BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

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DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME

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 7as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline 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.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Definitions:

Adult:
Individual 18 years of age or older.

Child:
Individual under 18 years of age.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Definitions: (cont.)

Obstructive Sleep Apnea (OSA) Syndrome:
OSA Syndrome is characterized by repetitive episodes of upper airway obstruction that occurs during sleep due to collapse of the upper airway. It is usually associated with a reduction in blood oxygen saturation.

Upper Airway Resistance Syndrome (UARS):
A variant of OSA that is characterized by a partial collapse of the airway resulting in increased resistance to airflow. The increased respiratory effort is associated with multiple sleep fragmentations, as measured by very short alpha electroencephalographic (EEG) arousals (Respiratory Event Related Arousals [RERAs]).

Medical Management of OSAS:
Proposed treatments for adults may include weight loss, avoidance of stimulants, body position adjustment, oral appliances and various types of positive pressure therapy (i.e., fixed continuous positive airway pressure [CPAP], bi-level positive airway pressure [BPAP] or auto-adjusting continuous positive airway pressure [APAP, also referred to as auto-adjusting CPAP] or expiratory positive airway pressure [EPAP e.g., Provent® Therapy]) or negative pressure therapy known as oral pressure therapy (OPT e.g., Winx® System). Oral appliances can be categorized as mandibular advancing/positioning devices, tongue fixation devices, night guards, occlusal orthotic devices and occlusal guards/splints. **Oral surgical splints are used postoperatively and are custom made by the surgeon. Appliances are custom made by a laboratory or similar provider.**

For most children, surgery (adenotonsillectomy) is the first-line treatment for OSAS.

Apneic-Hypopneic Index (AHI):
The number of episodes of apnea and hypopnea per hour of sleep as recorded by a polysomnography. The polysomnography must be performed by a certified sleep laboratory, either in an overnight laboratory or home setting, and reviewed by a certified practitioner and BCBSAZ eligible provider. AHI may also be referred to as respiratory disturbance index (RDI).

Excessive Daytime Sleepiness:
A condition evidenced in adults by an Epworth Sleepiness Scale greater than 10, inappropriate daytime napping (e.g., during driving or eating), or sleepiness that interferes with daily activities and is not explained by other conditions. In a child, it may be expressed as learning difficulties or other daytime neurobehavioral problems.

Respiratory Disturbance Index (RDI):
The number of episodes of apnea and hypopnea per hour of sleep as recorded by a polysomnography. The polysomnography must be performed by a certified sleep laboratory, either in an overnight laboratory or home setting, and reviewed by a certified practitioner and BCBSAZ eligible provider. RDI may also be referred to as apneic-hypopneic index (AHI). RDI may be defined as the number of apneas, hypopneas and Respiratory Event Related Arousals (RERAs) per hour of sleep.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Definitions: (cont.)

Respiratory Event Index (REI):
The number of events per hour of monitoring time. Used as an alternative to AHI or RDI in home sleep studies when actual sleep time from EEG is not available.

Respiratory Event Related Arousals (RERAs):
Increased respiratory effort associated with multiple sleep fragmentations as measured by very short alpha electroencephalographic (EEG) arousals. The resistance to airflow is usually subtle and does not result in score-able apneic or hypopneic episodes. RERAs are scored if there is a sequence of breaths lasting at least 10 seconds characterized by increasing respiratory effort or flattening of the nasal pressure waveform leading to an arousal from sleep when the sequence of breaths does not meet criteria for apnea or hypopnea.

Attended Sleep Study:
A supervised, in-laboratory polysomnography (PSG) is considered the gold standard diagnostic test for sleep-related breathing disorders. During PSG, the individual sleeps while connected to a variety of monitoring devices that record physiologic variables. A technician ensures the electrodes and sensors are functioning adequately and do not dislodge during the night.

Split-Night Study:
A split-night study is an attended, in-laboratory PSG done on the same night. The diagnosis of OSA is established during the first portion of the study followed by continuous positive airway pressure (CPAP) titration during the second portion. This study can eliminate the need for a second study to titrate CPAP.

Unattended Sleep Study:
An unsupervised, portable monitoring, home sleep study that is also referred to as home sleep apnea testing (HSAT) or out-of-center sleep testing. It is performed at home without a technician in attendance. This testing has evolved as an alternative to an attended, in-laboratory PSG in selected individuals.

Abbreviated daytime sleep study (PAP-NAP)
A daytime, abbreviated sleep study for individuals who experience complex insomnia/anxiety or intolerance about starting PAP therapy. The test combines psychological and physiological treatments into one procedure and includes mask and pressure desensitization, emotion-focused therapy to overcome aversive emotional reactions, mental imagery to divert the individual's attention from mask or pressure sensations and physiological exposure to PAP therapy during a 100-minute nap period.

Multiple Sleep Latency Testing (MSLT)
The MSLT is an objective measure of the tendency to fall asleep in the absence of alerting factors. It is used in the evaluation of individuals with suspected narcolepsy to confirm the diagnosis (often characterized by cataplexy, sleep paralysis, and hypnagogic/hypnopompic hallucinations) or to differentiate between suspected idiopathic hypersomnia and narcolepsy.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Definitions, Clinically Significant:

Clinically Significant Upper Airway Resistance Syndrome (UARS):
UARS is considered clinically significant with greater than or equal to 10 episodes of electroencephalogram (EEG) arousal per hour of sleep in association with negative intrathoracic pressures.

Clinically Significant Obstructive Sleep Apnea (OSA) Syndrome:
OSAS is considered clinically significant for an **adult** with the following:

- AHI or RDI of 15 or more **OR**
- AHI or RDI between 5 and 14 with **ANY** of the following associated symptoms: excessive daytime sleepiness, history of stroke, hypertension, impaired cognition, insomnia, ischemic heart disease, Mood disorders

OSAS is considered clinically significant for a **child** with the following:

- AHI or RDI of 5 or more **OR**
- AHI or RDI between 1.5 and 4 with **ANY** of the following associated symptoms: behavioral problems, excessive daytime sleepiness, or hyperactivity

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Criteria:

For actigraphy performed as part of a home sleep study, see BCBSAZ Medical Coverage Guideline #O501, *"Actigraphy".*

For implantable neurostimulator for the treatment of central sleep apnea, see BCBSAZ Medical Coverage Guideline #O968, *"Implantable Neurostimulator for the Treatment of Central Sleep Apnea*".

For polysomnography for non-respiratory sleep disorders, see BCBSAZ Medical Coverage Guideline #O964, *"Polysomnography for Non-Respiratory Sleep Disorders"*.

For surgical treatment of snoring and obstructive sleep apnea syndrome, see BCBSAZ Medical Coverage Guideline #O781*, "Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome".*

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Diagnosis of OSA

Attended Sleep Studies:

- Attended (supervised) polysomnography sleep studies performed in a sleep laboratory is considered ***medically necessary*** in individuals with moderate/ high pretest probability of OSA with documentation of **ONE** of the following:

  - Habitual snoring, or gasping/choking episodes associated with awakenings
  - Observed apneas
  - Excessive daytime sleepiness evidenced by an Epworth Sleepiness Scale greater than 10, inappropriate daytime napping (e.g., during driving, conversation, or eating), or sleepiness that interferes with daily activities and is not explained by other conditions, (this may be expressed as learning difficulties or other daytime neurobehavioral problems in children)
  - Obesity, defined as a body mass index (BMI) greater than 35 kg/m2 in adults or greater than the 90th percentile for the weight/height ratio in children
  - Unexplained hypertension
  - Craniofacial or upper airway soft tissue abnormalities, including adenotonsillar hypertrophy

  AND documentation of **ANY** of the following:

  - Age < 18
  - Criteria for unattended home sleep study are not met
  - A previous home study failed to establish the diagnosis of OSA in individual with a high pretest probability of OSA
  - Previous home study was technically inadequate
  - Failure of resolution of symptoms or recurrence of symptoms during treatment
  - When testing is done to rule out other sleep disorders such as central sleep apnea, parasomnias, or narcolepsy.
  - Presence of a co-morbidity that might alter ventilation or decrease the accuracy of a home sleep study, including, but not limited to heart failure, neuromuscular disease, chronic pulmonary disease, or obesity hypoventilation syndrome.

- A split-night study is considered ***medically necessary*** for an adult with documentation of **ANY** of the following:

  1. It is the initial PSG request for an adult who meets the above criteria for attended (supervised) PSG
  2. A previous home study failed to establish the diagnosis of OSA in individual with a high pretest probability of OSA
  3. A previous home study was technically inadequate

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Diagnosis of OSA (cont.)

Attended Sleep Studies: (cont.)

- A repeated attended (supervised) sleep study performed in a sleep laboratory is considered ***medically necessary*** in individuals who meet the criteria for attended (supervised) PSG with documentation of **ANY** of the following circumstances:

  1. To initiate and titrate CPAP in adults with clinically significant[1] OSAS as documented by **ONE** of the following:

     - An AHI or RDI of at least 15 per hour
     - An AHI or RDI of at least 5 per hour with excessive daytime sleepiness or unexplained hypertension

  2. To initiate and titrate CPAP in children with clinically significant[1] OSAS as documented by **ONE** of the following:

     - An AHI or RDI of 5 or more
     - An AHI or RDI of 1.5 or more per hour with excessive daytime sleepiness, behavioral problems or hyperactivity

  3. Failure of resolution of symptoms or recurrence of symptoms during treatment
  4. To assess efficacy of surgery (including adenotonsillectomy) or oral appliances/devices
  5. When a split-night study is not able to conduct CPAP titration for more than 3 hours **AND** CPAP has not been documented to eliminate or nearly eliminate respiratory events during REM and NREM sleep including during supine REM sleep, then a second full night PSG should be performed for titration of CPAP.

- Attended (supervised) polysomnography performed in a sleep laboratory for all other indications not previously listed or if above criteria not met for individuals who are considered at low to moderate risk for OSA or UARS are considered ***not medically necessary*** based upon insufficient evidence to support improvement of the net health outcome.

[1] refer to Definitions, Clinically Significant section

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Diagnosis of OSA (cont.)

Unattended Sleep Studies:

- A single unattended (unsupervised) home sleep study with a minimum of 4 recording channels (including oxygen saturation, respiratory movements, airflow and EKG or heart rate) is considered ***medically necessary*** in adults with documentation of **ALL** of the following:

  1. At high risk for OSA or UARS as documented by **ONE** of the following:

     - Body mass index greater than 35kg/m²
     - Excessive daytime sleepiness evidenced by an Epworth Sleepiness Scale greater than 10, inappropriate daytime napping (e.g., during driving, conversation, or eating), or sleepiness that interferes with daily activities and is not explained by other conditions
     - Habitual snoring, or gasping/choking episodes associated with awakenings
     - Observed apneas

  2. No evidence by history and physical examination of a health condition that might alter ventilation or require alternative treatment to include, *but not limited to*, **ANY** of the following:

     - Central sleep apnea
     - Chronic pulmonary disease
     - Heart failure
     - Narcolepsy
     - Neuromuscular disorders with sleep-related symptoms
     - Obesity hypoventilation syndrome
     - Parasomnias

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Diagnosis of OSA (cont.)

Unattended Sleep Studies: (cont.)

- A repeated unattended (unsupervised) home sleep study with a minimum of four recording channels (including oxygen saturation, respiratory movement, airflow and EKG/ heart rate) is considered ***medically necessary*** in adults with documentation of **ANY** of the following:

  1. To assess efficacy of surgery or oral appliances/devices
  2. To re-evaluate the diagnosis of OSA or URAS and need for continued CPAP, e.g., if there is a significant change in weight or change in symptoms suggesting that CPAP should be retitrated or possibly discontinued.

- Unattended sleep studies performed in the home setting for all other indications not previously listed or if above criteria not met for individuals who are considered at low to moderate risk for OSAS or UARS are considered ***not medically necessary*** based upon insufficient evidence to support improvement of the net health outcome.

- Unattended (unsupervised) sleep studies in children are considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Abbreviated Daytime Sleep Study (PAP-NAP):

- Abbreviated daytime sleep study (PAP-NAP) as a supplement to standard sleep studies is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Multiple Sleep Latency Testing:

- Multiple sleep latency testing in the diagnosis of OSAS or UARS is considered ***not medically necessary*** based upon insufficient evidence to support improvement of the net health outcome.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Medical Management of OSA:

Auto-Adjusting Positive Airway Pressure (APAP):

- APAP for the treatment of clinically significant OSAS **or** clinically significant[1] UARS in an adult who has failed a prior trial of CPAP **or** for whom APAP is found to be more effective in the sleep lab is considered ***medically necessary*** with documentation of **ANY** of the following:

  1. An AHI, RDI, or REI of at least 15 events per hour
  2. An AHI, RDI, or REI of at least 5 events per hour with excessive daytime sleepiness or unexplained hypertension
  3. Significant change in weight or change in symptoms suggesting that CPAP should be retitrated or possibly discontinued.

Bilevel Positive Airway Pressure (BPAP):

- BPAP for the treatment of clinically significant OSAS **or** clinically significant[1] UARS in an individual who has failed a prior trial of CPAP **or** for whom BPAP is found to be more effective in the sleep lab is considered ***medically necessary***.

Continuous Positive Airway Pressure (CPAP):

- CPAP for the treatment of clinically significant OSAS **or** clinically significant[1] UARS in an adult is considered ***medically necessary***.

- CPAP for the treatment of clinically significant OSAS **or** clinically significant[1] UARS in a child is considered ***medically necessary*** with documentation of **ONE** of the following:

  1. Child is not a surgical candidate for adenotonsillectomy
  2. Child has had an inadequate response to adenotonsillectomy surgery

[1] refer to Definitions, Clinically Significant section

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Medical Management of OSA (cont.)

Nasal Expiratory Positive Airway Pressure (EPAP) and Oral Pressure Therapy (OPT):

- Nasal EPAP and OPT for the treatment of OSAS or snoring with the following devices is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

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

  - Provent Therapy
  - Winx System

Oral Appliances:

- Custom made oral appliance for the treatment of OSAS **or** UARS in an adult is considered ***medically necessary*** with documentation of **ALL** of the following:

  1. OSA, defined by an AHI, RDI, or REI of at least 15 events per hour or an AHI, RDI, or REI of at least 5 events per hour with excessive daytime sleepiness or unexplained hypertension, **AND**
  2. A trial with CPAP has failed or is contraindicated, **AND**
  3. The device is prescribed by a treating physician, **AND**
  4. The device is custom-fitted by qualified dental personnel, **AND**
  5. There is absence of temporomandibular dysfunction or periodontal disease

- Custom made oral appliance for the treatment of OSAS **or** UARS in a child is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Medical Management of OSA (cont.)

Oral Appliances: (cont.)

- Requests for more than **ONE** oral appliance within a 6 month period for the treatment of OSAS **or** UARS in an adult will be reviewed by the medical director(s) and/or dental coordinator.

- The following treatments for OSAS or UARS in an adult are considered ***not medically necessary*** based upon the procedure being inconsistent with the diagnosis submitted:

    1. More than one oral appliance within a 6 month period for the treatment of OSAS or UARS when polysommnography indicates less than 5 episodes of apnea per hour during sleep
    2. More than one oral appliance within a 6 month period for the treatment of OSAS or UARS that is of central nervous system origin
    3. Oral appliance for all other indications not previously listed

Oral Surgical Splints:

Requests for an oral surgical splint will be reviewed by the medical director(s) and/or dental coordinator.

- Oral surgical splint for the treatment of clinically significant OSAS **or** clinically significant[1] UARS in an adult is considered ***medically necessary*** with documentation that the splint is fabricated by the surgeon and used in association with surgical treatment.

- Oral surgical splint for the treatment of OSAS **or** UARS in a child is considered ***experimental or investigational*** based upon:

    1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
    2. Insufficient evidence to support improvement of the net health outcome, and
    3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

- Oral surgical splints that are not custom made by a surgeon and not used postoperatively are considered ***not medically necessary*** based upon the procedure being inconsistent with the diagnosis submitted.

[1] refer to Definitions, Clinically Significant section

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Criteria: (cont.)

Medical Management of OSA (cont.)

Palate and Mandible Expansion Devices:

- Palate and mandible expansion devices for the treatment of OSAS or UARS is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Treatment of Snoring:

- Treatment of snoring is considered ***not medically necessary*** (simple snoring in the absence of documented OSAS is not considered a medical condition). These treatments include, *but are not limited to:*

  1. APAP
  2. CPAP
  3. Nasal appliances
  4. Oral appliances, i.e., mandibular advancing/positioning devices, palate or mandible expansion devices, tongue fixation devices, night guards, occlusal orthotic devices and occlusal guards/splints
  5. Oral surgical splints

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (cont.)

Resources:

Literature reviewed 09/12/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 06/19/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 2.01.18 BCBS Association Medical Policy Reference Manual. Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome. Re-issue date 06/14/2018, issue date 11/30/1996.

2. Marcus CL, Beck SE, Traylor J, et al. Randomized, double-blind clinical trial of two different modes of positive airway pressure therapy on adherence and efficacy in children. *J Clin Sleep Med.* Feb 15 2012;8(1):37-42.

3. Marcus CL, Moore RH, Rosen CL, et al. A randomized trial of adenotonsillectomy for childhood sleep apnea. *N Engl J Med.* 06/20/2013 2013.

4. Marcus CL, Rosen G, Ward SL, et al. Adherence to and effectiveness of positive airway pressure therapy in children with obstructive sleep apnea. *Pediatrics.* Mar 2006;117(3):e442-451.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (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 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 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.

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA SYNDROME (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:
ܐ ܫܟܚ، ܡ ܣ ܩܛܝܩܐ ܕܡܝܢ ܐܢܬ، ܫܟܚ، ܫܐܠܬܐ ܕܥܠ Blue Cross Blue Shield of Arizona، ܫܟܚ، ܫܐܠܬܐ، ܫܐܠܬܐ، ܫܟܚ، ܫܐܠܬܐ ܕܥܠ
ܫܐܠܬܐ ܫܐܠܬܐ ܕܥܠ ܫܐܠܬܐ ܕܥܠ ܫܐܠܬܐ. ܫܐܠܬܐ ܕܥܠ ܣ ܫܐܠܬܐ، ܫܐ ܫܟܚ، ܟܠ ܫܟܚ، ܫܐܠ 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