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MEDICAL POLICY – 7.01.574

Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain and Other Conditions

BCBSA Ref. Policy 7.01.29, 7.01.106

Effective Date:	Nov. 1, 2023
Last Revised:	Jan. 1, 2024
Replaces:	N/A

RELATED MEDICAL POLICIES:

1.01.24	Interferential Current Simulation
1.01.507	Electrical Stimulation Devices
7.01.588	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)
7.01.125	Occipital Nerve Stimulation
7.01.139	Peripheral Subcutaneous Field Stimulation
7.01.546	Spinal Cord and Dorsal Root Ganglion Stimulation

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POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Peripheral nerves are the nerves that connect the brain and the spinal cord to the body. Peripheral nerve stimulation involves the implantation of a small device that sends low levels of electricity to part(s) of the nerve. This electrical current interferes with the transmission of nerve signals and is thought to reduce pain, or improve muscle movement.. Stimulating part(s) of a peripheral nerve to try to treat pain and other conditions, such as urinary incontinence, is investigational. That means this technique needs more study to see if it is safe and effective.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Procedure	Investigational
Implantable peripheral nerve stimulation	**A trial or permanent placement of an implantable peripheral nerve stimulator for the management of chronic pain or other conditions is investigational for all indications.**

Coding

Code	Description
CPT	
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous (new code effective 1/1/2024)
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial (new code effective 1/1/2024)
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous (new code effective 1/1/2024)
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial (new code effective 1/1/2024)
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64585	Revision or removal of peripheral neurostimulator electrode array
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

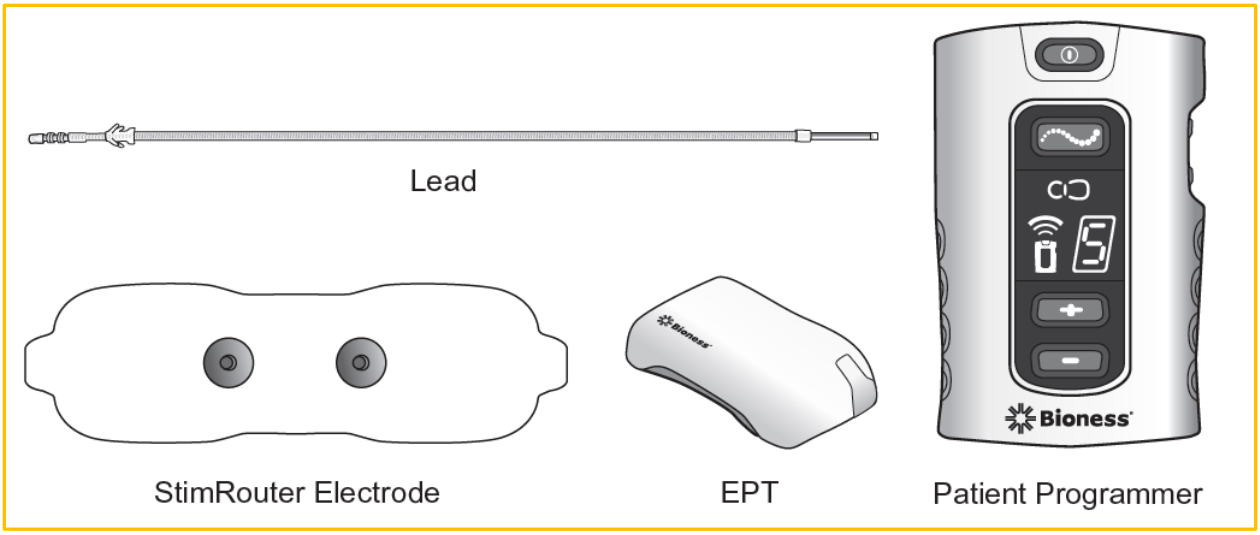
Code	Description
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array (new code effective 1/1/2024)
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) (new code effective 1/1/2024)
64999	Unlisted procedure, nervous system (if used for Reactiv8)
HCPCS	
C1767	Generator, neurostimulator (implantable), nonrechargeable
C1778	Lead, neurostimulator (implantable)
C1787	Patient programmer, neurostimulator
L8679	Implantable neurostimulator, pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

Related Information

Example of Patient Components for the Bioness StimRouter

- **StimRouter Lead**: The StimRouter Lead is flexible and approximately 15 cm (6 inches) in length. The lead has a stimulation end and a receiver end. The stimulation end is implanted near or at the targeted peripheral nerve and the receiver end is implanted near the skin surface. The receiver end receives the stimulation signal from the external pulse transmitter (EPT) and then sends the signal through the lead to the stimulation end.
- **StimRouter External Pulse Transmitter (EPT)**: The StimRouter EPT generates the stimulation signal and transmits the signal through the StimRouter Electrode to the StimRouter Lead. The EPT snaps onto the StimRouter Electrode and responds to wireless commands from the Patient Programmer.
- **StimRouter Electrode**: The StimRouter Electrode features: Two gel pads that adhere the StimRouter Electrode to the skin. The gel pads also transmit the stimulation signal from the EPT to the receiver end of the lead.
    - The StimRouter Electrode is disposable and can be reused by the same individual as long as the gel pads are intact and can fully adhere to the skin or for a maximum of four days of use.
- **Patient Programmer**: The Patient Programmer communicates wirelessly with the EPT (external pulse transmitter). The Patient Programmer is used to turn stimulation on and off, to adjust the stimulation intensity and to select a stimulation program.

Contraindications: Individuals who have any active implanted devices such as an implanted demand cardiac pacemaker, implantable cardioverter defibrillator (ICD), other implanted active devices, or any metallic implant in the immediate area intended for implant.



Source: https://stimrouter.com/resource/stimrouter-pns-user-guide-ous/ Accessed February 22, 2023.

Evidence Review

Description

Implantable peripheral nerve stimulation (PNS) is a type of neuromodulation therapy in which electrodes are surgically placed next to a selected peripheral nerve considered to be the source of chronic pain. (Peripheral nerves are nerves located outside of the brain and spinal cord). In this type of treatment, the electrode(s) delivers electrical impulses to the affected nerve. This electrical current is thought to disrupt the normal transmission of pain signals leading to reduced levels of pain.

Background

PNS is similar to spinal cord stimulation in that it is typically a two-step process. Initially, a temporary electrode is temporarily implanted for a trial period, usually less than 5 days. The electrode is connected to an external device, and if it successfully reduces the pain by at least 50%, then either a multi-electrode lead is permanently implanted and connected to a pulse generator placed in the body or the electrode responds to a hand-held, wireless external pulse transmitter that individuals control according to their pain management needs via a patient programmer.

Implantable PNS differs from other electrical stimulation therapies in that the origin of pain is from a peripheral nerve and the electrical impulses are delivered directly to the nerve versus the surrounding tissues or spine.

Other electrical stimulation therapies:

- Spinal cord stimulation delivers electrical impulses to the spine.
- Transcutaneous electrical nerve stimulation (TENS) delivers electrical impulses to the surface of the skin at the site of pain.
- Percutaneous electrical nerve stimulation (PENS) delivers electrical impulses via needle electrodes inserted into the skin around or immediately adjacent to the nerves serving the painful area. The stimulation devices used in percutaneous electrical nerve stimulation and percutaneous neuromodulation therapy are not implanted.
- Percutaneous neuromodulation therapy (PNT) delivers electrical impulses through very thin filament electrode arrays inserted directly into the deep tissues near the area causing the pain. (e.g., Deepwave, Percutaneous Neuromodulation Therapy)
- Peripheral subcutaneous field stimulation (PSFS) delivers electrical impulses via electrodes placed subcutaneously under the skin over the area of maximal pain. In peripheral nerve field stimulation, a field of pain is targeted rather than specific nerves. (e.g., SPRINT)

Chronic pain of peripheral nerve origin is experienced by many; however, its etiology is not clearly known, making treatment of this type of pain challenging. Currently available treatment strategies are often insufficient to treat chronic pain of peripheral nerve origin, prompting a renewed interest in the use of neuromodulation techniques in the treatment of chronic pain of peripheral nerve origin that is refractory to first-line treatments such as analgesics, antidepressants, anticonvulsants, and physical therapy.

PNS was first introduced in the mid-1960s. Since that time, it has been investigated in the treatment of low back pain, headaches, median nerve neuropathy, ilio-inguinal neuralgia, trigeminal neuralgia, and complex regional pain syndrome and approved for use in Europe and Australia. It is however, considered "off-label" in the United States.[1]

ReActiv8 Implantable Neurostimulation System

ReActiv8 Implantable Neurostimulation System (Mainstay Medical, Ltd) is an implantable electrical neurostimulation system that stimulates the nerves that activate the lumbar multifidus

muscles which are key in stabilizing the lower back and thereby, aid in the treatment of chronic low back pain. Prior to implantation, multifidus muscle dysfunction (muscle atrophy and weakness) should be demonstrated during a physical exam using the prone instability test or as seen on magnetic resonance imaging (MRI). The components of the system include: the implanted pulse generator including two leads and four electrodes and a patient activator (a handheld battery-operated unit that communicates with the pulse generator). It is to be used for 30 minutes twice daily while in a prone or lateral position.

eCoin Implantable Peripheral Neurostimulator

The eCoin Peripheral Neurostimulator System is a coin-sized leadless battery-powered implant that delivers electrical stimulation to the tibial nerve (0.5-15 mA, 20 Hz frequency). The recommended treatment duration is 30 minutes every 3 days for the first 18 weeks (42 sessions) and every 4 days thereafter and is programmed by the clinician. A patient controller can be leveraged to inhibit an automatic session in the event of undesired or painful stimulation. The battery life is estimated at up to 3 years (range, 1-8 years).

Summary of Evidence

For individuals with chronic pain of peripheral nerve origin, the evidence includes a randomized controlled trial (RCT), an open label trial, and case series. Relevant outcomes are symptoms, functional outcomes, quality of life and treatment-related morbidity. The single randomized controlled trial, which used a crossover design, did not compare PNS with alternatives. Improvement in pain was statistically significant between the randomized groups and again in the partial crossover period. Efficacy was evaluated for 3 months. Safety was assessed through one-year follow-up with no serious adverse events related to the device[3]. However, the results need confirmation in larger sample sizes and additional RCTs with longer follow-up to draw conclusions on safety and efficacy.

The open label study had methodological limitations including, a small sample size of 8 individuals with carpal tunnel syndrome, and no mention of follow-up after the device was explanted after five days of treatment.[2]

Case series are insufficient to evaluate pain outcomes due to the variable nature of pain and the subjective nature of pain outcomes. Prospective controlled trials comparing PNS to alternative treatment modalities are needed to determine the efficacy of PNS for chronic pain of peripheral nerve origin. There are no evidence-based clinical practice guidelines that recommend the use

of implantable PNS for treatment of chronic pain of peripheral nerve origin. The evidence is insufficient to determine the effects of the technology on health outcomes.

In 2021 (Gilligan) evaluated the ReActiv8 restorative neurostimulator in a multicenter, randomized, double-blind, sham controlled clinical trial. N= 204 participants with refractory mechanical low back pain (LBP) and a positive prone instability test (indicating impaired multifidus muscle control) were randomized to the therapeutic group (n=102) or the low-level sham group (n=102) with stimulation of the medial branch of the dorsal ramus nerve for 30 minutes twice daily. At baseline, the participants reported a 7-day recall average of LBP of ≥ 6.0 and ≤ 9.0 cm on the 10 cm visual analogue scale (VAS) (mean was 7.3 cm) and had an Oswestry Disability Index (ODI) of ≥ 21 and ≤ 60 on a scale from 1 to 100 (mean was 39). The primary endpoint was the comparison of responder proportions (≥30% relief on the LBP visual analog scale without analgesics increase) at 120 days. Participants were excluded if they had any prior lumbar spine surgery or pathology on MRI that could be the cause of the LBP. After 120 days, the sham-control group was able to cross over to therapeutic stimulation and the combined cohort was followed for one year for long-term outcomes and adverse events. Results: The primary endpoint was not met in terms of treatment superiority, 57.1% in the therapeutic group and 46.4% in the sham group (difference of 10.4%, 95% confidence interval (CI), -3.3% to 24.1%; p=0.138). In a secondary analysis of the primary outcome data, a statistically significant difference between groups (p=0.0499) was found, favoring the treatment group; this analysis was a cumulative-proportion-of-responders across all possible response thresholds). At 120 days, the study was unblinded and all participants in the sham group elected to receive the therapeutic treatment. 176 participants completed one-year follow-up, 130 (74%) had 30% or greater improvement in LBP compared with baseline, with a mean average reduction in VAS of 4.3 points. The authors noted that at 120 days 59% guessed their assignment in the treatment group correctly and 44% guessed correctly in the sham group. Follow-up of these participants is to continue for a total of five years. Limitations of the study: The authors note that the statistical design assumptions underestimated the response to a surgically implanted active sham device as the size and duration of the sham response were unknown at the time of the trial design. The LBP-VAS course suggests that the sham effect was reversing at 120 days, but due to the cross over, they were not able to confirm this longer term. It is also uncertain that even though the sham stimulation parameters were set to low amplitude and frequency values, a potential therapeutic effect cannot be ruled out which may have impacted the group differences in outcome measures. Thus, longer term data with a comparator is needed to determine the net health outcome.

For individuals who have non-neurogenic urinary dysfunction including overactive bladder and who have failed behavioral and pharmacologic therapy or who have responded to an initial course of percutaneous tibial nerve stimulation (PTNS) and then receive subcutaneous

implantable tibial nerve stimulation, the evidence includes single-arm studies. Relevant outcomes are symptoms, change in disease status, functional outcomes, quality of life, and treatment-related morbidity. The pivotal open-label, single-arm study leading to US Food and Drug Administration (FDA)-approval of the subcutaneous implantable, wireless eCoin tibial nerve stimulation system demonstrated a 68% response rate at 48 weeks of follow-up which surpassed a performance goal of 40%. However, the certainty of the evidence is limited by the lack of comparator group and a lower response rate observed during the COVID-19 pandemic. Additionally, the FDA noted that the performance goal was identified after patients had already been implanted. An ongoing post-approval study may elucidate the certainty of benefit, including safety of reimplantation given battery lifespan concerns. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

A currently ongoing trial that might influence this review are listed in **Table 1**.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02873312[a]	Overactive Bladder Treatment Using StimRouter Neuromodulation System: A Prospective Randomized Trial	180	July 2021
NCT03877653	Freedom-1 Study for Chronic Knee Pain	100	Oct 2024
NCT04803214	ReActiv8 Stimulation Therapy vs Optimal Medical Management: A Randomized Evaluation (RESTORE)	230	July 2025
NCT05685433[a]	A Real World Study of eCoin for Urgency Urinary Incontinence: Post Approval Evaluation (RECIPE)	200	Dec 2030 (recruiting)
NCT05882318[a]	Evaluating Effectiveness of Sensory and Subsensory Stimulation Amplitudes With eCoin Tibial Nerve Stimulation in Urgency Urinary InContinence Episodes and Quality of Life (ESSENCE)	50	Jul 2024 (recruiting)

NCT: national clinical trial

[a] Denotes industry-sponsored trial

Medicare National Coverage

Medicare has a national coverage determination for Electrical Nerve Stimulators (160.7) for implanted peripheral nerve stimulators since 1995.[4]

Effective 8/27/2018, Noridian Healthcare Solutions, LLC. Jurisdiction J-F. Local Coverage Determination (L37360) PNS. Revised 1/1/2019.[5]

> Peripheral nerve stimulation (PNS) may be covered for relief of chronic intractable pain for individuals with conditions known to be responsive to this form of therapy, and only after attempts to cure the underlying conditions and appropriate attempts at medication management, physical therapy, psychological therapy, and other less invasive interdenominational treatments. As with spinal nerve stimulators, severe neuropathic pain is typically well suited for successful responses to PNS. There may be rare, selected situations where both spinal cord stimulators and peripheral neurostimulators are used together.

National Institute for Health and Care Excellence

In September 2022, NICE published guidance on neurostimulation of lumbar muscles with the ReActiv8 system for refractory non-specific chronic low back pain.[52]

The guidance was based on a rapid review conducted in July 2021 and included the following statements:

- "Evidence on the efficacy and safety of neurostimulation of lumbar muscles for refractory non-specific chronic low back pain is limited in quantity and quality. Therefore, this procedure should only be used with special arrangements for clinical governance, consent, and audit or research."
- "Further research should include suitably powered randomised controlled trials comparing the procedure with current best practice with appropriate duration. It should report details of patient selection and long-term outcomes."

Regulatory Status

In February 2015 the FDA granted 510(k) marketing clearance for the StimRouter Neuromodulation System (Bioness). (K142432). Indicated for pain management in adults who have severe intractable chronic pain of peripheral nerve origin, as an adjunct to other modes of

therapy (e.g., medications). It is not intended to treat pain in the craniofacial region. A modified version was cleared in 2019 (K190047) and in 2020 (K200482) as substantially equivalent predicate devices.

In March 2016, the FDA determined the StimQ Peripheral Nerve Stimulator (PNS) System (StimQ LLC) was substantially equivalent to predicate devices (K152178). It is not intended to treat pain in the craniofacial region.

In September 2020, the FDA posted a Class 2 device recall of StimQ Peripheral Nerve Stimulator System. Model FR4A-SPR-BO US due to a non-functional component not referenced in product labeling. This was initiated by the manufacturer.

In March 2019, the FDA granted 510(k) marketing clearance for the Nalu Neurostimulation System for PNS (Nalu Medical, Inc.). (K183579). Indicated for pain management in adults who have severe intractable chronic pain of peripheral nerve origin, either as the sole agent, or as an adjunct to other modes of therapy. The system is not intended to treat pain in the craniofacial region. A modified version was cleared in 2021 (K203547) as a substantially equivalent predicate device. Product Code: GZF

In June 2020, the FDA granted premarket approval of ReActiv8 Implantable Neurostimulation System (Mainstay Medical, Ltd.) (P190021). The device is indicated for "bilateral stimulation of the L2 medial branch of the dorsal ramus as it crosses the transverse process at L3 as an aid in the management of intractable chronic low back pain associated with multifidus muscle dysfunction, as evidenced by imaging or physiological testing in adults who have failed therapy including pain medications and physical therapy and are not candidates for spine surgery."

Product Code: QLK

In March 2022, the eCoin Peripheral Neurostimulator System (Valencia Technologies Corporation) became the first subcutaneous tibial nerve stimulation implant approved by the FDA through the premarket authorization (PMA) process for individuals with urgency urinary incontinence (P200036) who have had an inadequate response to conservative treatment or who have undergone a successful trial of percutaneous tibial nerve stimulation.

FDA Product Code: QPT.

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History

Date	Comments
08/01/19	New policy, approved July 9, 2019, effective November 1, 2019. Add to Surgery section. Implantable peripheral nerve stimulation for the treatment of chronic pain of peripheral nerve origin is investigational.
10/01/20	Annual Review, approved September 1, 2020. Policy reviewed. Reference added. Policy statement unchanged.
04/01/21	Annual Review, approved March 2, 2021. Policy reviewed. References added. Policy statement unchanged.
07/01/21	Coding update, Added HCPC codes C1767 and C1778.
01/01/22	Coding update, updated description for CPT cod 64575.
03/01/22	Annual Review, approved February 21, 2022. Policy reviewed. References added. Policy statement unchanged.
06/01/22	Interim Review, approved May 10, 2022. Policy title changed to Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain from Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain of Peripheral Nerve Origin. Policy reviewed. References added. Policy statement unchanged. ReActiv8 implantable neurostimulation system content added and its use considered investigational. Added HCPCS code C1787.

Date	Comments
04/01/23	Annual Review, approved March 20, 2023. Policy reviewed. References added. Policy statement unchanged.
10/04/23	Updated related policy. Policy 7.01.29 Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy was renumbered to 7.01.588 Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy.
11/01/23	Interim Review, approved October 10, 2023.Policy title changed from "Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain" to "Implantable Peripheral Nerve Stimulation for the Treatment of Chronic Pain and Other Conditions." Policy statement modified to include treatment of chronic pain and "other conditions" to cover new background information on eCoin implantable tibial nerve stimulation. References added. Added CPT 64999 for Reactiv8.
01/01/24	Coding update. Added new CPT codes 0816T-0819T, 64596 and 64597.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera 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, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Washington residents: You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Alaska residents: Contact the Alaska Division of Insurance via email at insurance@alaska.gov, or by phone at 907-269-7900 or 1-800-INSURAK (in-state, outside Anchorage).

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-722-1471 (TTY: 711).

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 （TTY:711）まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-722-1471 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.