

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 1 of 10

**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. 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.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

*Reconstructive* surgery is covered according to the member's benefit plan, *the Women's Health and Cancer Rights Act of 1998*, and the guidelines set forth in this policy. When the surgery is covered, eligible charges include eligible hospital, physician, laboratory, pathology, radiology and facility charges.

**GUIDELINES:**

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Breast reduction surgery in accordance with the Women's Health and Cancer Rights Act of 1998 – ipsilateral and/or contralateral breast reduction pre- or post- medically necessary mastectomy when done for asymmetry or to optimize outcome of surgical or radiation therapy treatment is covered.

[Note: This also applies to any procedures related to diagnosed breast cancer (such as, but not limited to, lumpectomy, quadrantectomy, segmentectomy, tylectomy).]

- II. Other breast reduction or gynecomastia surgery requests – any of the following: A – D

- A. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – must satisfy any of the following: 1 – 3

1. Breast reduction surgery not related to a medically necessary mastectomy – request must satisfy all of the following: a – c
  - a. Member characteristics - Member has completed menarche; and
  - b. Symptomatic breast hypertrophy - must satisfy all of the following: 1) – 3)
    - 1) Documentation supports that the member has symptoms or conditions that are directly related to *macromastia* and are present all or most of the time - two or more of the following: i – vi
      - i. Chronic breast pain due to weight of the breasts; or
      - ii. Neck pain, upper back pain, shoulder pain, or headache; or
      - iii. Recurrent or persistent *inframammary intertrigo* or yeast dermatitis; or

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 2 of 10

- iv. Upper extremity *paresthesia* due to brachial plexus compression syndrome secondary to the weight of the breasts being transferred to the shoulder strap area; or
- v. Significant shoulder strap grooves causing pain or ulceration from bra straps; or
- vi. Painful acquired thoracic *kyphosis* documented by x-rays or photo.

- 2) Documentation from an independent physician (not the requesting surgeon) that at least 3 months of conservative treatments for symptomatic *macromastia* have been tried and failed within the previous 2 years (such as, but not limited to, analgesics, NSAIDs, physical therapy, home exercise program, chiropractic care, special bras); and

- 3) Members aged 40 or older have undergone a mammogram within 12 months prior to the scheduled surgery date.

- c. The amount of tissue to be removed, per breast, meets one of the following: 1) or 2)
  - 1) Plots at or above the lower 22<sup>nd</sup> percentile per the Schnur guidelines (see Attachment A); or

The BSA is calculated using the Mosteller formula, as follows:

$$\text{BSA (m}^2\text{)} = \sqrt{\frac{\text{HT (inches)} \times \text{WT (pounds)}}{3131}}$$

[Note: Member's height and weight, and provider's estimate of grams of breast tissue to be removed must be submitted.]

- 2) At least 1 kg of total tissue (between both breasts).

[Note: Repeat breast reduction surgery for ongoing symptoms will not be considered if the original surgery did not meet Schnur guidelines.]

- 2. Gynecomastia surgery request – must satisfy all of the following: a – g

- a. Age of onset – must satisfy any of the following: 1) – 2)
  - 1) Adolescent onset – has persisted for at least two years; or
  - 2) Adult onset – has persisted for at least one year.
- b. True gynecomastia, confirmed by glandular breast tissue, has been documented on physical exam and/or mammography; and
- c. The gynecomastia is classified as Grade II or above per the American Society of Plastic Surgeons' classification; and
- d. Gynecomastia persists despite at least one year of treatment of underlying pathologic causes (eg, endocrinologic abnormalities, tumors, kidney or liver disease, etc.), when medically appropriate; and

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 3 of 10

- e. Potential gynecomastia-inducing medications, including medical marijuana, have been discontinued for at least one year, when medically appropriate; and
  - f. Illicit substances/recreational marijuana use, known to cause gynecomastia, have been discontinued for at least one year – as confirmed by urine toxicology; and
  - g. Persistent breast pain due to the gynecomastia, refractory to medical therapy including analgesics and anti-inflammatory agents.
3. Breast reduction or gynecomastia surgery requests for either of the following: a or b
- a. Requests that are incidental to or follows surgery resulting from injury, sickness, accident or other diseases of the involved part, or when such surgery is performed on a covered dependent child because of a congenital disease or anomaly which has resulted in a functional defect – refer to Reconstructive Surgery (MP/R002); or
  - b. Requests for breast hypertrophy or gynecomastia causing a psychological condition must have documentation from a *mental health professional* supporting that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: 1) or 2), and 3)
    - 1) Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
    - 2) Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment B); and
    - 3) Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria MC/G019]

- B. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – must satisfy: 1, and none of 2
  - 1. Treatment, services and supplies for breast reduction or gynecomastia are covered for the following: a or b
    - a. When associated with a covered service to correct a functional impairment related to Congenital bodily disorders or conditions; or
    - b. When associated with covered reconstructive surgery due to an Illness or accidental Injury (including subsequent removal of a prosthetic device that was related to such reconstructive surgery)
  - 2. Excluded – Psychological reasons do not represent a medical/surgical necessity.
- C. Small Group, Large group, and other self-funded groups – must satisfy: 1 or 2, and none of 3

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
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<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 4 of 10

1. Breast reduction surgery not related to a medically necessary mastectomy – request must satisfy all of the following: a – c
  - a. Member characteristics - Member has completed menarche; and
  - b. Symptomatic breast hypertrophy - must satisfy all of the following: 1) – 3)
    - 1) Documentation supports that the member has symptoms or conditions that are directly related to *macromastia* and are present all or most of the time - two or more of the following: i – vi
      - i. Chronic breast pain due to weight of the breasts; or
      - ii. Neck pain, upper back pain, shoulder pain, or headache; or
      - iii. Recurrent or persistent inframammary intertrigo or yeast dermatitis; or
      - iv. Upper extremity paresthesia due to brachial plexus compression syndrome secondary to the weight of the breasts being transferred to the shoulder strap area; or
      - v. Significant shoulder strap grooves causing pain or ulceration from bra straps; or
      - vi. Painful acquired thoracic kyphosis documented by x-rays or photo.
    - 2) Documentation from an independent physician (not the requesting surgeon) that at least 3 months of conservative treatments for symptomatic *macromastia* have been tried and failed within the previous 2 years (such as, but not limited to, analgesics, NSAIDs, physical therapy, home exercise program, chiropractic care, special bras); and
    - 3) Members aged 40 or older have undergone a mammogram within 12 months prior to the scheduled surgery date.
  - c. The amount of tissue to be removed, per breast, meets one of the following: 1) or 2)
    - 1) Plots at or above the lower 22<sup>nd</sup> percentile per the Schnur guidelines (see Attachment A); or

The BSA is calculated using the Mosteller formula, as follows:

$$BSA (m^2) = \sqrt{\frac{HT (inches) \times WT (pounds)}{3131}}$$

[Note: Member's height and weight, and provider's estimate of grams of breast tissue to be removed must be submitted.]

- 2) At least 1 kg of total tissue (between both breasts).

[Note: Repeat breast reduction surgery for ongoing symptoms will not be considered if the original surgery did not meet Schnur guidelines.]

2. Breast reduction surgery requests for either of the following: a or b
  - a. Requests that are incidental to or follows surgery resulting from injury, sickness, accident or other diseases of the involved part, or when such surgery is performed on a covered dependent child because of a congenital disease or anomaly which has resulted in a functional defect – refer to Reconstructive Surgery (MP/R002); or

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 5 of 10

- b. Requests for breast hypertrophy causing a psychological condition must have documentation from a *mental health professional* supporting that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: 1) or 2), and 3)
  - 1) Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
  - 2) Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment B); and
  - 3) Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria MC/G019]

3. Excluded – coverage for augmentation mammoplasty except when associated with a medically necessary mastectomy
- D. All other plans/groups – The Plan excludes coverage for all of the following: 1 – 2
  1. *Mammoplasty*, including augmentation or reduction *mammoplasty* (except when associated with a medically necessary mastectomy [see Rom. Num. I. above]); and
  2. Mastectomy for gynecomastia

## EXCLUSIONS (not limited to):

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

## DEFINITIONS:

### Activities of Daily Living (ADL):

Eating, toileting, transferring, bathing, dressing, walking, and continence

### Cosmetic:

Services and procedures that improve physical appearance but do not correct or improve a physiological function and are not medically necessary.

### DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

### Functional Defect/Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 6 of 10

actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living.

Gynecomastia:

An enlargement or swelling of breast tissue in males.

Gynecomastia Scale/Grading from ASPS:

- Grade I - Small breast enlargement with localized button of tissue that is concentrated around the areola.
- Grade II - Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
- Grade III - Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.
- Grade IV - Marked breast enlargement with skin redundancy and feminization of the breast.

Inframammary intertrigo:

Inflammatory condition of breast creases; worsened by heat, moisture, lack of air circulation, and friction.

Kyphosis:

Exaggerated backward curvature of the thoracic region of the spinal column

Macromastia:

Also known as mammary hyperplasia; breast size that is larger than proportionate to the body

Mammaplasty/Mammoplasty:

Plastic surgery of the breast to alter its shape, size, or position.

Mental Health Professional:

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist

Paresthesia:

A sensation of pricking, tingling, or creeping on the skin having no objective cause and usually associated with injury or irritation of a sensory nerve or nerve root

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from *injury*, *sickness*, or prior surgery of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 7 of 10

Prior Authorization: Yes, per network provider agreement.

## CODING:

CPT®

15877 Suction assisted lipectomy; trunk

19300 Mastectomy for gynecomastia

19318 Breast reduction

CPT codes copyright 2024 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. The AMA assumes no liability for the data contained herein.

## 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: Cosmetic Procedures/Treatments (MP/C002)
4. Clinical Policy: Reconstructive Surgery (MP/R002)
5. Clinical Policy: Breast Reconstruction (MC/G004)
6. Clinical Policy: Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)
7. Nguyen JT, Wheatley MJ, Schnur PL, Nguyen TA, Winn SR. Reduction mammoplasty: a review of managed care medical policy coverage criteria. *Plast Reconstr Surg*. 2008 Apr;121(4):1092-100.
8. Descamps MJ, Landau AG, Lazarus D, Hudson DA. A formula determining resection weights for reduction mammoplasty. *Plast Reconstr Surg*. 2008 Feb;121(2):397-400.
9. American Society of Plastic Surgeons (ASPS). Evidence-based Clinical Practice Guideline Revision: Reduction Mammoplasty. 2022. *Plast Reconstr Surg*. 2022 149(3):p392e-409e. Retrieved from [https://journals.lww.com/plasreconsurg/Fulltext/2022/03000/American\\_Society\\_of\\_Plastic\\_Surgeons.9.aspx](https://journals.lww.com/plasreconsurg/Fulltext/2022/03000/American_Society_of_Plastic_Surgeons.9.aspx) Accessed 05-29-24.
10. Hansen J, Chang S. Overview of breast reduction. (Topic 14965, Version 19.0; last updated: 04/19/23) In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 05-29-24.
11. Elmore JG, Lee CI. Screening for breast cancer: Strategies and recommendations. (Topic 7564, Version 110.0; last updated: 05/22/24) In: Givens J, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 05-29-24.
12. United States Department of Labor. Women's Health and Cancer Rights Act of 1998 (WHCRA). 2012. Retrieved from <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/cagwhcra.pdf>. Accessed 05-29-24.
13. Braunstein GD, Anawalt BD. Management of gynecomastia. (Topic 7467, Version 18.0; last updated: 05/10/21) In: Martin KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 05-29-24.
14. American Society of Plastic Surgeons (ASPS). Gynecomastia Surgery. Retrieved from <https://www.plasticsurgery.org/cosmetic-procedures/gynecomastia-surgery>. Accessed 05-29-24.
15. American Society of Plastic Surgeons (ASPS). Recommended Insurance Coverage Criteria for Third-Party Payers. Gynecomastia Surgery. 2015. Retrieved from <https://www.plasticsurgery.org/for-medical-professionals/health-policy/recommended-insurance-coverage-criteria>. Accessed 05-29-24.
16. Mayo Clinic. Enlarged breasts in men (gynecomastia). 2023. Retrieved from <https://www.mayoclinic.org/diseases-conditions/gynecomastia/diagnosis-treatment/drc-20351799>. Accessed 05-29-24.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 8 of 10

17. Arneja JS, King TW. How to determine management strategy for idiopathic gynecomastia. AAP News (American Academy of Pediatrics). 2017. Retrieved from <https://www.aappublications.org/news/2017/12/04/Gynecomastia120417>. Accessed 05-29-24.
18. Veale D, Eshkevari E, Kanakam N, Ellison N, Dosta A, Werner T. The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. *Behav Cogn Psychother*. 2014 Sep;42(5):605-16.
19. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
20. American Society of Plastic Surgeons (ASPS). Recommended Insurance Coverage Criteria for Third-Party Payers. Reduction Mammoplasty. 2011. Reaffirmed 2021. Retrieved from <https://www.plasticsurgery.org/for-medical-professionals/health-policy/recommended-insurance-coverage-criteria>. Accessed 05-29-24.
21. Rawes CMA, Ngaage LM, Cantab MA, et al. Navigating the Insurance Landscape for Coverage of Reduction Mammoplasty. *Plast and Reconstr Surg*. 2020;11:539e-547e.
22. Schnur PL, Hoehn JG, Ilstrup DM, et al. Reduction mammoplasty: cosmetic or reconstructive procedure? *Ann Plast Surg*. 1991 Sep;27 (3):232-7.
23. Hudson AS, Morzycki AD, Guilfoyle R. Reduction Mammoplasty for Macromastia in Adolescents: A Systematic Review and Pooled Analysis. *Plast Reconstr Surg*. 148(1):p 31-43, July 2021. Retrieved from [https://journals.lww.com/plasreconsurg/Fulltext/2021/07000/Reduction\\_Mammoplasty\\_for\\_Macromastia\\_in.6.aspx](https://journals.lww.com/plasreconsurg/Fulltext/2021/07000/Reduction_Mammoplasty_for_Macromastia_in.6.aspx) Accessed 05-29-24.

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<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 09/10/24
<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 9 of 10

## Attachment A

Modified Schnur Nomogram Chart - grams of tissue to be removed per breast

Body Surface (m2)	Lower 5th Percentile	Lower 22nd Percentile
1.35	127	199
1.40	139	218
1.45	152	238
1.50	166	260
1.55	181	284
1.60	198	310
1.65	216	338
1.70	236	370
1.75	258	404
1.80	282	441
1.85	308	482
1.90	336	527
1.95	367	575
2.00	401	628
2.05	439	687
2.10	479	750
2.15	523	819
2.20	572	895
2.25	625	978
2.30	682	1,068
2.35	745	1,167
2.40	814	1,275
2.45	890	1,393
2.50	972	1,522
2.55	1,062	1,662

If the proposed amount to be removed per breast plots between the 5<sup>th</sup> and 22<sup>nd</sup> percentiles, the procedure may be either reconstructive or cosmetic and requires a review of the documentation, including whether the proposed procedure is likely to result in significant improvement of a *functional defect/physical impairment*.

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 10/09/24
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<b>Clinical Policy Document:</b> Breast Reduction and Gynecomastia Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 09/10/24
<b>Reference #:</b> MC/G002	<b>Page:</b> 10 of 10

## **Attachment B**

WHODAS 2.0, 12-items

### **12-item World Health Organization Disability Assessment Schedule.**

In the past 30 days, how much difficulty did you have in. . .

*(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.*

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

[https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,\(4\)%20%E2%80%93%20are%20summed](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed)

### **General Disability Score**

- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

# 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](mailto: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).

ໂບດລູກ: ຖ້າວ່າທ່ານເຮົາພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ  
1.800.940.5049 (TTY: 763.847.4013).

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

ဟ်သုဉ်ဟ်သး- နမၢ်ကတိၤ ကသီၤ ကျိာ်အယံၤ, နမၢ်နီၤ ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘၣ်လၢာ်စၢၤ နီၤတမံၤဘၣ်သန့လီၤ. 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 ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ 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](mailto: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).

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បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ 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).

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