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Clinical Policy Document: Pharmacogenetic / Pharmacogenomic Testing	**Replaces Effective Clinical Policy Dated:** 08/02/23
Reference #: MP/P013	**Page:** 1 of 22

PURPOSE:
The purpose of this clinical policy is to provide guidelines for coverage of *pharmacogenetic/ pharmacogenomic* testing for heritable and somatic conditions.

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.

COVERAGE:

I. After history, physical examination and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain and a valid specific test exists for the suspected condition – as evidenced by all of the following: 1 - 3
   1. Each test has been approved for its intended use by the appropriate *regulatory/oversight body* (implies *analytic validity*); and

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

   3. The results of each test will directly impact clinical decision-making and clinical care (*clinical utility)* for the individual.

   [Note: Genetic counseling is not required for well-defined populations.]

II. Requests for *pharmacogenetic/pharmacogenomic* are appropriate, for the member's condition and indication stated in the table in Attachment A, based on the following:

   A. Is a *companion diagnostic* or required test, as listed on the U.S. Food and Drug Administration (FDA) List of Cleared or Approved Companion Diagnostic Devices (CACDD) or on the package insert under Indications and Usage; or

   B. Other *reliable evidence*.

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

I. The following tests are considered investigative (see Investigative List):

Pharmacogenetic/pharmacogenomic testing for any of the following:

- ABCB1 genotyping to determine drug metabolizer status for all drugs
- ADRA2A genotyping to determine drug metabolizer status for all drugs
- ANKK1 genotyping to determine drug metabolizer status for all drugs
- BDNF genotyping to determine drug metabolizer status for all drugs
- COMT genotyping to determine drug metabolizer status for all drugs
- *Cytochrome P450 (CYP450)* genotyping to detect polymorphisms, including, but not limited to, CYP1A2, CYP2C9, CYP3A4, CYP3A5
  - Does not include the following:
    - CYP2C19 variant(s) for
      - Clopidogrel (Plavix)
      - Use in managing antidepressant and antipsychotic drugs in treatment of depression or generalized anxiety disorder
    - CYP2D6 variant(s) for (revised 12/21)
      - Eliglustat (Cerdelga) in persons with Gaucher disease type 1
      - Tetrabenazine (Xenazine) doses greater than 50mg per day
      - Use in managing antidepressant and antipsychotic drugs in treatment of depression or generalized anxiety disorder
- DRD2 genotyping to determine drug metabolizer status for all drugs
- DPYD gene mutation testing prior initiation of treatment with a fluoropyrimidine medication
- FKBP5 genotyping to determine drug metabolizer status for all drugs
- GRIK4 genotyping to determine drug metabolizer status for all drugs
- HLA-A*31:01 genotyping to determine drug metabolizer status for all drugs
- HLA-B*1502, 15:13 genotyping to determine drug metabolizer status for all drugs except for members of Asian ancestry prior to initiation of treatment with carbamazepine (Tegretol)
- HLA-B*5701 screening except for persons with HIV-1 prior to initiation of treatment with abacavir (Ziagen)
- HTR1A genotyping to determine drug metabolizer status for all drugs
- HTR2A genotyping to determine drug metabolizer status for all drugs
- HTR2C genotyping to determine drug metabolizer status for all drugs
- MC4R genotyping to determine drug metabolizer status for all drugs
- MTHFR genotyping for determining therapeutic response to antifolate chemotherapy and to guide antidepressant therapy
- OPRM1 genotyping to determine drug metabolizer status for all drugs
- SLC6A4 genotyping to determine drug metabolizer status for all drugs
- SLCO1B1 genotyping to determine drug metabolizer status for all drugs
- TXNRD2 genotyping to determine drug metabolizer status for all drugs
- UGT2B15 genotyping to determine drug metabolizer status for all drugs
- VKOR1C genotyping to determine drug metabolizer status for all drugs

II. Direct-to-consumer testing

DEFINITIONS:

Analytic Validity:
How accurately and reliably the test measures the genotype of interest. A major component in the validation of an analytical technique is the technique's ability to accurately determine the presence of the substance it is seeking. It must measure the target substance without a great range of variation over a number of trials. The technique also must be proven to work reliably at multiple labs to be validated by this testing.

Clinical Utility:
The evidence of improved measurable clinical outcomes, and its usefulness and added value to patient management decision-making compared with current management without the testing.

Clinical Validity:
How consistently and accurately the test detects or predicts the intermediate or final outcomes of interest.

Companion Diagnostic:
A companion diagnostic is a medical device, often an in vitro device, which provides information that is essential for the safe and effective use of a corresponding drug or biological product. The test helps a health care professional determine whether a particular therapeutic product's benefits to patients will outweigh any potential serious side effects or risks. Companion diagnostics can:

- identify patients who are most likely to benefit from a particular therapeutic product;
- identify patients likely to be at increased risk for serious side effects as a result of treatment with a particular therapeutic product; or
- monitor response to treatment with a particular therapeutic product for the purpose of adjusting treatment to achieve improved safety or effectiveness.

Cytochrome P450 (CYP450):
The cytochrome P450s (CYPs) are members of a superfamily of oxidative enzymes, which represent the major system for oxidative metabolism of therapeutic substances. Sequencing of the human genome has revealed 58 different human CYP genes, which encode various CYP isoenzymes. CYP enzyme activity can be affected by genetic and environmental factors. One of the more common environmental influences occurs through drug-drug interactions.

Epigenetic changes:
Affect genes without altering the gene sequence. This may occur via changes in gene methylation or histone modification (methylation, acetylation), either of which can influence the rate of transcription or silencing of gene expression. Other epigenetic changes include the alterations in noncoding RNAs and telomere length. These epigenetic changes can be passed on from parents to offspring but can also result from environmental influences on the epigenome. An example of an epigenetic change that affects drug metabolism is reduced sensitivity of a tumor to a chemotherapeutic drug due to gene methylation

Next Generation Sequencing (NGS):
Used to analyze specimens for the four main classes of genomic alterations (base substitutions, insertions and deletions, copy number alterations, and rearrangements)

Pharmacogenetics:
A subcategory of pharmacogenomics that refers to the role of genetic variation on response to a drug. Pharmacogenetics generally is used to refer to a specific DNA polymorphism or coding variant rather than epigenetic or transcriptomic changes across the genome. In practice, pharmacogenetics and pharmacogenomics are often used interchangeably.

Pharmacogenomics:
The role of various components of the genome on response to a drug. Among the most commonly studied are genetic sequence variants, structural changes in chromosomes (eg, translocations), epigenetic variants (eg, changes in gene methylation), and variation in the expression profile of genes (changes in messenger RNA [mRNA] levels) or noncoding RNA (eg, changes in microRNA). The genetic variation can be inherited through the germline or acquired (eg, somatic mutation in a tumor). The availability of high-throughput techniques to interrogate the entire genome has facilitated many pharmacogenomic studies.

Pharmacokinetics (PK):
Refers to how a drug moves through an individual's body. A drug's PK includes its absorption, distribution, metabolism, and elimination, all of which affect the drug's effect by altering the drug's concentration at its site of action.

Pharmacodynamics:
Refers to an individual's body's therapeutic response to a drug. This generally is determined by the drug's affinity and activity at its site of action, which is often a receptor.

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

Reliable Evidence:
Reliable evidence shall mean consensus opinions and recommendations reported in the relevant medical and scientific literature, peer-reviewed journals, reports of clinical trial committees, or technology assessment bodies, and professional consensus opinions of local and national health care providers.

BACKGROUND:
Pharmacogenomic influences on drug responses have traditionally been divided into four categories based upon the impact of genetic variability on the pharmacologic properties of a drug.

- Effect on drug pharmacokinetics; an example is a genetic variant that alters drug metabolism, affecting plasma concentration.
- Effects on pharmacodynamics; an example is a genetic variation that reduces binding of the drug to its receptor, thereby decreasing therapeutic efficacy.
- Effects on idiosyncratic reactions, such as the likelihood of a hypersensitivity reaction to a certain drug.
- Effects on disease pathogenesis or severity and response to specific therapies; these include specific molecular defects related to the pathogenesis of certain malignancies for which specific targeted therapies have been developed

Prior Authorization: Yes, per network provider agreement - for those marked with an * on Attachment A

CODING:

CPT® or HCPCS

81120 IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C) (eg, Abbot RealTime IDH1)

81121 IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M) (eg, Abbot RealTime IDH2)

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 arrangements) (eg, BRCAnalysis CDx, FoundationFocus CDx*BRCA*)

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)

81170 ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain

81206 BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative

81207 BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative

81208 BCR/ABL1 (t(9;22)) (e.g., chronic myelogenous leukemia) translocation analysis; major breakpoint, other breakpoint, qualitative or quantitative

81210 BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variants (eg, cobas 4800 BRAF V600 Mutation Test, BRAF V600E and V600K mutation by THxID BRAF)

81220 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)

81222 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants

81235 EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg exon 19LREA deletion, L858R, T7090M, G719A, G719S, L81Q) (eg, cobas EGFR Mutation Test v2, therascreen EGFR RQC PCR Kit, DAKO EGFR pharmDX Kit)

81236 EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence) (eg, cobas EZH2 Mutation Test)

81237 EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variants (eg, codon 646) (eg, cobas EZH2 Mutation Test)

81245 FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (i.e., exons 14, 15)

81246 FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (e.g., D835, I836)

81272 KIT (v-KIT Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia melanoma), gene analysis, targeted sequence analysis (eg, exons 8,11,13,17,18) (eg, Dako c-Kit pharmDX assay)

81273 KIT (v-KIT Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s) (eg, KIT D816V assay)

81275 KRAS (V-KI-RAS2 Kirsten Rat Sarcoma viral oncogene) gene analysis, variants in codons 12 and 13 (eg, cobas KRAS Mutation Test or KRAS RGQ PCR kit – therascreen)

81283 IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant

81287 MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis)
81301 Microsatellite instability analysis of markers for mismatch repair deficiency, includes comparison of neoplastic and normal tissue
81306 NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
81311 NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (e.g., colorectal carcinoma), gene analysis, variants in exon 2 (e.g., codons 12 and 13) and exon 3 (e.g., codon 61) (eg, cobas KRAS Mutation Test or therascreen KRAS RGQ PCR kit)
81314 PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (e.g., gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
81306 NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
81328 SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
81329 SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
81336 SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
81337 SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
81346 TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
81350 UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
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) (eg, FIP1L1-PDGFRα fusion kinase/CHIC2 allele deletion)
0016U Oncology (hematolymphoid neoplasia) RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation (eg, BCR/ABL1 major and minor breakpoint fusion transcripts)
0022U DNA and RNA targeted sequencing analysis of 1-23 genes associated with non-small cell lung cancer, reported as presence/absence of variants and associated therapies to consider (Oncomine Dx Target Test)
0023U Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.1836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for midostaurin or gilterinib (LeukoStrat CDx FLT3 Mutation Assay)
0037U Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden (FoundationOne CDx)
0040U BCR/ABL1 (t[9;22]) 9eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative (MRDx BCR-ABL Test)
0046U FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative (FLT3 ITD by NGS, LabPMM)
0111U RAS detection of 56 specific mutations in RAS genes [KRAS (exons 2, 3, and 4) and NRAS (exons 2, 3, and 4)] (Praxis Extended RAS panel)
0154U Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-

embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status (FGFR RGQ RT-PCR Kit)
0155U Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status (PIK3CA RGQ PCR Kit)
0172U Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score (myChoice CDx)
0177U Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status (PIK3CA RGQ RT-PCR Kit)
0239U Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations (FoundationOne Liquid CDx)
0242U Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements ic, 1 mCi (Guardant360 CDx)
0347U Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes
0348U Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes
0349U Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions
0350U Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes
0434U Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes

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Attachment A Revised 08/01/23

Molecular Marker /Test	Indication	Coverage Criteria
ALK		
ALK [D5F3] CDx Assay Ventana - tissue	Drug eligibility	Medically necessary for members who are considering Alecensa (alectinib), Lorbrena (lorlatinib), Xalkori (crizotinib) or Zykadia (ceritinib) for the treatment of non-small cell lung cancer (NSCLC)[6]
ALK Break Apart Probe FISH Kit Vysis - tissue	Drug eligibility	Medically necessary for members who are considering Alunbrig (brigatinib) or Xalkori (crizotinib) for the treatment of non-small cell lung cancer (NSCLC)[6]
ALK No specific CPT code	Drug eligibility	Medically necessary for members who are considering Keytruda (pembrolizumab)[20], Opdivo (nivolumab)[45], Tecentriq (atezolizumab)[31] or Yervoy (ipilimumab)[46] for the treatment of non-small cell lung cancer (NSCLC)
***BCR/ABL1 and/or ABL1**		
BCR/ABL1 translocation and breakpoint analysis MRDx BCR-ABL Test - blood CPT 0040U	Drug monitoring	Medically necessary for monitoring treatment of CML with TKIs and identification of CML patients in the chronic phase being treated with Tasigna (nilotinib)[6]
BCR/ABL1 breakpoint fusion analysis - blood or bone marrow CPTs 81206, 81207, 81208, 0016U ABL1 CPTs 81170, 81401	Drug eligibility and monitoring	Medically necessary for members who are considering, already on, or have a history of treatment with Bosulif (bosutinib) for Philadelphia chromosome + (Ph+) CML[13] ; or for Gleevec (imatinib)[17], Iclusig (ponatinib)[18], or Sprycel (dasatinib)[28] for Philadelphia chromosome + (Ph+) ALL or CML (Ph+)
***BRAF**		
BRAF V600E and V600K mutation THxID BRAF Kit - tissue CPT 81210	Drug eligibility	Medically necessary for members who are considering treatment with Braftovi (encorafenib) in combination with Mektovi (binimetinib), Mekinist (trametinib), or Tafinlar (dabrafenib) for the treatment of melanoma.[6]
BRAF V600 mutation cobas 4800 BRAF V600 Mutation Test – tissue CPT 81210	Drug eligibility	Medically necessary for members who are considering Cotellic (cobenitinib) in combination with Zelboraf (vemurafenib), or Zelboraf alone, for the treatment of melanoma.[6]

Molecular Marker /Test	Indication	Coverage Criteria
***BRAF (continued)**		
BRAF V600E RCQ PCR Kit therascreen - tissue	Drug eligibility	Medically necessary for members who are considering treatment with Braftovi (encorafenib) in combination with Erbitux (cetuximab) for treatment of colorectal cancer[6]
BRAF CPT 81210	Drug eligibility	Medically necessary for members who are considering Zelboraf (vemurafenib)[33] for the treatment of Erdheim-Chester disease Medically necessary for members who are considering Mekinist (trametinib) [22] in combination with Tafinlar (dabrafenib)[30] for the treatment of non-small cell lung cancer Medically necessary for members who are considering Mekinist (trametinib) [22] in combination with Tafinlar (dabrafenib)[30] for the treatment of anaplastic thyroid cancer (ATC) Medically necessary for members who are considering Mekinist (trametinib) [22] in combination with Tafinlar (dabrafenib)[30] for solid tumors
***BRCA**		
BRCA mutations BRACAnalysis CDx Myriad (germline mutation) - blood CPT 81162	Drug eligibility	Medically necessary for members who are considering Lynparza (olaparib) or Talzenna (talazoparib) for the treatment of breast cancer[6] Medically necessary for members who are considering Lynparza (olaparib) or Rubraca (rucaprib) for the treatment of ovarian (including fallopian tube and primary peritoneal) cancer[6] Medically necessary for members are considering Lynparza (olaparib) for the treatment of pancreatic cancer[6] Medically necessary for members are considering Lynparza (olaparib) for the treatment of metastatic castration resistant prostate cancer (mCRPC)[6]

Molecular Marker /Test	Indication	Coverage Criteria
***BRCA (continued)**		
BRCA mutations FoundationFocus CDx*BRCA* Assay - tissue CPT 81162	Drug eligibility	Medically necessary for members who are considering Rubraca (rucaprib) for the treatment of ovarian (including fallopian tube and primary peritoneal) cancer[6]
BRCA mutations myChoice CDx Myriad - tissue CPT 0172U	Drug eligibility	Medically necessary as an aid in identifying ovarian (including fallopian tube and primary peritoneal) cancer patients who are candidates for therapy with Lynparza (olaparib) or Zejula (niraparib)[6]
BRCA - tissue or blood (germline)	Drug eligibility	Medically necessary for members who are considering Lynparza (olaparib)[21] or Talzenna (talazoparib)[29] for the treatment of breast cancer Medically necessary for members who are considering Rubraca (rucaprib)[26] or Zejula (niraparib)[44] for the treatment of ovarian (including fallopian tube and primary peritoneal) cancer
CPTs 81162, 81163, 81164		Medically necessary for members who are considering Rubraca (rucaprib)[26] for the treatment of metastatic castration resistant prostate cancer (mCRPC)
CFTR F508del, G551D, G1244E, G1349D, G178R, G551S, R117H, S1251N, S1255P, S549N, and S549R mutations – blood	Drug eligibility	Medically necessary for members who are considering Kalydeco (ivacaftor)[19] or Orkambi (lumacaftor/ivacaftor)[24] for the treatment of cystic fibrosis
CFTR F508del CPTs 81220, 81222	Drug eligibility	Trikafta (elexacaftor, tezacaftor and ivacaftor) for the treatment of cystic fibrosis[34]
***EGFR**		
EGFR T790 mutation, exon 19 deletion or exon 21 (L858R) substitution mutations EGFR Mutation Test v1, v2 cobas – tissue or blood CPT 81235	Drug eligibility	Medically necessary for testing of members who are considering a tyrosine kinase inhibitor, eg, Gilotrif (afatinib), Iressa (gefitinib), Tagrisso (osimertinib), Tarceva (erlotinib) or Vizimpro (dacomitinib) for the treatment of non-small cell lung cancer (NSCLC)[6]

Molecular Marker /Test	Indication	Coverage Criteria
***EGFR (continued)** EGFR T790 mutation, exon 19 deletion or exon 21 (L858R), L862Q, G719X or S7681 substitution mutations EGFR RGQ PCR Kit therascreen – tissue or blood CPT 81235	Drug eligibility	Medically necessary for testing of members who are considering Gilotrif (afatinib), Iressa (gefitinib) or Vizimpro (dacomitinib) for the treatment of non-small cell lung cancer (NSCLC)[6]
EGFR T790 mutation, exon 19 deletion or exon 21 (L858R) substitution mutations DAKO EGFR pharmDX Kit - tissue CPT 81235	Drug eligibility	Medically necessary for members who are considering Erbitux (cetuximab) or Vectibix (panitumumab) for the treatment of colorectal cancer[6]
EGFR - tissue or blood CPT 81235	Drug eligibility	Medically necessary for testing of members who are considering Keytruda (pembrolizumab) [20], Opdivo (nivolumab)[45] Tecentriq (atezolizumab)[34] or Yervoy (ipilimumab)[46] for the treatment of non-small cell lung cancer (NSCLC)
***EZH2** EZH2 Mutation Test cobas– tissue CPTs 81236, 81237	Drug eligibility	Medically necessary for members who are considering treatment with Tazverik (tazemetostat) for the treatment of follicular lymphoma[6]
***FGFR3** Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) FGFR RGQ RT-PCR Kit therascreen - tissue	Drug eligibility	Indicated for use as an aid in identifying urothelial cancer (UC) patients who harbor these alterations and are therefore eligible for treatment with Balversa (erdafitinib)[6]

Molecular Marker /Test	Indication	Coverage Criteria
CPT 0154U		
***FLT3** FLT mutations by FLT3 Mutation Assay to detect internal tandem duplication (ITD) mutations and the tyrosine kinase domain mutations D835 and I836 in the FLT3 gene LeukoStrat CDx - blood or bone marrow CPT 0023U	Drug eligibility	Medically necessary for members who are considering Rydapt (midostaurin) or Xospata (gilterinib) for the treatment of acute myelogenous/myeloid leukemia (AML)[6]
FLT ITD MRD (minimal residual disease) NGS LabPMM - blood or bone marrow CPT 0046U	Monitoring	Medically necessary for members who receiving treatment for acute myelogenous/myeloid leukemia (AML) [54]
FLT mutations - blood or bone marrow CPTs 81245, 81246	Prognostic, drug eligibility or monitoring	Medically necessary for members who are diagnosed with, considering treatment, or receiving treatment for acute myelogenous/ myeloid leukemia (AML) [54]
***FIP1L1-PDGFRα** fusion kinase/ CHIC2 allele deletion - blood CPT 81401	Drug eligibility	Medically necessary for members who are considering Gleevec (imatinib) for the treatment of hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukemia (CEL) [17]
FOLR1 Ventana RxDx Assay No specific CPT	Drug eligibility	Medically necessary for members who considering treatment with Elahere (mirvetuximab soravtansine-gynx) for the treatment of ovarian cancer (includes fallopian tube and primary peritoneal)[6]

Molecular Marker /Test	Indication	Coverage Criteria
***FoundationOne CDx** Substitutions, insertion and deletion alterations (indels), and copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI), tumor mutational burden (TMB) and group-based companion diagnostic for BRAF inhibitors and BRAF/ MEK inhibitor combinations approved by the FDA - tissue CPT 0037U ***FoundationOne CDx (continued)** Foundation Medicine - tissue	Drug eligibility Drug eligibility	Medically necessary for members who are considering the following drugs for the corresponding cancer conditions Breast cancer[6] • Herceptin (trastuzumab) • Kadcyla (ado-trastuzumab) • Perjeta (pertuzumab) • Piqray (alpelisib) Cholangiocarcinoma[6] • Pemazyre (pemigatinib) • Truseltiq (infigratinib) Colorectal cancer[6] • Erbitux (cetuximab) • Vectibix (panitumumab) Melanoma[6] • Braftovi (encorafenib) in combination with Mektovi (binimetinib) • Cotellic (cobimetinib) in combination with Zelboraf (vemurafenib) • Mekinist (trametinib) • Tafinlar (dabrafenib) • Tafinlar (dabrafenib) in combination with Mekinist (trametinib) • Tecentriq (atezolizumab) combination with Cotellic (cobimetinib) and Zelboraf (vemurafenib) • Zelboraf (vemurafenib) Non-small cell lung cancer (NSCLC) • Alecensa (alectinib)[6] • Gilotrif (afatinib)[6] • Iressa (gefinitnib)[6] • Opdivo (nivolumab)[45] • Rozlytrek (entrectinib)[6] • Tafinlar (dabrafenib) in combination with Mekinist (trametinib)[6] • Tagrisso (osimertinib)[6] • Tarceva (erlotinib)[6] • Tecentriq (atezolizumab)[31] • Trabecta (capmatinib)[6]

Molecular Marker /Test	Indication	Coverage Criteria
CPT 0037U ***FoundationOne CDx (continued)** CPT 0037U	Drug eligibility	• Xalkori (crizotinib) [6] • Vizimpro (dacomitinib)[6] • Yervoy (ipilimumab)[46] • Zykadia (ceritinib)[6] Ovarian cancer (includes fallopian tube and primary peritoneal) [6] • Lynparza (olaparib) • Rubraca (rucaparib) Prostate cancer, metastatic castration resistant • Lynparza (olaparib)[6] Solid tumors (MSI-High) [6] • Keytruda (pembrolizumab) Solid tumors (NTRK1/2/3 fusions) [6] • Rozlytrek (entrectinib) • Vitrakvi (larotrectinib) Solid tumors (TMB≥ 10 mutations per megabase) [6] • Keytruda (pembrolizumab)
***FoundationOne Liquid CDx** Foundation Medicine – blood Utilizes circulating cell-free DNA (cfDNA) CPT 0239U	Drug eligibility	Medically necessary for members who are considering the following drugs for the corresponding cancer conditions [6] Breast cancer • Piqray (alpelisib) Non-small cell lung cancer (NSCLC) • Alecensa (alectinib) • Exkivity (mobocertinib) • Iressa (gefitinib) • Rozlytrek (entrectinib) • Tagrisso (osimertinib) • Tarceva (erlotinib) • Trabrecta (capmatinib) Ovarian cancer (includes fallopian tube and primary peritoneal): Rubraca (rucaparib) Prostate cancer, metastatic castrate resistant (mCRPC) • Lynparza (olaparib) • Rubraca (rucaparib)

Molecular Marker /Test	Indication	Coverage Criteria
		Solid Tumors • Rozlytrek (entrectinib)
*Guardant360 CDx Guardant Health – blood CPT 0242U	Drug eligibility	Medically necessary for members who are considering the following drugs for corresponding cancer condition[6] Breast cancer • Orserdu (elacestrant) Non-small cell lung cancer (NSCLC) • Enhertu (fam-trastuzumab derustecan-nxki) • Lumakras (sotorasib) • Rybrevant (amivantamab-vmjw) • Tagrisso (osimertinib)
HER-2/NEU HER2 IHC Bond Oracle, HER2CISH pharmDx Kit, HercepTest, INFORM HER2 Dual ISH DNA probe, INFORM HER-2/neu, InSite HER-2/neu (CB11), PathVysion HER-2 DNA probe, PATHWAY anti-Her2/neu, SPOT-LIGHT HER2 CISH Kit, HER2 FISH pharmDX Kit, CPTs 83950,88342,88365 HER2 DEPArray HER2–tissue CPT 0009U	Prognostication, drug eligibility Prognostication, drug eligibility	Indicated as an aid in the assessment of patients for whom treatment is being considered for the cancer conditions listed[6] Breast cancer • Herceptin (trastuzumab) • Kadcyla (ado-trastuzumab emtansine) • Perjeta (pertuzumab) Gastric and gastroesophageal cancer • Herceptin (trastuzumab)
HLA HLA-A*02:01 HLA-B*1502 HLA-B*5701 HLA-B*58:01 CPTs 81370-81383	Drug eligibility Drug eligibility Drug eligibility Drug eligibility	Medically necessary for members who are considering Kimmtrak (tebentafusp-tebn) for uveal melanoma[6] Indicated for persons of Asian ancestry before initiating treatment with Tegretol (carbamazepine)[38] Indicated for persons with HIV-1 before initiating treatment with Ziagen (abacavir)[39]

Molecular Marker /Test	Indication	Coverage Criteria
		Indicated in Asian persons prior to commencing allopurinol therapy[53]
***IDH1** IDH1 R132 mutations (R132C, R132H, R132G, R132S, and R132L) Abbott RealT*ime* - blood or bone marrow CPT 81120	Drug eligibility	Medically necessary for members who are considering Rezlidhia (olutasidenib) or Tibsovo (ivosidenib) for the treatment of acute myeloid leukemia (AML)[6]
***IDH2** IDH2 mutations (R140Q, R140L, R140G, R140W, R172K, R172M, R172G, R172S, and R172W) by Abbott RealTi*me* - blood or bone marrow CPT 81121	Drug eligibility	Medically necessary for members who are considering Idhifa (enasidenib) for the treatment of acute myeloid leukemia (AML)[6]
Ki-67 IHC MIB-1 pharmDx - tissue No specific CPT	Drug eligibility	Medically necessary for members who are considering Verzenio (abemaciclib) for the treatment of breast cancer[6]
*C**- Kit protein/CD 117** antigen c-Kit pharmDX Assay Dako- tissue CPT 81272	Drug eligibility	Medically necessary for members who are considering Gleevec/Glivac (imatinib mesylate) for the treatment of gastrointestinal stromal tumors (GIST) and to aid in the differential diagnosis of GIST[6]
***KIT** D816V assay for the kit d816v mutation - bone marrow CPT 81273	Drug eligibility	Medically necessary for members who are considering Gleevec (imatinib mesylate) for the treatment of aggressive systemic mastocytosis (ASM)[6]

Molecular Marker /Test	Indication	Coverage Criteria
***KRAS/NRAS** codons 12 and 13 mutations cobas KRAS Mutation Test or KRAS RGQ PCR kit therascreen - tissue CPTs 81275, 81311	Drug eligibility	Medically necessary for members who are considering Erbitux (cetuximab) or Vectibix (panitumumab) for the treatment of colorectal cancer[6] Medically necessary for members who are considering Krazati (adagrasib) or Lumakras (sotorasib) for the treatment of NSCLC[6]
KRAS G12C NGS panel Agilient Resolution CtDx FIRST assay – blood CPT 0397U	Drug eligibility	Medically necessary for members who are considering Krazati (adagrasib) for the treatment of NSCLC[6]
***Microsatellite instability**-high (MSH-H) or mismatch repair (MMR) genes - tissue CPT 81301	Drug eligibility	Medically necessary for members who are considering Keytruda (pembrolizumab), for the treatment of solid tumors or colorectal cancer[20] Medically necessary for members who are considering Opdivo (nivolumab)[45] or Yervoy (ipilimumab)[46] for the treatment of colorectal cancer
***Mismatch repair (MMR) genes** MLH-1, PMS2, MSH2, MSH6 Ventana MMR RxDx panel - tissue CPT 81445	Drug eligibility	Medically necessary for members who are considering Jemperli (dostarlimab-gxly) for the treatment of endometrial carcinoma[6] Medically necessary for members who are considering Jemperli (dostarlimab-gxly) or Keytruda (pembrolizumab) for mismatch repair deficient (dMMR) solid tumors[6] Medically necessary for members who are considering Keytruda (pembrolizumab) in combination with Lenvima for endometrial carcinoma [6]
***ONCO/Reveal Dx Lung & Colon Cancer Assay** KRAS wild-type (absence of mutations in codons 12 and 13) EGFR Exon 19 deletions and Exon 21 L858R	Drug eligibility	Medically necessary for members who are considering Erbitux (cetuximab) or Vectibix (panitumumab) for the treatment of colorectal cancer[6] Medically necessary for members who are considering an EGFR Tyrosine Kinase

Molecular Marker /Test	Indication	Coverage Criteria
substitution mutations – tissue No specific CPT		Inhibitor that is approved by the FDA for NSCLC[6] • Gilotrif (afatinib)[6] • Iressa (gefitinib)[6] • Tagrisso (osimertinib)[6] • Tarceva (erlotinib)[6] • Vizimpro (dacomitinib[6]
***Oncomine Dx Target Test** Single nucleotide variants (SNVs) and deletions in 23 genes from DNA and fusions in ROS1, BRAF V600E, ROS1 fusions and EGFR L858R, Exon 19 deletions - tissue CPT 0022U	Drug eligibility	Medically necessary for members who are considering the following drugs for the corresponding cancer conditions: Cholangiocarcinoma[6] • Tibsovo (ivosidenib) Non-small cell lung cancer (NSCLC)[6] • Enhertu (fam-trastuzumab derustecan-nxki) • Exkivity (mobocertinib) • Gavreto (pralsetinib) • Iressa (gefitinib) • Retevmo (selpercatinib) • Rybrevant (amivantamab-vmjw) • Tafinlar (dabrafenib) in combination with Mekinist (trametinib) • Xalkori (crizotinib) Thyroid cancer (includes medullary)[6] • Retevmo (selpercatinib)
PD-L1 PD-L1 by IHC 22C3 pharmDX - tissue	Drug eligibility	Medically necessary for members who are considering Keytruda (pembrolizumab)[6] for the following: • Cervical cancer • Esophageal squamous cell carcinoma (ESCC) • Head and neck squamous cell carcinoma (HNSCC) • Non-small cell lung cancer (NSCLC) • Triple negative breast cancer (TNBC) Medically necessary for members who are considering Libtayo (cemiplimab-rwlc) for • Non-small cell lung cancer (NSCLC)[6]
PD-L1 IHC 28-8 pharmDX - tissue	Drug eligibility	Medically necessary for members who are considering Opdivo (nivolumab) in combination with Yervoy (ipilimumab) for:

Molecular Marker /Test	Indication	Coverage Criteria
PD-L1 (SP142) CDx Assay Ventana - tissue	Drug eligibility	• Non-small cell lung cancer (NSCLC)[6] Medically necessary for members who are considering Tecentriq (atezolizumab) for the treatment of non-small cell lung cancer (NSCLC)[6] Medically necessary for members who are considering Tecentriq (atezolizumab) for the treatment of urothelial carcinoma[6]
PD-L1 (SP263) CDx Assay Ventana - tissue No specific CPT	Drug eligibility	Medically necessary for members who are considering Tecentriq (atezolizumab) for the treatment of non-small cell lung cancer (NSCLC)[6]
***PDGFRα** exon 18 mutation, including PDGFRA D842V tissue CPT 81314	Drug eligibility	Medically necessary to determine eligibility for Ayvakit (avapritinib) for gastrointestinal stromal tumor (GIST) [37]
PDGFRβ gene rearrangement PDGFRβ FISH Assay - bone marrow No specific CPT	Drug eligibility	Medically necessary for members who are considering Gleevec (imatinib) for the treatment of chronic myelomonocytic leukemia or myelodysplastic syndrome/myeloproliferative disease (MDS/MPD)[6]
***PIK3CA** PIK3CA RGQ PCR Kit therascreen tissue - CPT 0155U blood - CPT 0177U	Drug eligibility	Medically necessary to detect the presence of one or more PIK3CA mutations in members with breast cancer to determine if they are eligible for treatment with Piqray (alpelisib)[6]
***RAS** detection of 56 specific mutations in RAS genes [KRAS (exons 2, 3, and 4) and NRAS (exons 2, 3, and 4)] Praxis Extended RAS panel - tissue CPT 0111U	Drug eligibility	Medically necessary for members considering Vectibix (panitumumab) for the treatment of colorectal cancer[6]

Molecular Marker /Test	Indication	Coverage Criteria
SMN 1 and 2 deletions/mutations CPTs 81329, 81336, 81337, 0236U	Drug eligibility	Medically necessary for members considering Evrysdi (risdiplam)[50], Spinraza (nusinersen)[35] or Zolgensma (onasemnogene abeparvovec-xioi)[36] for the treatment of spinal muscular atrophy
TP53 LSI TP53 probe target (17p-) Vysis CLL FISH PROBE Kit - blood No specific CPT code	Drug eligibility	Medically necessary for members who are considering Venclexta (venetoclax) for the treatment of B-cell chronic lymphocytic leukemia (CLL)[6]
xT CDx Tempus Labs – matching blood and saliva No specific CPT code	Drug eligibility	Medically necessary for members who are considering Erbitux (cetuximab) or Vectibix (panitumumab) for the treatment of colorectal cancer[6]

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- 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.

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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).

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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).

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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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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).

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ 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).