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Clinical Policy Document Genetic Testing, Hereditary Cancer Syndromes	**Replaces Effective Clinical Policy Dated:** 06/06/23
Reference #: MC/L010	**Page:** 1 of 11

PURPOSE:
The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
Benefits must be available for health care services. Health care services must be ordered by a provider. Licensed Genetic Counselors may also order genetic tests if it is within the scope of practice of their state licensure. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost effective alternative must be requested for coverage consideration.

GUIDELINES:
Medical Necessity Criteria - Must satisfy the following: I and II, and either III or IV

I. Requests for genetic testing - must satisfy the following: A, and either B or C

   A. A genetic counselor, medical geneticist, or other *health care professional trained in genetics*, independent of the laboratory performing the testing, has reviewed and documented family history, advised the member of the potential harms/benefits of the testing and implications of the test results, and obtained written informed consent; and

   B. Member is at direct risk of inheriting the mutation in question (presymptomatic), eg, based on family history; or

   C. Member displays clinical features of a specific inheritable cancer/cancer syndrome (symptomatic).

II. Characteristics of covered tests

   A. Each test has been approved for its intended use by the appropriate *regulatory/oversight* body (implies *analytic validity*).

   B. Each test has sufficient sensitivity or specificity (*clinical validity*) for targeting the member's specific clinical condition.

   C. The results of each test will directly impact clinical decision-making and clinical care (*clinical utility)* for the individual – must satisfy any of the following: 1 - 3
      1. Guiding surveillance for complications (eg, increase in frequency of colonoscopies for members with hereditary non-polyposis colorectal cancer [HNPCC] gene mutation.)

      2. Employing direct risk reduction strategies (eg, prophylactic or bilateral mastectomy and/or oophorectomy for breast cancer [BRCA] gene mutation).

      3. Determining avenues of medical therapy (eg, choosing anti-neoplastic therapy).

III. Single gene testing is medically necessary for any of the following: A - C

A. Members with a personal or family history of cancer (See Attachment A); or

B. Members displays features of a cancer/cancer syndrome (See Attachment A); or

C. Members with a known familial mutation (See Attachment A).

IV. Hereditary cancer panels (eg, 81432, 81433, 81435, 81436, 0129U, 0238U) – must satisfy A or B (See Attachment A)

A. Hereditary breast and ovarian cancer panel testing - must satisfy any of the following: 1 - 2
   1. Requests for *High-Penetrance Breast Cancer Susceptibility Gene (BRCA1, BRCA2, CDH1, PALB2, PTEN and TP53) panel* for members with a personal history of a *BRCA-Related Cancer* [6,16] – must satisfy any of the following: a – j
      a. At least one first- or second-degree relative with a *BRCA-Related Cancer*; or
      b. Ashkenazi Jewish ancestry; or
      c. An unknown or limited family history; or
      d. A BRCA 1/2 pathogenic mutation detected in tumor tissue; or
      e. A personal history of pancreatic cancer; or
      f. Men with a personal history of breast cancer; or
      g. Men with a personal history of metastatic prostate cancer; or
      h. Women with a personal history of ovarian cancer; or
      i. Women with a personal history of breast cancer in any of the following: 1) - 5)
         1) Metastatic breast cancer; or
         2) Breast cancer diagnosed at age 50 or younger; or
         3) An additional breast cancer primary (prior diagnosis or bilateral cancer); or
         4) Triple-negative breast cancer diagnosed at any age; or
         5) Lobular breast cancer with personal or family history of diffuse gastric cancer.
      j. Member has a Tyrer-Cuzick, BRCAPro or Penn11 Score of 2.5% or greater for a BRCA1/2 pathogenic variant.

   2. Requests for a *High-Penetrance Breast Cancer Susceptibility Genes* (BRCA1, BRCA2, CDH1, PALB2, PTEN and TP53) panel for members without a personal history of a related cancer – must satisfy any of the following: a – c
      a. Member has at least one *first- or second degree relative* with a *BRCA-Related Cancer;* or
      b. Member is of Ashkenazi Jewish ancestry and has at least one *close blood relative* with a *BRCA-Related Cancer*: or
      c. Member has a Tyrer-Cuzick, BRCAPro or Penn11 Score of 2.5% or greater for a BRCA1/2 pathogenic variant.

B. Other hereditary cancer syndrome multi-gene panel testing – must satisfy any of the following: 1 - 3
   1. Requests for a *Multi-Gene Hereditary Cancer panel* in members with a personal history of a primary solid tumor cancer – must satisfy all of the following: a and b
      a. The suspected hereditary cancer syndrome(s) can be diagnosed by testing two or more genes included in the specific hereditary cancer panel; and
      b. The member has at least one of the following: 1) – 10)
         1) A personal history of at least two different primary solid tumor cancers (excluding basal or squamous cell carcinoma); or

2) A personal history of *BRCA-Related Cancer* diagnosed at age 40 or younger; or
3) A personal history of *BRCA-Related Cancer* and at least one *close blood relative* with a cancer associated with *Lynch Syndrome*; or
4) At least one *close blood relative* diagnosed with a *BRCA-Related Cancer* at age 40 or younger; or
5) At least two *close blood relatives* (in addition to affected individual) on the same side of the family diagnosed with any primary solid tumor cancer (excluding basal or squamous cell carcinoma); or
6) A personal history of paraganglioma or pheochromocytoma; or
7) A personal history of cancer associated with *Lynch Syndrome*; or
8) A personal history of cancer where tumor testing results demonstrate that the cancer was MSI-high or had immunohistochemical staining showing the absence of one or more mismatch repair proteins (MLH1, MSH2, MSH6 or PMS2); or
9) A personal history of colorectal polyposis with any of the following: i - iii
   i. at least 10 adenomatous polyps; or
   ii. at least 2 hamartomatous polyps; or
   iii. at least 5 serrated polyps/lesions proximal to the rectum; or
10) The member has a PREMM5, MMRpro or MMRpredict Score of 2.5% or greater for having a *Lynch Syndrome* gene mutation.

2. Requests for a *Multi-Gene Hereditary Cancer panel* in members without a personal history of a primary solid tumor cancer – must satisfy all of the following: a and b
   a. The suspected hereditary cancer syndrome(s) can be diagnosed by testing two or more genes included in the specific hereditary cancer panel; and
   b. The member has at least one of the following: 1) – 10)
      1) At least one *first-degree relative* diagnosed with at least two different primary solid tumor cancers (excluding basal or squamous cell carcinoma); or
      2) At least one *first- or second-degree relative* diagnosed with a *BRCA-Related Cancer* at age 40 or younger; or
      3) At least three *close blood relatives*, on the same side of the family, diagnosed with any primary solid tumor cancer (excluding basal or squamous cell carcinoma); or
      4) At least one *first-degree relative* with paraganglioma or pheochromocytoma; or
      5) At least one *first-degree relative* with a cancer associated with *Lynch Syndrome*; or
      6) At least one *second-degree relative* with a cancer associated with *Lynch Syndrome* diagnosed at age 50 or younger; or
      7) At least one *second-degree relative* with at least two cancers associated with *Lynch Syndrome*; or
      8) Two or more *second-degree relatives* with a cancer associated with *Lynch Syndrome*; or
      9) At least one *first- or second-degree* relative with a clinical diagnosis of Familial Adenomatous Polyposis, Attenuated Familial Adenomatous Polyposis, Juvenile Polyposis Syndrome or Peutz-Jeghers Syndrome; or
      10) The individual has a PREMM5, MMRpro or MMRpredict Score of 5% or greater for having a *Lynch Syndrome* gene mutation.

3. Requests for a *Multi-Gene Hereditary Cancer panel* is medically necessary in members diagnosed with cancer at age 18 or younger.

EXCLUSIONS (not limited to):
Refer to member's Certificate of Coverage or Summary Plan Description.

The following is Investigative (see Investigative List)

- Genetic testing (DNA, mRNA [analytics], RNA) by any method (eg, NGS [next-generation sequencing], Sanger sequencing, MLPA [multiplex ligation-dependent probe amplification], array CGH [comparative genomic hybridization]) for detection of variants of unknown significance in hereditary cancer. Such as, but not limited to, +RNA Insight™ and CustomNext + RNA

DEFINITIONS:
BRCA-Related Cancer:
Breast cancer, ovarian cancer, pancreatic cancer or metastatic or high-risk (Gleason score greater than or equal to 7) prostate cancer

Close blood relative/close relative:
First-, second-, or third-degree blood relative from the same side of the family.

First-degree relative:
A blood relative who shares approximately 50% of the individual's genes (parents, full siblings, and children).

Health care professionals trained in genetics:
A genetics professional has experience and an educational background in genetics, counseling, and hereditary syndromes to provide accurate risk assessment and empathetic genetic counseling to patients and their families. Genetics professionals include people certified in any of the following ways:

- American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics and Genomics (ABMGG) board certified/board eligible[32] or a licensed genetic counselor
- Advanced Genetics Nursing Certification (AGN-BC)[32]
- Advanced Clinical Genomics Nurse (ACGN) credential[32]
- Clinical Genomics Nurse (CGN) certification[32]
- Cancer Genetic Risk Assessment (CGRA) certification[32]
- Advanced practice oncology nurse or physician assistant with specialized education in cancer genetics and hereditary cancer predisposition syndromes[32]
- Board-certified/board-eligible physician with experience in cancer genetics (defined as education resulting in a certification and undergoing ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes)[32]
- A registered nurse with specialized education in cancer genetics and hereditary cancer predisposition syndromes (defined as education resulting in a certification and undergoing ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes)[32]
- Board-certified specialty care physician with experience in the diagnosis and treatment of the hereditary condition, eg, cardiologist ordering genetic testing for hypertrophic cardiomyopathy

High-penetrance Breast Cancer Susceptibility Genes:
Genes in which certain mutations are related to significantly increased likelihood of breast cancer. NCCN includes BRCA1, BRCA2, CDH1, PALB2, PTEN and TP53.

High-penetrance Lynch Syndrome Susceptibility Genes:
Genes in which certain mutations are related to significantly increased likelihood of Lynch Syndrome. NCCN includes EPCAM, MLH1, MSH2, MH6/MSH6, and PMS2.

Li-Fraumeni Syndrome:
A rare cancer predisposition hereditary disorder characterized as autosomal dominant. It is also known as the sarcoma, breast, leukemia, and adrenal gland (SBLA) syndrome. The syndrome is linked to germline mutations of the P53 suppressor gene which encodes a transcription factor (p53) that normally regulates the cell cycle and prevents genomic mutations. The mutations can be inherited, or can arise from de novo mutations early in embryogenesis, or in one of the parent's germ cells.

Lynch Syndrome-related cancers:
Colorectal, endometrial, gastric, ovarian, pancreatic, urothelial (ureter and renal pelvis), brain [usually glioblastoma], biliary tract, small intestinal cancers, sebaceous adenomas, sebaceous carcinomas, and keratoacanthomas as seen in Muir-Torre syndrome. The increased risk for these cancers is due to inherited mutations that impair DNA mismatch repair. Also known as hereditary nonpolyposis colorectal cancer (HNPCC).

Multi-Gene Panel:
Genetic tests that use next-generation sequencing to test multiple genes simultaneously. Also called multigene test, Multiple-Gene Panel test and multiple-gene test.

Multi-Gene Panel Types:

TERM	DEFINITION
Multi-gene panel	Laboratory test that includes testing for mutations of more than one gene
Syndrome-specific test*	Panel that only tests for one syndrome (eg, Lynch syndrome, polyposis)
Cancer-specific panel*	Panel that tests for more than one gene associated with a specific type of cancer
"Comprehensive" cancer panel	Panel that tests for more than one gene associated with multiple cancers or multiple cancer syndromes
Actionable pathogenic variant	Mutation that results in a recommendation for a change in clinical management
Variant of uncertain significance	Genetic test result indicating a sequence variant in a gene that is of uncertain significance. Variants are generally not clinically actionable, and most (but not all) are ultimately reclassified as benign

Retrieved from National Comprehensive Cancer Network (NCCN) Guidelines. Genetic/Familial High-Risk Assessment: Colorectal. GENE-2. Version 2.2022 12/07/22. Accessed 05-04-23. *See Attachment A

Regulatory/oversight body:
Such as, but not limited to, Clinical Laboratory Improvement Amendments (CLIA), Food and Drug Administration (FDA) or The Joint Commission

Second-degree relative:
A blood relative who shares approximately 25% of the individual's genes (grandparents, grandchildren, aunts, uncles, nephews, nieces, and half siblings).

Third-degree relative:
A blood relative who shares approximately 12.5% of the individual's genes (great-grandparents, great-aunts, great-uncles, great-grandchildren, and first-cousins).
Prior Authorization: Yes, per network provider agreement.

Prior Authorization: Yes, per network provider agreement.

CODING:

CPT® or HCPCS

81162 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)

81163 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis

81164 BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)

81165 BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis

81166 BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)

81167 BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)

81201 APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence

81202 APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants

81203 APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants

81212 BRCA 1, BRCA 2 gene analysis; 185delAG, 5385insC, 6174delT variants

81215 BRCA 1 gene analysis; known familial variant

81216 BRCA 2 gene analysis; full sequence analysis

81217 BRCA 2 gene analysis; known familial variant

81288 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis

81292 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

81293 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

81294 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

81295 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

81296 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

81297 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

81298 MSH6 (mutS homolog 6 [E.coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis

81299 MSH6 (mutS homolog 6 [E.coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants

81300 MSH6 (mutS homolog 6 [E.coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants

81307 PALB2 (partner and localizer of BRCA2) (eg breast and pancreatic cancer) gene analysis; full gene sequence

81308 PALB2 (partner and localizer of BRCA2) (eg breast and pancreatic cancer) gene analysis; known familial variant
81317 PMS2 (postmeiotic segregation increased 2 [S.cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81318 PMS2 postmeiotic segregation increased 2 [S.cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81319 PMS2 postmeiotic segregation increased 2 [S.cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
81321 PTEN (phosphatase and tensin homolog (eg Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
81322 PTEN (phosphatase and tensin homolog (eg Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
81323 PTEN (phosphatase and tensin homolog (eg Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
81351 TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
81352 TP53(tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
81353 TP53(tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
81401 Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using non-sequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)
81403 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
81404 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis
81405 Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis
81406 Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia
81408 Molecular pathology procedure, Level 9 (eg, analysis of > exons in a single gene by DNA sequence analysis (when used for ATM [ataxia telangiectasia mutated] [eg, ataxia telangiectasia], full gene sequence)
81432 Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53
81433 Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analysis for BRCA1, BRCA2, MLH1, MSH2, and STK11
81435 Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
81436 Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, MSH6, EPCAM, SMAD4, and STK110129U Hereditary breast cancer–related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial

cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) - BRCAplus (Ambry Genetics)
0235U PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
0238U Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions

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Attachment A

Genes with Strong or Very Strong Evidence for Increased Risk (well-established) of Inherited Cancer/Cancer Syndrome	Breast and Epithelial Ovarian Cancer Syndrome Genes[6]		Colorectal Cancer/Cancer Syndromes Genes[16]	Gastric Cancer Gene[15]	Melanoma Cancer Gene[6]	Pancreatic Cancer Genes[6]
	Breast	Epithelial Ovarian	Cowden Syndrome Adenomatous Polyposis Juvenile Polyposis Lynch Syndrome MUTYH-Associated Polyposis PTEN Hamartoma Syndrome Peutz-Jeghers Syndrome Serrated Polyposis Syndrome	Gastric	Melanoma	Pancreatic
APC			•			
ATM	•	•				•
BARD1	•					
BMPR1A			•	•		
BRCA1	•	•				•
BRCA2	•	•				•
BRIP1		•				
CDH1	•			•		
CDKN2A					•	•
CHEK2	•					
EPCAM		•	•			•
MLH1		•	•			•
MSH2		•	•			•
MH6/MSH6		•	•			•
MUTYH			•			
NF1	•					
PALB2	•	•				
PMS2			•			
PTEN	•		•			
RAD51C	•	•				
RAD51D	•	•				
SMAD4			•			
STK11	•	Non-Epithelial	•			•
TP53	•		•			

Sources:

*National Comprehensive Cancer Network (NCCN) Guidelines. Genetic/Familial High-Risk Assessment: Colorectal. GENE-1-19. Version 2.2022 12/07/22. Accessed 05-04-23.

*National Comprehensive Cancer Network (NCCN) Guidelines. Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic. GENE-A 1-10. Version 3.2023 02/13/23. Accessed 05-04-23.

*National Comprehensive Cancer Network (NCCN) Guidelines. Gastric Cancer. GAST-D 1-8, GENE-5. Version 1.2013 03/10/23. Accessed 05-04-23.

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP 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:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, 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.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013).។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC 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:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, 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.

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