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MEDICAL POLICY – 8.01.58

Cranial Electrotherapy Stimulation and Auricular Electrostimulation

BCBSA Ref. Policy:	8.01.58
Effective Date:	May 1, 2023
Last Revised:	Jan. 1, 2024
Replaces:	N/A

RELATED MEDICAL POLICIES:

1.01.507	Electrical Stimulation Devices
7.01.588	Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy

Select a hyperlink below to be directed to that section.

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

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Introduction

Cranial electrotherapy stimulation (CES) provides weak levels of electrical current to the brain. Electrodes are placed on the skull, earlobes, eyelids, or forehead. A small transmitter then sends weak electrical pulses into the brain. It's believed the current affects particular areas of the brain that play important roles in the body's hormones and emotions. Another use of CES calls for treating pain by placing the electrodes near the site of pain. Auricular stimulation sends electrical pulses to the acupuncture points of the ear. Both of these systems have been used for depression, anxiety, insomnia (sleeplessness), and weight loss. Because there is not enough medical evidence showing that these technologies improve health, both are considered unproven. A small device worn behind the ear that stimulates specific nerves to try to relieve symptoms of opioid withdrawal is unproven. More research is needed to determine if this device is 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
Cranial electrotherapy stimulation	**Cranial electrotherapy stimulation (also known as cranial electrostimulation therapy or CES) is investigational in all situations.**
Electrical stimulation	**Electrical stimulation of auricular acupuncture points is investigational in all situations.** **Electrical stimulation of the ear (also known as auricular neurostimulation) for opioid withdrawal is investigational.**

Coding

Code	Description
CPT	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
HCPCS	
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month (new code effective 10/1/2022)
E0732	Cranial electrotherapy stimulation (CES) system, any type (new code effective 1/1/2024)
K1002	Cranial electrotherapy stimulation (CES) system, any type (code termed 1/1/2024)
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

Related Information

N/A

Evidence Review

Description

Cranial electrotherapy stimulation (CES), also known as cranial electrical stimulation, transcranial electrical stimulation, or electrical stimulation therapy, delivers weak pulses of electrical current to the earlobes, mastoid processes, or scalp with devices such as the Alpha-Stim. Auricular electrostimulation involves stimulation of acupuncture points on the ear. Devices, including the P-Stim and E-pulse, provide ambulatory auricular electrical stimulation over a period of several days. CES is being evaluated for a variety of conditions, including pain, insomnia, depression, anxiety, and functional constipation. Auricular electrical stimulation is being evaluated for pain, weight loss, and opioid withdrawal.

Background

CES, also known as cranial electrical stimulation, transcranial electrical stimulation, or electrical stimulation therapy, delivers weak pulses of electrical current to the earlobes, mastoid processes, or scalp with devices such as the Alpha-Stim. Auricular electrostimulation involves stimulation of acupuncture points on the ear. Devices, including the P-Stim and E-pulse, provide ambulatory auricular electrical stimulation over a period of several days. CES and Auricular electrostimulation are being evaluated for a variety of conditions, including pain, insomnia, depression, anxiety, weight loss, and opioid withdrawal.

Interest in CES began in the early 1900s on the theory that weak pulses of electrical current have a calming effect on the central nervous system. The technique was further developed in the U.S.S.R. and Eastern Europe in the 1950s as a treatment for anxiety and depression. The use of CES later spread to Western Europe and the United States as a treatment for various psychological and physiological conditions. Presently, the mechanism of action is thought to be the modulation of activity in brain networks by direct action in the hypothalamus, limbic system,

and/or the reticular activating system. One device used in the Unites States is the Alpha-Stim CES, which provides pulsed, low-intensity current via clip electrodes that attach to the earlobes. Other devices place the electrodes on the eyelids, frontal scalp, mastoid processes, or behind the ears. Treatments may be administered once or twice daily for several days to several weeks.

Other devices provide electrical stimulation to auricular acupuncture sites over several days. One device, the P-Stim, is a single-use miniature electrical stimulator for auricular acupuncture points that is worn behind the ear with a self-adhesive electrode patch. A selection stylus that measures electrical resistance is used to identify three auricular acupuncture points. The P-Stim device connects to three inserted acupuncture needles with caps and wires. The device is preprogrammed to be on for 180 minutes, then off for 180 minutes. The maximum battery life of this single-use device is 96 hours.

Summary of Evidence

Cranial Electrotherapy Stimulation

For individuals with acute or chronic pain who receive CES the evidence includes a number of small sham-controlled randomized trials and pooled analyses. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Systematic reviews of randomized trials evaluated CES for headache and chronic pain. Pooled analyses found marginal benefits for a headache with CES and no benefits for chronic pain with CES. A subsequent sham-controlled trial of remotely supervised CES via secure videoconferencing found a significant benefit with CES for pain reduction, but it had important relevance and conduct and design limitations. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with psychiatric, behavioral, or neurologic conditions (e.g., depression and anxiety, Parkinson disease, addiction) who receive CES, the evidence includes a number of small sham-controlled randomized trials and systematic reviews. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Four randomized controlled trials (RCTs) evaluated CES for depression and anxiety. One RCT each found a significant benefit with CES for anxiety or depression, but both had important relevance limitations. Comparisons between these trials cannot be made due to the heterogeneity in study populations and treatment protocols. Studies evaluating CES for Parkinson disease, smoking cessation and tic disorders do not support the use of CES for these conditions. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have functional constipation who receive CES, the evidence includes an RCT. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. The single RCT reported positive results for the treatment of constipation with CES. However, the trial was unblinded and most outcomes were self-reported. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Auricular Electrostimulation

For individuals with acute or chronic pain (e.g., acute pain from surgical procedures, chronic back pain, chronic pain from osteoarthritis or rheumatoid arthritis) who receive auricular electrostimulation, the evidence includes a limited number of trials. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Studies evaluating the effect of electrostimulation technology on acute pain are inconsistent, and the small amount of evidence on chronic pain has methodologic limitations. For example, a comparison of auricular electrostimulation with manual acupuncture for chronic low back pain did not include a sham-control group, and, in a study of rheumatoid arthritis, auricular electrostimulation was compared with autogenic training and resulted in a small improvement in visual analog scale pain scores of unclear clinical significance. Overall, the few published studies have small sample sizes and methodologic limitations. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have obesity who receive auricular electrostimulation, the evidence includes small RCTs and systematic reviews. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. The RCTs reported inconsistent results and used different treatment protocols. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have opioid withdrawal symptoms who receive auricular electrostimulation, the evidence includes two observational studies. The relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Both studies report positive outcomes for the use of CES to treat opioid withdrawal symptoms. The studies used different treatment protocols and no comparators, limiting conclusions drawn from the results. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Table 1 provides a summary of ongoing and unpublished trials that may influence this review.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT04963907	Randomised Controlled Trial of the Clinical and Cost Effectiveness of Alpha-Stim AID Cranial Electrotherapy Stimulation (CES) in Treatment Seeking Patients With Moderate Severity Depressive Episodes in Primary Care	230	December 2022
NCT03825471	Effects of Cranial Electrotherapy Stimulation on Anesthetics Consumption, Perioperative Cytokines Response, and Postoperative Pain in Patients Undergoing Colonic Surgery	80	December 2020
NCT03896438	Increased Thalamocortical Connectivity in Tdcs-potentiated Generalization of Cognitive Training	90	April 2024
NCT03222752[a]	A 6-Week Randomized, Double-Blind, Placebo-Controlled Evaluation of Efficacy and Tolerability of Cranial Electrotherapy (CES) for the Treatment of Adults from 18-65 Years of Age with Treatment Resistant Major Depressive Disorder (MDD) with a 2-Week Open Label Extension Phase	141	Jun 2024
Unpublished			
NCT05384041	Cranial Electrotherapy Stimulation for the Treatment of Major Depressive Disorder in Adults	255	October 2022
NCT04171804	Efficacy of Prefrontal Transcranial Direct Current Stimulation On Cognitive Functions and Electrophysiological Measures In Parkinson's Disease Mild Cognitive Impairment	26	June 2021
NCT04160806	The Effect Of Prefrontal Transcranial Direct Current Stimulation On Clinical Severity, Attentional Bias and Interoceptive Accuracy In Panic Disorder	30	November 2021
NCT03815253	Electro-acupuncture for Central Obesity	168	February 2021
NCT03277846	A Randomized, Double-Blind, Placebo-Controlled Parallel Group Study of the Safety and Efficacy of Nexalin Electrical Brain Stimulation for the Treatment of Depression in Patients Referred to Electro-Convulsive Therapy	101	May 2018

NCT No.	Trial Name	Planned Enrollment	Completion Date
NCT03210155	Effects of Cranial Electrotherapy Stimulation on Psychological Distress and Maternal Functioning in New Mothers During the Postpartum Period	1	Terminated August 2019
NCT03060122	The Clinical Feasibility of Combining Cranial Electrotherapy Stimulation (CES Alpha-Stim) and Non-invasive Interactive Neurostimulation (InterX) for Optimized Rehabilitation Following Extremity Immobilization	35	Aug 2019

NCT: national clinical trial

[a] Denotes industry sponsorship

Clinical Input Received from Physician Specialty Societies and Academic Medical Centers

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers, input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

2011 Input

In response to requests, input on auricular electrostimulation was received from three physician specialty societies and five academic medical centers while this policy was under review in 2011. There was a consensus that auricular electrostimulation is investigational.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

No guidelines or statements were identified.

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

A number of devices for CES have been cleared for marketing by the U.S. Food and Drug Administration's (FDA) 510(k) process. In 1992, the Alpha-Stim CES device (Electromedical Products International) received marketing clearance for the treatment of anxiety, insomnia, and depression. Devices cleared since 2000 are summarized in **Table 2**.

FDA product code: QJQ.

Table 2: Cranial Electrotherapy Stimulation (CES) Devices Cleared by the US Food and Drug Administration

Device Name	Manufacturer	Date Cleared	510(k) No.	Indications
Cervella	Innovative Neurological Devices	03/07/2019	K182311	Insomnia, depression, anxiety
Cranial Electrical Nerve Stimulator	Johari Digital Healthcare	05/29/2009	K090052	Insomnia, depression, anxiety
Elexoma Medic	Redplane AG	05/21/2008	K070412	Insomnia, depression, anxiety
CES Ultra	Neuro-Fitness	04/05/2007	K062284	Insomnia, depression, anxiety
Net-2000 Microcurrent Stimulator	Auri-Stim Medical	10/13/2006	K060158	Insomnia, depression, anxiety
Transcranial Electrotherapy Stimulator-A, Model TESA-1	Kalaco Scientific	07/21/2003	K024377	Insomnia, depression, anxiety

FDA: Food and Drug Administration

Several devices for electroacupuncture designed to stimulate auricular acupuncture points have been cleared for marketing by FDA through the 510(k) process. Devices cleared since 2000 are summarized in **Table 3**.

FDA product code: BWK, PZR.

Table 3: Cranial Electrotherapy Stimulation (CES) Devices Cleared by the US Food and Drug Administration

Device Name	Manufacturer	Date Cleared	510(k) No.	Indications
Needle Stimulator	Wuxi Jiajian Medical Instrument	08/27/2021	K202861	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
AXUS ES-5 Electro-Acupuncture Device	Lhasa OMS, INC.	02/03/2021	K200636	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
Drug Relief V1	DyAnsys Inc	11/05/2021	K211971	Reduce symptoms of opioid withdrawal
Sparrow Therapy System	Spark Biomedical, Inc.	01/02/2021	K201873	Reduce symptoms of opioid withdrawal
Drug Relief	DyAnsys	05/02/2018	K173861	Reduce symptoms of opioid withdrawal
Ansistem-Pp	DyAnsys Inc	03/09/2017	K170391	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
NSS-2 Bridge	Innovative Health Solutions	2017	N/A[a]	Substance use disorders
Stivax System	Biegler Gmbh	05/26/2016	K152571	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
ANSiStim	DyAnsys Inc	05/15/2015	K141168	Practice of acupuncture by qualified practitioners of

Device Name	Manufacturer	Date Cleared	510(k) No.	Indications
				acupuncture as determined by the states
Pantheon Electrostimulator	Pantheon Research	11/07/2014	K133980	Practice of acupuncture by qualified practitioners as determined by the states
Electro Auricular Device	Navigant Consulting, Inc.	10/02/2014	K140530	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
P-Stim	Biegler GMBH	06/27/2014	K140788	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
Jiajian Cmn Stimulator	Wuxi Jiajian Medical Instrument Co., Ltd.	08/16/2013	K130768	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
JiaJian Electro-Acupuncture Stimulators	Wuxi Jiajian Medical Instrument Co., Ltd.	04/11/2013	K122812	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
Multi-Purpose Health Device	UPC Medical Supplies, Inc. DBA United Pacific Co.	08/05/2010	K093322	Unknown - Summary not provided
Electro-Acupuncture: Aculife/Model ADOC-01	Inno-Health Technology, Inc.	04/02/2010	K091933	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
e-Pulse	Medevice Corporation	12/07/2009	K091875	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
Model ES-130	Ito Co., Ltd.	11/24/2008	K081943	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
P-Stim	NeuroScience Therapy Corp	03/30/2006	K050123	Practice of acupuncture by qualified practitioners of

Device Name	Manufacturer	Date Cleared	510(k) No.	Indications
				acupuncture as determined by the states
Aculife	Inno-Health Technology, Inc.	03/28/2006	K051197	Practice of acupuncture by qualified practitioners of acupuncture as determined by the states
AcuStim	S.H.P. Intl. Pty., Ltd.	06/12/2002	K014273	As an electroacupuncture device

[a] "FDA cleared the NSS-2 Bridge Device for Substance Use Disorders through the de novo premarket review pathway, a regulatory pathway for some low- to moderate-risk devices that are novel and for which there is no legally marketed predicate device to which the device can claim substantial equivalence"[1]
N/A: Not applicable

References

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History

Date	Comments
11/08/11	New policy; add to Therapy section. Policy created with literature search through April 2011; clinical input reviewed; considered investigational.
11/13/12	Replace policy. Policy updated with literature review through June 2012, references 1-7 added; cranial electrotherapy stimulation (CES) added as investigational. "Cranial Electrotherapy Stimulation (CES)" added to policy title.
01/22/13	Update Related Policies. 2.01.50 has been replaced with 2.01.526.
02/15/13	Update Related Policies. Change title to policy 2.01.526.
10/14/13	Replace policy. Policy updated with literature review through July 10, 2013; policy statement unchanged.
11/20/14	Annual Review. Policy updated with literature review through July 16, 2014. References 4-5, 7, and 14 added; others renumbered. Policy statement unchanged.
10/13/15	Annual Review. Policy updated with literature review through July 6, 2015; no references added. Policy statements unchanged. Related policies updated; 2.01.526 removed.
05/01/16	Annual Review, approved April 12, 2016. Policy updated with literature review through December 10, 2015; references 6-7 added. Policy statement unchanged.
06/01/17	Annual Review, approved May 2, 2017. Policy updated with literature review through December 22, 2016; references 8 and 12 added. Policy statements unchanged.
10/17/17	Coding update; added CPT code 20974.
08/01/18	Annual Review, approved July 10, 2018. Policy updated with literature review through April 2018; 17-19 references added. Added electrical stimulation of the ear (also known as auricular neurostimulation) for opioid withdrawal is investigational. Removed CPT code 20974.
05/01/19	Annual Review, approved April 18, 2019. Policy updated with literature review through January 2019; reference 16 added. Policy statements unchanged.
01/01/20	Coding update, added HCPCS code K1002 (new code effective 1/1/20).

Date	Comments
05/01/20	Annual Review, approved April 7, 2020. Policy updated with literature review through December 2019; references added. Policy statements unchanged. Removed CPT codes 97813 and 97814.
05/01/21	Annual Review, approved April 1, 2021. Policy updated with literature review through December 14, 2020; references added. Policy statements unchanged.
05/01/22	Annual Review, approved April 11, 2022. Policy updated with literature review through December 10, 2021; references added. Policy statements unchanged.
10/01/22	Coding update. Updated description of HCPCS code K1002.
11/01/22	Coding update. Added HCPCS code A4596.
01/01/23	Coding update. Added new CPT code 0783T. Added HCPC code L8692.
05/01/23	Annual Review, approved April 10, 2023. Policy updated with literature review through December 27, 2022; references added. Policy statements 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.
01/01/24	Coding update. Added new HCPCS code E0732 and added term date to HCPCS code K1002.

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

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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.