LifeWise
Health Plan of Washington

MEDICAL POLICY – 7.01.558
Rhinoplasty and Other Nasal Procedures

Effective Date:	June 1, 2024
Last Revised:	May 24, 2024
Replaces:	N/A

RELATED MEDICAL POLICIES:

7.01.168	Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis
7.01.559	Sinus Surgery
10.01.514	Cosmetic and Reconstructive Services
11.01.524	Site of Service: Select Surgical Procedures

Select a hyperlink below to be directed to that section.

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

Clicking this icon returns you to the hyperlinks menu above.

Introduction

Problems with the nose or sinuses are one of the most common reasons people go to the doctor. The usual complaint is that it's difficult to breathe through the nose. The problems may be caused by sicknesses such as sinus inflammation or allergies, deformities, or diseases or conditions that cause growths inside the nose. Surgery to reshape the nose (rhinoplasty) may be necessary when there is extensive disease that restricts airflow. This policy identifies the criteria needed for a rhinoplasty to be covered as medically necessary. (Surgery to reshape the nose for appearance only is cosmetic and not covered.)

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

We will review for medical necessity this elective surgical procedure.

We also will review the site of service for medical necessity. Site of service is defined as the location where the surgical procedure is performed, such as an off campus-outpatient hospital or medical center, an on campus-outpatient hospital or medical center, an ambulatory surgical center, or an inpatient hospital or medical center.

Site of Service for Elective Surgical Procedures	Medical Necessity
Medically necessary sites of service: • **Off campus-outpatient hospital/medical center** • **On campus-outpatient hospital/medical center** • **Ambulatory Surgical Center**	**Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. These are the preferred medically necessary sites of service for certain elective surgical procedures**

Inpatient hospital/medical center	**Certain elective surgical procedures will be covered in the most appropriate, safe, and cost-effective site. This site is considered medically necessary only when the individual has a clinical condition which puts him or her at increased risk for complications including any of the following (this list may not be all inclusive):**
	• Anesthesia Risk
	  ○ ASA classification III or higher (see **definition**)
	  ○ Personal history of complication of anesthesia
	  ○ Documentation of alcohol dependence or history of cocaine use
	  ○ Prolonged surgery (>3 hours)
	• Cardiovascular Risk
	  ○ Uncompensated chronic heart failure (**NYHA class** III or IV)
	  ○ Recent history of myocardial infarction (MI) (<3 months)
	  ○ Poorly controlled, resistant hypertension*
	  ○ Recent history of cerebrovascular accident (< 3 months)
	  ○ Increased risk for cardiac ischemia (drug eluting stent placed < 1 year or angioplasty <90 days)
	  ○ Symptomatic cardiac arrhythmia despite medication
	  ○ Significant valvular heart disease
	• Liver Risk

Site of Service for Elective Surgical Procedures	Medical Necessity
	○ Advanced liver disease (MELD Score > 8)** • Pulmonary Risk ○ Chronic obstructive pulmonary disease (COPD) (FEV1 <50%) ○ Poorly controlled asthma (FEV1 <80% despite treatment) ○ Moderate to severe obstructive sleep apnea (OSA)*** • Renal Risk ○ End stage renal disease (on dialysis) • Other ○ Morbid obesity (BMI ≥ 50) ○ Pregnancy ○ Bleeding disorder (requiring replacement factor, blood products, or special infusion product [DDAVP**** does not meet this criterion]) ○ Anticipated need for transfusion(s) * 3 or more drugs to control blood pressure ** **https://reference.medscape.com/calculator/meld-score-end-stage-liver-disease** *** Moderate-AHI≥15 and ≤ 30, Severe-AHI ≥30 ****DDAVP-Deamino-Delta-D-Arginine Vasopressin (Desmopressin)
Inpatient hospital/medical center	**This site of service is considered NOT medically necessary for certain elective surgical procedures when the site of service criteria listed above are not met.**

Procedure	Medical Necessity
Rhinoplasty – Deformity	**Rhinoplasty may be considered medically necessary:** • To correct a nasal deformity secondary to cleft lip or cleft palate or other congenital craniofacial deformity
Rhinoplasty – Obstruction	**Rhinoplasty may be considered medically necessary for nasal obstruction when the following criteria are met:** • Clinical findings of collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls) with inspiration (nasal vestibular stenosis)

Procedure	Medical Necessity

	OR
	• To correct a nasal deformity secondary to trauma that is causing a significant functional impairment (e.g., nasal bone fracture causing nasal airway obstruction)
	AND
	• Individual has symptoms of nasal obstruction (difficulty breathing or chronic rhinosinusitis [inflammation/swelling of the nasal passages and/or sinus cavities]) affecting quality of life
	AND
	• Infection, allergy, rhinitis, and polyps have been ruled out as the primary cause of nasal obstruction as evidenced by:
	  ○ Obstructive symptoms persist despite conservative management for 8 weeks or greater with one of the following:
	  ▪ Decongestants or antihistamines
	  ▪ Nasal lavage
	  ▪ Oral or intranasal steroids
	  ▪ A course of antibiotics for rhinosinusitis
	  ▪ Allergy assessment and treatment

Rhinoplasty – Prevention	**Rhinoplasty may be considered medically necessary to prevent development of nasal obstruction after removal of large cutaneous defect (e.g., cutaneous malignancy)**
Rhinoplasty – Cosmetic	**Rhinoplasty for the sole purpose of changing the appearance of the nose is considered cosmetic**

Procedure	Investigational
Radiofrequency ablation treatment for nasal airway remodeling	**Radiofrequency ablation to the nasal valve for the treatment of airway obstruction is considered investigational (e.g., VivAer Stylus)**
Nasal swell body reduction	**Nasal swell body reduction by radiofrequency ablation, coblation, or other method of destruction is considered investigational for the treatment of nasal obstruction.**

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met.

For rhinoplasty for deformity, the records should include:

- Clinical documentation of the presence of nasal deformity secondary to cleft lip, or cleft palate, or other congenital craniofacial deformity

For rhinoplasty for obstruction, the records should include:

- Clinical findings confirming collapsed internal nasal valve at rest or collapsed external nasal valve (lateral walls) when breathing in (nasal vestibular stenosis)

OR

- Nasal deformity secondary to trauma that is causing a significant functional impairment (e.g., nasal bone fracture causing nasal airway obstruction)

AND

- Individual's difficulty breathing through the nose is causing symptoms severe enough to affect individual's quality of life. For example, it is causing chronic rhinosinusitis (inflammation/swelling of the nasal passages and/or sinus cavities)

AND

- Infection, allergy, rhinitis, and polyps have been ruled out as the primary cause of nasal obstruction as evidenced by:
    - Symptoms persist despite conservative management for 8 weeks or greater with one of the following:
        - Decongestants or antihistamines
        - Nasal lavage
        - Oral steroids or intranasal steroids
        - A course of antibiotics for rhinosinusitis
        - Allergy assessment and treatment

Coding

Code	Description
CPT	
30117	Excision or destruction (e.g., laser), intranasal lesion; internal approach (when used for nasal swell body reduction)

Code	Description
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30469	Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling (e.g., VivAer Nasal Airway Remodeling)
30999	Unlisted procedure, nose

Related Information

Definition of Terms

Acquired nasal abnormalities: Acquired abnormalities include enlarged adenoids, foreign bodies, disorders of the nasal septum, and abnormalities of the nasal valve, tumors, and nasal polyps.

American Society of Anesthesiologists (ASA) Score:

ASA 1 A normal healthy patient.
ASA 2 A patient with mild systemic disease.
ASA 3 A patient with severe systemic disease.
ASA 4 A patient with severe systemic disease that is a constant threat to life.
ASA 5 A moribund patient who is not expected to survive.

Congenital nasal abnormalities: Congenital abnormalities that cause nasal obstruction, such as congenital pyriform aperture stenosis, choanal atresia, and deviation of the septum that may present emergently after birth.

Cosmetic: In this policy, cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the individual's appearance or self-esteem.

Nasal obstruction: Breathing symptom often described as a sensation of insufficient airflow through the nose.

Nasal swell body (aka septal swell body) is an enlarged region of the anterior nasal septum located superior to the inferior turbinate and anterior to the middle turbinate. It is composed of septal cartilage, bone, and a thick mucosal lining. The nasal swell body is thought to interfere with nasal airflow and humidification due to its proximity to the internal nasal valve. The nasal swell body may be associated with allergic rhinitis and chronic rhinosinusitis and septal deviation.

New York Heart Association (NYHA) Classification:

Class I No symptoms and no limitation in ordinary physical activity, e.g., shortness of breath when walking, climbing stairs etc.
Class II Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity.
Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g., walking short distances (20–100 m). Comfortable only at rest.
Class IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound individuals.

Physical functional impairment: In this policy, physical functional impairment means a limitation from normal (or baseline) level of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body part(s) or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional, and psychological impairments or potential impairments.

Reconstructive surgery: In this policy, reconstructive surgery refers to surgeries performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function.

Rhinoplasty: A surgical procedure that is performed to change the shape and/or size of the nose or to correct a broad range of nasal defects. Cosmetic rhinoplasty can transform normal nasal structures to a more satisfactory appearance. Reconstructive rhinoplasty transforms nasal abnormalities or damaged nasal structures to a more normal state.

Evidence Review

Description

Nasal and sinus complaints are among the most common reasons for visits to primary care clinicians, otolaryngologists, and allergists. Although some clinicians consider nasal obstruction to imply a blockage within the nasal cavity, nasal obstruction is most commonly defined as an individual symptom manifested as a sensation of insufficient airflow through the nose. Nasal obstruction may be the cardinal presenting symptom of many common disease processes, such as rhinitis, sinusitis, septal deviation, adenoid hypertrophy, and nasal trauma.[4]

Underlying causes of nasal obstruction include both mucosal disorders (medication-induced, infectious, and inflammatory conditions) and structural abnormalities (congenital deformities, acquired disease, trauma, tumors).[4]

The surgical repair of nasal trauma and congenital defects often involves complex, staged procedures. Because of the disordered growth potential of nasal birth defects and childhood trauma, secondary surgery may be required after the child reaches adulthood to compensate for growth of the surrounding normal tissues. Deformities may be associated with other skeletal alterations which contribute to facial asymmetry. Graft and/or flaps are often used to correct deficiencies.[5]

Radiofrequency of Nasal Valve for the Treatment of Nasal Airway Obstruction

The VivAer Stylus is a disposable, handheld device capable of delivering controlled, targeted low energy bipolar radiofrequency to the nasal sidewall to reshape tissue of the nasal airway to improve airflow due to nasal valve collapse. The stylus consists of a handle, shaft, and treatment tip. A temperature sensor is located on the tip to monitor tissue temperature during treatment. The low-power radiofrequency generates heat within the submucosal tissue, creating a coagulation lesion. As the lesion heals, the tissue retracts and stiffens, decreasing the nasal airflow resistance.

VivAer is performed as an outpatient treatment, usually in the physician's office. Treatments consist of 18 second heating cycles alternating with 12 second cooling cycles. The cycles may be repeated to treat all involved tissue. Local anesthesia may or may not be employed.

Summary of Evidence

Nasal fracture is the most common bone injury of the adult face and frequently results from motor vehicle accidents, sports-related injuries, and altercations. Although often initially considered minor, nasal fracture may eventually result in significant cosmetic or functional defects. Optimal management of nasal trauma in the acute setting is critical in minimizing secondary nasal deformities. In recent years, numerous guidelines have been described to refine and optimize acute nasal trauma management. However, restoration of pretraumatic form and function remains a challenge. Commonly the product of a poorly addressed underlying structural injury, posttraumatic nasal deformity requiring subsequent rhinoplasty or septorhinoplasty remains in as many as 50 percent of cases.[9]

Moore and Eccles (2011) performed a systematic review to identify if there are functional benefits of septal surgery and evidence of a change in patency of the nasal airway as assessed by objective methods such as rhinomanometry, acoustic rhinometry and peak nasal inspiratory flow. They reviewed seven studies involving rhinomanometry, six studies with acoustic rhinometry and one study using nasal peak inspiratory flow. All of the studies reported an objective improvement in nasal patency after septal surgery.

For individuals with nasal airway obstruction who have undergone radiofrequency treatment of the nasal valve, the evidence includes a prospective, nonrandomized trial and nonrandomized case series, and one RCT. Brehemer (2019) reported that individuals showed an improvement in nasal breathing reflected in the Nasal Obstruction Symptom Evaluation (NOSE) score, sleep quality by the Snore Outcomes Survey (SOS) questionnaire and quality of life as measured by the Euro-Qual (EQ-5D) and Sino-Nasal Outcome Test (SNOT-22) from baseline to 90 days after treatment. Limitations of the study were small sample size (n=31), lack of control group and comparator, lack of randomization, unblinded design, and the short-term follow-up. The study was funded by Aerin Medical. Jacobowitz (2019) reported on individuals (n=50) with severe or extreme obstruction (NOSE score at baseline ≥60 who had a positive response to nasal mechanical dilators or lateralization maneuvers. At 26 weeks, the mean NOSE score was 69% lower at 24.7 with 95% two-sided confidence intervals of 48.5 to 61.1 for decrease with a high individual satisfaction score. The authors noted the decrease in NOSE score did not differ significantly between individuals who did or did not have prior nasal surgery as 56% of the individuals were noted as having previously undergone nasal procedures, most commonly septoplasty, followed by inferior turbinate reduction. Limitations of the study were small sample size, lack of control and comparator, lack of randomization, unblinded design, and short-term follow-up. The study was funded by Aerin Medical. Silvers (2021) reported that VivAer was

associated with statistically significantly greater improvement in nasal symptom control (NOSE-scale score) than sham at 3 months follow-up (88.3% [95% CI, 79,2 %-93.7%] vs. 42.5% [95% CI, 28.5%-57.8%]; p < 0.001). Individuals were randomized to active treatment (n= 77; radiofrequency [RF] device/Vivaer Stylus) or a sham procedure (n=40; control group/where a stylus was applied in the same manner but without RF energy delivery). Three adverse events were reported: a vasovagal reaction and intermittent nasal bleeding with mucus in the active treatment arm, both of which resolved and intermittent headache in the control arm, which also resolved. Limitations of the study: the physicians were not blinded to the treatment arm assignment even though the participants were blindfolded during the procedure; this could be a source of bias. The sample size was small and longer follow-up is needed (the trial plans to continue follow-up through two years), and several of the authors were research consultants and received funding by Aerin Medical. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals with nasal swell bodies who have undergone various methods of reduction or destruction such as radiofrequency ablation, coblation, surgery, laser, and micro-debridement, the evidence includes retrospective studies, a systematic review, an open-label, single arm multicenter center, and a prospective RCT. Improvement in nasal symptoms including nasal obstruction was seen with all forms of treatment. These results are promising; however, well designed controlled studies are lacking due to small sample size and need for longer-term follow-up. Additional randomized controlled studies with long-term results are needed. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials¶

Some currently ongoing and unpublished trials that might influence this policy are listed in **Table 1**.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			

NCT No.	Trial Name	Planned Enrollment	Completion Date
NCT04277507[a]	A Prospective, Multicenter Study of the AERin Medical Vivaer® ARC Stylus for Nasal AirWAY Obstruction (AERWAY)	122	Dec 2023
NCT04549545[a]	The Vivaer® Procedure for Treatment of Nasal Airway Obstruction - A ProspecTive, Multicenter Randomized Controlled TriAl Comparing Vivaer to Sham Control (VATRAC)	119	May 2023
NCT05099263[a]	The Vivaer Procedure for Treatment of the Septal Swell Bodies for Airway Obstruction - A Prospective Open-Label Multicenter Study (SWELL)	70	Oct 2024
Unpublished			
NCT04717791[a]	Low Temperature Controlled Radiofrequency Intranasal Remodeling Treatment of the Nasal Valve Area. A Multicentric Long-term Evaluation	118	Oct 2022 (completed)

NCT: national clinical trial

[a]Denotes industry-sponsored or cosponsored trial

Regulatory Status

The VivAer device (Aerin Medical) first received 510(k) Premarket Notification FDA clearance (K172529) for the VivAer ARC stylus in December 2017 as a Class II device. A second clearance (K200300) was issued in April 2020 for the VivAer Stylus, as substantially equivalent in function, design, and intended use as the predicate device for the intended use of coagulation of soft tissue in the nasal airway, to treat nasal airway obstruction by shrinking submucosal tissue, including cartilage in the internal nasal valve area.

FDA Product Code: GEI

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History

Date	Comments
12/08/14	New policy. Add to Surgery section. Considered medically necessary when criteria are met.
01/05/15	Update Related Policies. Add 7.01.105.
05/27/15	Annual Review. Added the words nasal vestibular stenosis to policy statement for clarity. No new references added.

Date	Comments
02/09/16	Annual Review. Minor edit. No changes in policy statements. No references added.
08/01/16	Updated Related Policies. Remove 7.01.105 as this policy was deleted and content moved to 7.01.559. Corrected link for reference 5.
10/11/16	Policy moved into new format; no change to policy statements.
02/01/17	Annual Review, approved January 10, 2017. Changed title of policy from Rhinoplasty and Septoplasty Surgery to Rhinoplasty. Removed all language referring to Septoplasty.
11/01/17	Interim Review, approved October 10, 2017. Added trauma and other congenital craniofacial deformity to medical necessity statement. Clarified list of conservative care of obstructive symptoms. No new references added.
03/01/18	Interim Review, approved February 27, 2018. Note added that this policy has been revised. Added Surgery Site of Service criteria, which becomes effective June 1, 2018.
06/01/18	Minor update; removed note and link to updated policy. Surgery Site of Service criteria becomes effective.
12/01/18	Annual Review, approved November 6, 2018. Added statement for when rhinoplasty is considered cosmetic and minor edits for clarity.
05/01/19	Annual Review, approved April 2, 2019. References updated. Added references 13-19. Policy statements unchanged.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020. Policy statements unchanged.
10/01/21	Annual Review, approved September 14, 2021. Policy reviewed. References added. One reference removed. Added policy statement that radiofrequency to the nasal valve for the treatment of airway obstruction is considered investigational.
05/01/22	Coding update. Added CPT code 30117. Clarification only, ablation added to radiofrequency section as it was inadvertently left out previously.
05/04/22	Minor update, added related policy 7.01.168 Cryoablation, Radiofrequency Ablation, and Laser Ablation for Treatment of Chronic Rhinitis.
10/01/22	Annual Review, approved September 26, 2022. Title changed from Rhinoplasty to Rhinoplasty and Other Nasal Procedures. Policy reviewed. References added. Policy statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
01/01/23	Coding update. Added term date to CPT code 30117. Added new CPT code 30469.

Date	Comments
03/01/23	Coding update. Removed CPT code 30117 as criteria is best supported with another code.
08/01/23	Annual Review, approved July 24, 2023. Policy reviewed. References added. Policy statement unchanged.
10/01/23	Interim Review, approved September 12, 2023. Added policy statement that nasal swell body reduction by any method is considered investigational for the treatment of nasal obstruction or other sinonasal disease. References added. CPT code 30117 added to policy for nasal swell body reduction procedure.
06/01/24	Interim Review, approved May 24, 2024. Minor editorial refinements made for clarity only, policy intent unchanged.

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.

LifeWise

Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) 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. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise 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). LifeWise 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 LifeWise 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: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.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. 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.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (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 800-817-3056（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.
Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (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。800-817-3056（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.