;28(7):639-45. doi:10.1097/AJP.0b013e31823d30a2
- 36. Rodriguez-Entem FJ, Expósito V, Gonzalez-Enriquez S, Olalla-Antolin JJ. Cryoablation versus radiofrequency ablation for the treatment of atrioventricular nodal reentrant tachycardia: results of a prospective randomized study. *J Interv Card Electrophysiol*. Jan 2013;36(1):41-5; discussion 45. doi:10.1007/s10840-012-9732-z
- 37. The Association of Extremity Nerve Surgeons Clinical Practice Guidelines v. 2.0. 2020. Accessed May 8, 2023.
- Thomas JL, Blitch ELt, Chaney DM, et al. Diagnosis and treatment of forefoot disorders. Section
 Morton's intermetatarsal neuroma. *J Foot Ankle Surg*. Mar-Apr 2009;48(2):251-6.
 doi:10.1053/j.jfas.2008.12.005
- 39. Thomson CE, Gibson JN, Martin D. Interventions for the treatment of Morton's neuroma. *Cochrane Database Syst Rev.* 2004;2004(3):Cd003118. doi:10.1002/14651858.CD003118.pub2
- 40. Wang X, Wang X, Song Y, Hu S, Wang W. Efficiency of radiofrequency ablation for surgical treatment of chronic atrial fibrillation in rheumatic valvular disease. *Int J Cardiol.* Jul 1 2014;174(3):497-502. doi:10.1016/j.ijcard.2014.03.153
- 41. Wu KK. Morton's interdigital neuroma: a clinical review of its etiology, treatment, and results. *J Foot Ankle Surg*. Mar-Apr 1996;35(2):112-9; discussion 187-8. doi:10.1016/s1067-2516(96)80027-5
- 42. Yamauchi Y, Izumi Y, Hashimoto K, et al. Percutaneous cryoablation for the treatment of medically inoperable stage I non-small cell lung cancer. *PLoS One*. 2012;7(3):e33223. doi:10.1371/journal.pone.0033223



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Coding:

CPT: 64632, 64640, 0441T

<u>History</u> :	Date:	<u>Activity</u> :	
Medical Policy Panel	08/06/24	Review with no revisions	
Medical Policy Panel	08/01/23	Review with revisions	
Medical Policy Panel	08/02/22	Approved guideline (Effective 9/19/22)	
Medical Director (Dr. Deering)	06/13/22	Development	

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.



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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 <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>, 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 hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. 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 أسنلة بخصوص Blue Cross Blue Shield of Arizona، قلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة ,للتحدث مع مترجم اتصل ب .877-475-479



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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:

٤، ٤سهه، بر سو فذيعه\$ وەنىغەمە، بىمكەمەر، ئىمكەمەر، تىمكەمەر تەمقة تەم Alue Cross Blue Shield of Arizona ، 1. اەخلاغ ەھەۋختەم4 تىكىنەمەر مۇبدىمە. كەھرەمىد ئىبر سو ھملارلىدىغ، مەت بىلەن مۇلىغى، ھىنىغ 479-475-877.

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 ของคณไดโดยไมมคาใช่จาย พดคยกบลาม โทร 877-475-4799