BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY

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

Until 2017 renewal, this Medical Coverage Guideline is applicable for the following employer and group products:

- EverydayHealth PPO – Statewide PPO Network and EverydayHealth PPO – Alliance Network
- Portfolio PPO – Statewide PPO Network and Portfolio PPO – Alliance Network
- Essential PPO – Statewide PPO Network and Essential PPO – Alliance Network

Upon 2017 renewal for employer and group products listed above, refer to specific benefit plan booklets for bariatric surgery coverage.

For the following individual and family products, refer to benefit plan booklet for coverage:

- EverydayHealth HMO – Neighborhood Network
- Portfolio HSA HMO – Neighborhood Network and Portfolio HMO – Neighborhood Network
- SimpleHealth HMO – Neighborhood Network
- TrueHealth – Neighborhood Network

For all other products, see BCBSAZ Medical Coverage Guideline #O218, “Bariatric Surgery and Other Invasive Treatments for Obesity”.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as 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.

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BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Description:
Bariatric surgery, also referred to as surgery for morbid obesity, includes gastric-restrictive procedures and malabsorptive procedures. Bariatric surgery may be considered when dietary and lifestyle changes are not effective in reducing morbidly obese individuals to a healthy weight.

Bariatric surgery also includes any revisions to an eligible bariatric surgical procedure.
Bariatric surgery also includes any conversions from one type of eligible bariatric procedure to a different eligible bariatric procedure.

Gastric Restrictive Procedures:
Procedures which restrict the sized of the stomach to produce early satiety (fullness) thus decreasing dietary intake and resulting in weight loss. These procedures also may include an element of a malabsorption.

1. Adjustable Gastric Banding:
A hollow band is placed around the exterior of the upper end of the stomach. This creates a pouch and a narrow passage into the larger remainder of the stomach. The band is then inflated with a saline solution. It can be tightened or loosened over time to change the size of the passage by increasing or decreasing the amount of saline solution. Lap-Band® and Realize™ Band are FDA-approved adjustable gastric banding systems.

2. Endoscopic Procedures:
Endoscopic procedures, also referred to as endoluminal, transoral or natural orifice bariatric procedures, access the relevant anatomical structures through the mouth without skin incisions. Endoscopic techniques are being investigated for primary and revision bariatric procedures to reduce the risks associated with open and laparoscopic interventions. Endoluminal bariatric procedures being investigated include gastroplasty using a transoral endoscopically guided stapler and placement of devices such as a duodenal-jejunal sleeve and gastric balloon. The EndoGastric StomaphyX™ endoluminal fastener and delivery system has been FDA-approved. The Transoral Gastroplasty (TOGA®) System, which uses endoscopically guided stapler, is currently undergoing clinical trials and has not received FDA approval.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Description: (cont.)

Gastric Restrictive Procedures: (cont.)

The Gastric Bubble (Garren Edwards Procedure) is a balloon device that was approved by the FDA in 1985 but was only marketed for 3 years due to adverse effects. The FDA PMA was voluntarily withdrawn in 1992. Gastric balloon devices are being used in Canada and Mexico but there are no gastric balloons devices that are currently FDA approved in the U.S.

3. Gastric Bypass:
Gastric bypass procedures may be performed with either an open or laparoscopic technique and involve both a restrictive and a malabsorptive component. A horizontal or vertical partition of the stomach is performed using a Roux-en-Y surgical technique, (i.e., a gastrojejunal anastomosis). The flow of food then bypasses the duodenum and proximal small bowel, reducing the amount of calories and nutrients absorbed by the body. The procedure may also be associated with an unpleasant “dumping syndrome,” in which a large osmotic load delivered directly to the jejunum from the stomach produces abdominal pain and/or vomiting.

4. Gastric Wrap:
The stomach is folded over on itself, and then wrapped with a customized mesh, sometimes in conjunction with another procedure, to help treat reflux. Gastric wraps as stand-alone procedures for obesity are being investigated in Europe.

5. Laparoscopic Gastric Plication:
Involves placement of sutures over the greater curvature or anterior gastric region to create a tube-like stomach. The procedure involves 2 main steps, mobilization of the greater curvature of the stomach and suture plication of the stomach for achieving gastric restriction, but specifics of the technique are not standardized.

6. Mini Gastric Bypass:
Variation of a laparoscopic gastric bypass, but instead of creating a Roux-en-Y anastomosis, the jejunum is anastomosed directly to the stomach, similar to a Billroth II procedure.

7. Silastic Ring Gastroplasty:
Similar to adjustable gastric banding except ring is not adjustable. Synthetic ring is placed above the anastomosis between the pouch and the rerouted small intestine to prevent the opening from stretching over time. Used as an adjunct to Roux-en-Y.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

**Description:** (cont.)

**Gastric Restrictive Procedures:** (cont.)

8. **Sleeve Gastrectomy:**
   The greater curvature of the stomach is resected, resulting in a stomach remnant shaped like a tube or sleeve. The pyloric sphincter is preserved, resulting in a more physiologic transit of food from the stomach to the duodenum and avoiding the dumping syndrome. May be performed as a sole procedure or as the first stage of a biliopancreatic bypass with duodenal switch. Sleeve gastrectomy, also be referred to as longitudinal gastrectomy, may be performed with either an open or laparoscopic technique.

9. **Vertical Banded Gastroplasty:**
   The stomach is segmented along its vertical axis. To create a durable reinforced and rate-limiting stoma at the distal end of the pouch, a plug of stomach is removed, and a propylene collar is placed through this hole and then stapled to itself. This procedure may also be referred to as gastric partition or gastric stapling.

**Malabsorptive Procedures:**

Procedures which produce weight loss due to malabsorption by altering the normal transit of ingested food through the gastrointestinal tract. These procedures also may include an element of a restrictive surgery based on the size of the stomach pouch.

1. **Biliopancreatic Bypass or Diversion:**
   Also known as the Scopinaro procedure. Portions of the stomach are removed (subtotal gastrectomy) leaving a small pouch. This pouch is connected directly to the distal ileum using a long Roux-en-Y procedure, completely bypassing the duodenum and jejunum.

2. **Biliopancreatic Bypass with Duodenal Switch:**
   A variant of the biliopancreatic bypass. Instead of a subtotal gastrectomy, a “sleeve” gastrectomy is performed along the vertical axis of the stomach. This preserves the pylorus and initial segment of the duodenum, which is then anastomosed to a segment of the ileum.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Description: (cont.)

Malabsorptive Procedures: (cont.)

3. **Long Limb Gastric Bypass:**
   A variation of a gastric bypass procedure, in which long alimentary limb (>150 cm) permits absorption of most nutrients and a short common limb primarily limits absorption of fats. The stomach may be bypassed in a variety of ways, either by resection or stapling along the horizontal or vertical axis. Unlike the traditional gastric bypass, which is essentially a gastric restrictive procedure, these very long-limb Roux-en-Y gastric bypasses combine gastric restriction with some element of malabsorptive procedure, depending on the location of the anastomoses, Also be referred to as a jejuno-ilioal bypass.

4. **Single Anastomosis Duodeno-Ileal Bypass with Sleeve Gastrectomy:**
   A type of bariatric surgery based on the biliopancreatic diversion in which a sleeve gastrectomy is followed by an end-to-end duodenoileal diversion. It has a restrictive component when reducing the greater curvature of the stomach, but especially a malabsorptive component, as the common channel is also reduced. The objective of this surgical technique is to lessen the intestinal loop where nutrients are absorbed.

Other Invasive Procedures:
Gastric electrical stimulation (GES) is performed using a neurostimulator that is implanted under the skin in the abdominal area, two intramuscular leads, and an external programmer that is used to adjust the settings of the neurostimulator. The neurostimulator delivers timed electrical impulses to the gastric muscles. May also be known as gastric pacing. GES has been investigated for the treatment of obesity.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria:

COVERAGE FOR BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER’S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

For vagus nerve stimulation for treatment of obesity, see BCBSAZ Medical Coverage Guideline #O351, “Vagus Nerve Stimulation”.

A. **Bariatric Surgery:**

➢ Bariatric surgery for the treatment of morbid obesity in adults is considered *medically necessary* with documentation of **ALL** of the following:

1. The surgical procedure is **ONE** of the following **eligible** procedures:
   - Laparoscopic adjustable gastric banding
   - Laparoscopic and open roux-en-y gastric bypass
   - Laparoscopic and open biliopancreatic diversion with duodenal switch

Body Mass Index (BMI)\(^1\) of 35 or greater with at least **ONE** comorbidity related to obesity:

Comorbid conditions include, *but are not limited to*:

- Cardiovascular disease
- Coronary artery disease
- Degenerative joint disease of weight bearing joints
- Diabetes mellitus
- Documented sleep apnea
- Pseudotumor cerebri
- Gastroesophageal reflux disease (GERD) not responsive to other treatment
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

A. Bariatric Surgery: (cont.)

➢ Bariatric surgery for the treatment of morbid obesity in adults is considered medically necessary with documentation of ALL of the following: (cont.)

2. Age 18 years or older, or have reached full expected skeletal growth
3. Previously unsuccessful with medical treatment for obesity as documented by ALL of the following:
   ▪ Active participation within the last two years in one physician-supervised weight-management program for a minimum of six months without significant gaps
   ▪ Weight management program must include monthly documentation of the following:
     - Weight
     - Current dietary program
     - Physical activity (e.g., exercise program)

➢ The following bariatric surgeries are considered a benefit plan exclusion and not eligible for coverage:

1. Laparoscopic and open vertical banded gastroplasty
2. Laparoscopic and open sleeve gastrectomy
3. Open adjustable gastric banding

➢ If treatment was directly paid or covered by another plan, adjustments for medically necessary laparoscopic gastric banding are eligible for coverage.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

A. Bariatric Surgery: (cont.)

- Bariatric surgery for all other indications not previously listed or if above criteria not met 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, and
  4. Insufficient evidence to support improvement outside the investigational setting.

These indications include, but are not limited to:

  - Treatment of morbid obesity in individuals with Crohn’s Disease

- All other invasive procedures for the treatment for obesity are considered experimental or investigational based upon:

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

These procedures include, but are not limited to:

  - Gastric electrical stimulation (GES).

¹ Refer to the BMI Index Table in this guideline
## BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY

(Cont.)

**Criteria:** (Cont.)

A. **Bariatric Surgery:** (Cont.)

### BMI INDEX TABLE

| Height | 35  | 36  | 37  | 38  | 39  | 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  | 49  | 50  | 51  | 52  | 53  | 54  |
|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 4'10"  | 167 | 172 | 177 | 181 | 186 | 191 | 196 | 201 | 205 | 210 | 215 | 220 | 224 | 229 | 234 | 239 | 244 | 248 | 253 |
| 4'11"  | 173 | 178 | 183 | 188 | 193 | 198 | 203 | 208 | 212 | 217 | 222 | 227 | 232 | 237 | 242 | 247 | 252 | 257 | 262 |
| 5'     | 179 | 184 | 189 | 194 | 199 | 204 | 209 | 215 | 220 | 225 | 230 | 235 | 240 | 245 | 250 | 255 | 260 | 265 | 270 |
| 5'1"   | 185 | 190 | 195 | 201 | 206 | 211 | 217 | 222 | 227 | 232 | 238 | 243 | 248 | 254 | 259 | 264 | 269 | 275 | 280 |
| 5'2"   | 191 | 196 | 202 | 207 | 213 | 218 | 224 | 229 | 235 | 240 | 246 | 251 | 256 | 262 | 267 | 273 | 278 | 284 | 289 |
| 5'3"   | 197 | 203 | 208 | 214 | 220 | 225 | 231 | 237 | 242 | 248 | 254 | 259 | 265 | 270 | 276 | 282 | 287 | 293 | 299 |
| 5'4"   | 204 | 209 | 215 | 221 | 227 | 232 | 238 | 244 | 250 | 256 | 262 | 267 | 273 | 279 | 285 | 291 | 296 | 302 | 308 |
| 5'5"   | 210 | 216 | 222 | 228 | 234 | 240 | 246 | 252 | 258 | 264 | 270 | 276 | 282 | 288 | 294 | 300 | 306 | 312 | 318 |
| 5'6"   | 216 | 223 | 229 | 235 | 241 | 247 | 253 | 260 | 266 | 272 | 278 | 284 | 291 | 297 | 303 | 309 | 315 | 322 | 328 |
| 5'7"   | 223 | 230 | 236 | 242 | 249 | 255 | 261 | 268 | 274 | 280 | 287 | 293 | 299 | 305 | 312 | 318 | 325 | 331 | 338 |
| 5'8"   | 230 | 236 | 243 | 249 | 256 | 262 | 269 | 276 | 282 | 289 | 295 | 302 | 308 | 315 | 322 | 328 | 335 | 341 | 348 |
| 5'9"   | 236 | 243 | 250 | 257 | 263 | 270 | 277 | 284 | 291 | 297 | 304 | 311 | 318 | 324 | 331 | 338 | 345 | 351 | 358 |
| 5'10"  | 243 | 250 | 257 | 264 | 271 | 278 | 285 | 292 | 299 | 306 | 313 | 320 | 327 | 334 | 341 | 348 | 355 | 362 | 369 |
| 5'11"  | 250 | 257 | 265 | 272 | 279 | 286 | 293 | 301 | 308 | 315 | 322 | 329 | 336 | 343 | 351 | 358 | 365 | 372 | 379 |
| 6'     | 258 | 265 | 272 | 279 | 287 | 294 | 302 | 309 | 316 | 324 | 331 | 338 | 345 | 353 | 361 | 368 | 375 | 383 | 390 |
| 6'1"   | 265 | 272 | 280 | 288 | 295 | 302 | 310 | 318 | 325 | 333 | 340 | 348 | 355 | 363 | 371 | 378 | 386 | 393 | 401 |
| 6'2"   | 272 | 280 | 287 | 295 | 303 | 311 | 319 | 326 | 334 | 342 | 350 | 358 | 366 | 374 | 382 | 389 | 397 | 405 | 413 |
| 6'3"   | 279 | 287 | 295 | 303 | 311 | 319 | 327 | 335 | 343 | 351 | 359 | 367 | 375 | 383 | 391 | 399 | 407 | 415 | 423 |
| 6'4"   | 287 | 295 | 304 | 312 | 320 | 328 | 336 | 344 | 353 | 361 | 369 | 377 | 385 | 394 | 402 | 410 | 418 | 426 | 435 |

2 BMI is defined as body weight (in kg) divided by height (in m²)
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

B. Revisions to Bariatric Surgical Procedures:

➢ Revisions to an eligible bariatric surgical procedure are considered medically necessary with documentation of ANY of the following conditions:

1. Anastomosis, leak at site
2. Anastomosis, marginal ulceration at site
3. Band erosion
4. External band slippage
5. Dehiscence/disruption of staple line
6. Disruption of operative wound
7. “Dumping” syndrome, severe
8. Esophageal dilatation, symptomatic
9. Esophagitis confirmed on endoscopy or biopsy
10. Failed weight loss with weight regain due to stomal (pouch) dilation
11. Failed weight loss with esophageal dilatation
12. Gastroesophageal Reflux Disease (GERD), severe
13. Acute gastric or esophageal hemorrhage or hematoma complicating a procedure
14. Chronic gastric or esophageal hemorrhage
15. Intractable vomiting
16. Post-gastric surgery syndromes, e.g., post-gastrectomy syndrome, post-vagotomy syndrome
17. Pouch enlargement documented by endoscopy that is not the result of diet non-compliance
18. Stomal stenosis or dilatation documented by endoscopy
19. Stricture(s) not amenable to balloon dilatation
20. Unspecified and other post-surgical non-absorption, e.g., diarrhea following gastrointestinal surgery
21. Weight loss of 20% or more below the ideal body weight (based upon the 1999 Metropolitan Life Height & Weight tables for men/women)

➢ Revisions to any bariatric surgical procedure currently considered experimental or investigational are considered a complication of a non-covered service and not eligible for coverage.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(cont.)

Criteria: (cont.)

B. Revisions to Bariatric Surgical Procedures: (cont.)

➢ Endoscopic endoluminal, or transoral procedures to revise any bariatric surgical procedure 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, and
4. Insufficient evidence to support improvement outside the investigational setting.

C. Second Bariatric Surgery:

➢ Second bariatric surgical procedures are considered medically necessary if current BCBSAZ guidelines for bariatric surgery are met. (See Criteria section, part A)

D. Postoperative Services:

➢ Postoperative office visits, laboratory tests and/or diagnostic studies related to the diagnosis of obesity and following an eligible bariatric surgery, may be considered eligible for coverage for the following:

1. To monitor metabolic and/or nutritional status, and/or,
2. To evaluate for surgical complications, and/or,
3. To assess the adjustable LAP-BAND® system and provide necessary adjustments

➢ Postoperative procedures such as panniculectomy or abdominoplasty that may be performed subsequent to the weight loss are considered cosmetic and not eligible for coverage unless the procedures meet medical necessity criteria currently applicable. Refer to BCBSAZ Medical Coverage Guideline #O265, “Panniculectomy, Abdominal”.

Resources:

Literature reviewed 01/12/17. We do not include marketing materials, poster boards and non-published literature in our review.

BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY
(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: Díi kwe’é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit’éego bina’idílkidgo éí doodago Háida bííí anívéedíígíi t’áadódí le’é yína’idílkidgo beehaz’áani hółó dił t’áá hazaadk’ehíí háká a’óowolgo bee haz’a doo bąąh nilinígóó. Ata’ halné’íígíi kojį’ bichį’ hódiilhíí 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 thợ dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعده أسئلة يخص مساعدة Blue Cross Blue Shield of Arizona، فبإمكانك الحصول على المساعدة والمعلومات الضرورية بلغتك من دون إعاقة للتحدث مع مترجم ومتصل ب. 877-475-4799.
BARIATRIC SURGERY AND OTHER INVASIVE TREATMENTS FOR OBESITY (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinitulogang, 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 Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 동의하신가 하면 877-475-4799로 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 имеет 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 به شما یا کمک میکنید، سوالات مربوط به تأمین درمانی Blue Cross Blue Shield of Arizona را در صورتی که می‌خواهید، به زبان خودنم به طور رایگان دریافت کنید. 877-475-4799 ممکن است کمک شما باشد.

Assyrian: Blue Cross Blue Shield of Arizona نین يئووش پراوکرک دایکان، لە زەکاتی ژیانی خۆ. 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: หากคุณ หรือคุณช่วยเหลือคนอื่น ๆ ก็มีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizonaคุณจะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียเงิน โทร 877-475-4799.