

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 1 of 7

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for *dental procedures* under the medical benefit.

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. 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 - Must satisfy any of the following: I – IV

- I. Accidental dental services/surgical procedures to correct injuries covered under the medical benefit – must satisfy any of the following: A – C
 - A. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) / Individual / Small Group – must satisfy both of the following: 1 and 2
 1. The request is to treat and restore damage done to *sound, natural teeth* as a result of an accidental *injury*. Coverage is for external trauma to the face and mouth only, not for cracked or broken teeth that result from biting or chewing; and

[Note: Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) only – If the *injury* is to a primary (baby) tooth, it must have a life expectancy of at least one year before loss (due to *injury*).]
 2. The treatment must be started and completed within the following timeframes: a or b
 - a. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) - Treatment and repair must be completed within 12 months of the date of the injury, except when medical or dental conditions preclude completion of treatment within this time period; or
 - b. Individual / Small Group – must satisfy both of the following: 1) and 2)
 - 1) Dental damage must be severe enough that initial contact with a physician or dentist occurred within 72 hours of the accident. An extension of this time period can be requested provided that it is done within 60 days of the injury and if extenuating circumstances exist due to the severity of the injury; and
 - 2) Treatment and repair must be completed within twelve months of the date of the injury.
 - B. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Total extraction and/or total replacement (limited to bridge, denture or implant) of Natural Teeth by an In-Network Provider is covered when these services are needed because of an Injury (for Access Plan or other PPO Plan Participants, an Out-of-Network Provider may provide covered services). Crowns or caps for broken teeth instead of extraction and replacement may be considered if Prior Authorization was

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 2 of 7

given by the Health Plan before the service is performed. The Plan covers one retainer or mouth guard when medically necessary as part of prep work provided prior to covered tooth repair. Injuries caused by chewing or biting are not considered to be accidental for the purpose of this provision. Dental implants and associated supplies and services are limited to \$1,000 per tooth.

- C. Large Group – must satisfy both of the following: 1 and 2
1. Request is for any of the following: a or b
 - a. Surgical procedures to correct injuries to the jaws, cheeks, lips, tongue, roof and floor of the mouth; or
 - b. To treat and restore damage done to *sound, natural teeth* as a result of an accidental *injury*. Coverage is for external trauma to the face and mouth only, not for cracked or broken teeth that result from biting or chewing; and
 2. Treatment must begin within six months of the date of the injury.
- II. Outpatient dental office-based surgical procedures/services covered under the medical benefit are limited to treatment of an underlying medical condition, such as but not limited to, any of the following: A – D
- A. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – Coverage includes related consultation, x-rays and anesthesia. Coverage is limited to the following procedures: 1 – 12
1. Alveolectomy
 2. Apicoectomy (excision of the apex of the tooth root)
 3. Excision of exostosis (bony outgrowth) of the jaws and hard palate
 4. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth
 5. Frenotomy (incision of the membrane connecting the tongue to the floor of the mouth)
 6. Gingivectomy (excision of gum tissue to eliminate infection), but not including restoration of gum tissue or soft tissue
 7. Incision and drainage of cellulitis (tissue inflammation) of the mouth
 8. Incision of accessory sinuses, salivary glands or ducts
 9. Reduction of fractures and dislocations of the jaw
 10. Root canal therapy, if performed simultaneously with an apicoectomy
 11. Surgical extraction of unerupted (impacted) teeth (including wisdom teeth/third molars)
 12. Surgical procedures to correct injuries to the jaws, cheeks, lips, tongue, roof and floor of the mouth
- [Note: Orthognathic surgery - see policy Orthognathic Surgery (MC/B002)]
- B. ETF Health Plan (Wisconsin Department of Employee Trust Funds) - When performed by In-Network Providers (for Access Plan or other PPO Plan Participants, an Out-of-Network Provider may provide covered services), approved surgical procedures are as follows: 1 – 12
1. Alveolectomy or alveoplasty (if performed for reasons other than preparation for dentures, dental implants, or other procedures not covered under the Plan) and associated osseous (removal of bony tissue) surgery
 2. Apicoectomy (Excision of apex of tooth root)
 3. Excision of exostoses of the jaws and hard palate

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 3 of 7

4. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth, when such conditions require a pathological examination
5. Frenotomy (Incision of the membrane connecting tongue to floor of mouth)
6. Gingivectomy for the excision of loose gum tissue to eliminate infection; or osseous surgery and related medically necessary guided tissue regeneration and bone-graft replacement, when performed in place of a covered gingivectomy
7. Incision of accessory sinuses, salivary glands or ducts
8. Intraoral and extraoral incision and drainage of cellulitis
9. Reduction of dislocations of, and excision of, the temporomandibular joints
10. Retrograde fillings when medically necessary following covered oral surgery procedures
11. Surgical extraction of unerupted (impacted) teeth (including wisdom teeth/third molars)
12. Surgical procedures required to correct accidental Injuries to the jaws, cheeks, lips, tongue, roof, and floor of the mouth

[Note: Orthognathic surgery - see policy Orthognathic Surgery (MC/B002)]

C. Individual / Small Group – any of the following: 1 – 3

1. Fracture of the jaws
2. Trauma of the mouth and jaws
3. Treatment of oral neoplasms and non-dental cysts

D. Large Group – The Plan covers dental services required for treatment of an underlying medical condition (eg, incision and drainage of cellulitis of the mouth and excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth) and provided by a dentist or dental specialist, including general anesthesia, regardless of whether the services are provided in a hospital or a dental office. The Plan also covers the following dental procedures: 1 – 11

1. Alveolectomy
2. Apicoectomy (excision of the apex of the tooth root)
3. Excision of exostosis (bony outgrowth) of the jaws and hard palate
4. Frenotomy (incision of the membrane connecting the tongue to the floor of the mouth);
5. Gingivectomy (excision of gum tissue to eliminate infection), but not including restoration of gum tissue or soft tissue
6. Incision of accessory sinuses, salivary glands or ducts
7. Root canal therapy, if performed simultaneously with an apicoectomy
8. Sealants on existing teeth related to the treatment of neoplastic disease
9. Surgical extraction of teeth in preparation for a covered transplant
10. Surgical extraction of teeth to complete radiation treatment for cancer of the jaw, cysts, and lesions
11. Surgical extraction of unerupted (impacted) ~~wisdom~~ teeth (including wisdom teeth/third molars)

[Note: Orthognathic surgery - see policy Orthognathic Surgery (MC/B002)]

III. Hospitalization or *MAC/general anesthesia* for dental care is covered under the medical benefit for any of the following: A - E

- A. Member is under age 5 (five) with a dental condition that requires repairs of significant complexity; or

PreferredOne®

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 4 of 7

- B. Member is severely disabled. Conditions include, but not limited to, autism, cerebral palsy, epilepsy or hyperactivity (verified by medical documentation); or
- C. Member has a medical condition, unrelated to the dental procedure that requires hospitalization or anesthesia for dental treatment. Due to the medical condition, the member requires hospitalization for careful monitoring during and immediately following the dental procedure. Examples of medical conditions include, but not limited to, allergy, severe airway obstruction, anatomic variations, severe asthma, extensive oral-facial and/or dental trauma, hemophilia, severe systemic disease, cardiac condition (eg, congenital anomalies); or
- D. Member requires significant restorative and/or surgical procedures (eg, 5 or more dental procedures performed at the same time); or
- E. Other methods of basic and advanced behavior guidance in the dental office have been tried and were unsuccessful (eg, communication techniques, parental presence/absence, nitrous oxide/oxygen inhalation, protective stabilization, sedation).

IV. Treatment of cleft lip/palate – any of the following: A – C

- A. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Treatment of Congenital defects and birth abnormalities is covered as required by Wis. Stat. §632.895 (5) and Wis. Adm. Code § INS 3.38 (2) (d). Coverage includes treatment for the repair or restoration of any body part when necessary to achieve normal functioning. If required by Wisconsin law, this includes orthodontia and dental procedures if necessary to restore normal functioning or in preparation for surgery to restore function for treatment of cleft palate.
- B. Individual/ Small Group/ Large Group - Treatment of cleft lip and cleft palate for a covered dependent child if treatment is scheduled or started prior to the covered dependent child reaching age 19. Treatment includes orthodontic treatment, oral surgery and dental services directly related to the cleft. If a covered dependent child is also covered under a dental plan which covers orthodontic services, that dental plan shall be considered primary for the necessary orthodontic services. Oral appliances are subject to the same conditions and limitations as durable medical equipment.
- C. All other plans/groups – see Reconstructive Surgery policy (MP/R002)

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Deep sedation:

A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Dental procedures:

Services rendered by a dentist or dental specialist to treat the supporting soft tissue and bone structure.

PreferredOne®

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 5 of 7

General anesthesia:

A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Injury:

Bodily damage other than sickness including all related conditions and recurrent symptoms.

Minimal sedation:

A drug-induced state during which patient respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilation and cardiovascular functions are unaffected.

Moderate (conscious) sedation:

A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and that spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Monitored anesthesia care (MAC):

Does not describe the continuum of depth of sedation, rather it describes “a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure”. Patients must undergo an anesthesia assessment and management of their actual or anticipated physiological derangements or medical problems that may occur during a diagnostic or therapeutic procedure. The provider of MAC must be prepared and qualified to convert to general anesthesia when necessary. Additionally, a provider’s ability to intervene to rescue a patient’s airway from any sedation induced compromise is a prerequisite to the qualifications to provide MAC.

Sound natural teeth:

A tooth without pathology (including supporting structures) rendering it incapable of continued function for at least one year.

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 6 of 7

Prior Authorization: Yes - per network provider agreement, for hospitalization and/or *MAC/general anesthesia* for dental care

Precertification: Yes

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Orthognathic Surgery (MC/B002)
4. Clinical Policy: Reconstructive Surgery (MP/R002)
5. American Society of Anesthesiologists (ASA). Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. Last Amended October 23, 2019. Retrieved from <https://www.asahq.org/standards-and-practice-parameters/statement-on-continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedation-analgesia>. Accessed 06-17-24.
6. American Society of Anesthesiologists (ASA). Statement on office based anesthesia. Last Amended October 23, 2019. Retrieved from <https://www.asahq.org/standards-and-practice-parameters/statement-on-office-based-anesthesia>. Accessed 06-17-24.
7. American Society of Anesthesiologists (ASA). Statement on qualifications of anesthesia providers in the office based setting. Reaffirmed October 23, 2019. Retrieved from <https://www.asahq.org/standards-and-practice-parameters/statement-on-qualifications-of-anesthesia-providers-in-the-office-based-setting>. Accessed 06-17-24.
8. American Society of Anesthesiologists (ASA). Position on monitored anesthesia care. Last Amended October 17, 2018. Retrieved from <https://www.asahq.org/quality-and-practice-management/managing-your-practice/timely-topics-in-payment-and-practice-management/updates-to-asa-statements-relevant-to-coding-and-billing>. Accessed 06-17-24.
9. American Society of Anesthesiologists (ASA). Distinguishing monitored anesthesia care ("MAC") from Moderate Sedation/Analgesia (Conscious Sedation). Last Amended on October 17, 2018. Retrieved from <https://www.asahq.org/quality-and-practice-management/managing-your-practice/timely-topics-in-payment-and-practice-management/updates-to-asa-statements-relevant-to-coding-and-billing>. Accessed 06-17-24.
10. American Society of Anesthesiologists (ASA). Statement on Nonoperating Room Anesthetizing Locations. Last amended October 18, 2023. Retrieved from <https://www.asahq.org/standards-and-practice-parameters/statement-on-nonoperating-room-anesthesia-services>. Accessed 06-17-24.
11. American Academy of Pediatric Dentistry (AAPD). Use of Nitrous Oxide for Pediatric Dental Patients. Latest Revision: 2023. The Reference Manual of Pediatric Dentistry. 2022-2023/P.353.358. Retrieved from <https://www.aapd.org/research/oral-health-policies--recommendations/use-of-nitrous-oxide-for-pediatric-dental-patients/>. Accessed 06-17-24.
12. American Academy of Oral and Maxillofacial Surgeons (AAOMS). What We Do - Anesthesia; Types of Anesthesia. Last updated July 2021. Retrieved from <https://myoms.org/what-we-do/anesthesia/types-of-anesthesia/>. Accessed 06-17-24.
13. American Academy of Oral and Maxillofacial Surgeons (AAOMS). Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017. Anesthesia in Outpatient Facilities. *J Oral Maxillofac Surg* 75:e34-e49, 2017, Suppl 1.
14. American Academy of Oral and Maxillofacial Surgeons (AAOMS). Anesthesia in Outpatient Facilities. *J Oral Maxillofac Surg* 2017;75(8S):e34 (PMID = 23128005).

PreferredOne®

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Dental Services, Medical Benefit (Including Cleft Lip/Palate)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/B004	Page: 7 of 7

DOCUMENT HISTORY:

Created Date: 07/31/20 (previously MP/D009)
Reviewed Date: 06/23/21, 06/06/22, 06/06/23, 06/06/24
Revised Date: 04/21/23, 06/06/24

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).

XIYYEEFFANNA: 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 ທ່ານບໍ່ເຂົ້າໃຈພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ເສຍຄ່າ ຈຳນວນ ພ້ອມໆ ທ່ານ. ໂທສ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတမံၤတၢ်သ့န့ၢ်လိာ်. ကိ: 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 ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ 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>.

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).

XIYYEEFFANNA: 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 ວາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ເສຍຄ່າ ວ່າ ສໍາລັບ ທ່ານ, ແມ່ນ ມີ ພ້ອມໃຫ້ ທ່ານ. ໂທສ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤတၢ်သ့န့ၢ်လိာ်. ကိ: 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, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតល្អឃ្នក គឺអាចមានសំរាប់អ្នក។ 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). 번외로 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).