

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 12/03/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 12/03/24
<b>Clinical Policy Document:</b> Bariatric Surgery for Obesity	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/H003	<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 bariatric surgery when used for treatment of obesity. Requests for these same procedures for other diagnoses are out of scope of this policy and the bariatric surgery benefit coverage language. 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. Plans may have access restrictions for bariatric surgery.

**GUIDELINES:**

Medical Necessity Criteria - Must satisfy the following: I – II, and III – VI as applicable

- I. Coverage for *bariatric surgery*— any of the following: A – C
  - A. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – *Bariatric surgery* is covered for members receiving treatment from Surgical Associates at Aspirus Wausau Hospital  
  
[Note: Limited to one surgical treatment per lifetime, except when due to complications from a prior bariatric surgery. Covered services also include the first consultation visit, even if the surgery itself is not approved as a covered service. If the surgery is approved, all covered services received in preparation for surgery (eg, qualified practitioner-guided weight loss program, x-ray/lab tests, etc.) will be considered a covered service by the plan.]
  - B. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – *Bariatric surgery* is covered for members (does not require a specific treatment provider/facility)
  - C. All other plans/groups – *Bariatric surgeries*, including preoperative procedures, initial procedures, surgical revisions and subsequent procedures are excluded from coverage.
- II. Request is for the following routine open or laparoscopic (including robotic-assisted) *bariatric surgery* procedures – must satisfy any of the following: A - D
  - A. Biliopancreatic Diversion with Duodenal Switch (BPD/DS)
  - B. Adjustable Gastric Banding
  - C. Gastric Bypass (eg, Roux-en Y)
  - D. Sleeve Gastrectomy

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III. Requests for initial *bariatric surgery* – must satisfy the following: A or B

- A. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – must satisfy all of the following: 1 – 4
  1. Members must be aged 20 years or older; and
  2. The member has any of the following: a or b
    - a. Class III obesity (BMI greater than or equal to 40kg/m<sup>2</sup>); or
    - b. Class II obesity (BMI greater than or equal to 35kg/m<sup>2</sup> and less than 40kg/m<sup>2</sup>) – members must have a serious medical condition(s), exacerbated by or caused by obesity not controlled despite maximum medical therapy and member compliance with a medical treatment plan, including but not limited to any of the following: 1) – 7)
      - 1) Severe obstructive sleep apnea – defined as apnea-hypopnea index (AHI) equal to or greater than 30 events per hour; or
      - 2) Cardiovascular disease (eg, stroke, myocardial infarction, poorly controlled hypertension [systolic blood pressure 140mm/Hg or higher or diastolic blood pressure 90 mm/Hg or higher, despite pharmacotherapy]); or
      - 3) History of coronary artery disease with a surgical intervention such as coronary artery bypass or percutaneous transluminal coronary angioplasty; or
      - 4) History of cardiomyopathy; or
      - 5) Type 2 diabetes mellitus; or
      - 6) Gastroesophageal reflux disease (GERD); or
      - 7) Arthritis of a weight bearing joint
  3. The member must have attempted a physician-guided weight loss program within the past year and for at least a six-month period.
- B. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – must satisfy either of the following: 1 or 2
  1. Members aged 18 years or older – must satisfy: a or b, and c
    - a. Class III obesity (BMI greater than or equal to 40kg/m<sup>2</sup> [or greater than or equal to 37.5 kg/m<sup>2</sup> for members of *Asian descent*]); or
    - b. Class II obesity (BMI greater than or equal to 35kg/m<sup>2</sup> and less than 40kg/m<sup>2</sup> [or greater than or equal to 32.5 kg/m<sup>2</sup> and less than or equal to 37.4 kg/m<sup>2</sup> for members of *Asian descent*]) with any of the following conditions - 1) – 5)
      - 1) Severe obstructive sleep apnea – defined as apnea-hypopnea index (AHI) equal to or greater than 30 events per hour; or
      - 2) Cardiovascular disease (eg, stroke, myocardial infarction, poorly controlled hypertension [systolic blood pressure 140mm/Hg or higher or diastolic blood pressure 90 mm/Hg or higher, despite pharmacotherapy]); or
      - 3) History of coronary artery disease with a surgical intervention such as coronary artery bypass or percutaneous transluminal coronary angioplasty; or
      - 4) History of cardiomyopathy; or
      - 5) Type 2 diabetes mellitus.
    - c. The member meets either of the following: 1) or 2)
      - 1) Documentation supports both of the following: a) and b)

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- a) Completion of a preoperative evaluation that includes a detailed weight history along with dietary and physical activity patterns; and
- b) Psychosocial-behavioral evaluation by an individual who is professionally recognized as part of a behavioral health discipline to provide screening and identification of risk factors or potential postoperative challenges that may contribute to a poor postoperative outcome.

2) Participation in a *multidisciplinary* surgical preparatory regimen.

2. Members aged 17 years or less - must satisfy the following: a – c

- a. Have attained Tanner 4 or 5 pubertal development (see Attachment B) or have a bone age of greater than or equal to 13 years in girls or 15 years in boys; and
- b. The member has any of the following: 1) or 2)
  - 1) Class III obesity (140% of the 95th percentile height, or an absolute BMI greater than or equal to 40kg/m<sup>2</sup> [or greater than or equal to 37.5 kg/m<sup>2</sup> for members of *Asian descent*], whichever is lower); or
  - 2) Class II obesity (120% of the 95th percentile height, or an absolute BMI greater than or equal to 35kg/m<sup>2</sup> and less than 40kg/m<sup>2</sup> [or greater than or equal to 32.5 kg/m<sup>2</sup> and less than or equal to 37.4 kg/m<sup>2</sup> for members of *Asian descent*], whichever is lower) with any of the following conditions: a) – c)
    - a) Poorly controlled hypertension (systolic blood pressure 140mm/Hg or higher or diastolic blood pressure 90 mm/Hg or higher, despite pharmacotherapy); or
    - b) Type 2 diabetes mellitus; or
    - c) *Severe obstructive sleep apnea (apnea-hypopnea index [AHI] equal to or greater than 30 events per hour).*
- c. The member has undergone an evaluation at, or in consultation with, a multidisciplinary center focused on the surgical treatment of severe childhood obesity.

IV. *Conversion of bariatric surgery* to another *bariatric surgery* to treat complications from a prior *bariatric surgery* - must satisfy the following: A and B

[Note: For Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) only - Surgical intervention is limited to once per lifetime. If an urgent or emergency medical admission is required due to complications of this surgery, the Plan will cover one additional surgical intervention to repair the original surgery.]

A. If required by plan language, surgery for complications is performed no later than 1 year after the first *bariatric surgery*; and

B. Documentation of complication(s) (see Attachment C)

V. *Revision of bariatric surgery* – must satisfy the following: A and B, or C

[Note: For Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) only - Surgical intervention is limited to once per lifetime. If an urgent or emergency medical admission is required due to complications of this surgery, the Plan will cover one additional surgical intervention to repair the original surgery.]

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- A. If required by plan language, surgery for complications is performed no later than 1 year after the first *bariatric surgery*.
- B. Revision of an initial *bariatric surgery* and/or replacement of an implanted device to treat complications from a prior *bariatric surgery* (see Attachment C); or
- C. Revision of an initial *bariatric surgery* to treat severe side effects, such as but not limited to, persistent nausea and vomiting, intolerance to solid food, or severe dumping syndrome.

VI. *Reversal (takedown) of bariatric surgery* – must satisfy the following: A and B, or C

[Note: For Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) only - Surgical intervention is limited to once per lifetime. If an urgent or emergency medical admission is required due to complications of this surgery, the Plan will cover one additional surgical intervention to repair the original surgery.]

- A. If required by plan language, surgery for complications is performed no later than 1 year after the first bariatric surgery.
- B. Must have documented complications from the initial *bariatric surgery* (see Attachment C); or
- C. Reversal of an initial *bariatric surgery* to treat severe side effects, such as but not limited to, persistent nausea and vomiting, intolerance to solid food, or severe dumping syndrome.

## DEFINITIONS:

### Asian Descent:

Having origins from the Far East, Southeast Asia, or the Indian subcontinent (eg, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

### Bariatric Surgery:

Surgery and related services for the treatment of obesity

### Body Mass Index (BMI):

Determined by weight (kilograms)/height (meters)<sup>2</sup>

### Conversion of bariatric surgery:

Change from one type of bariatric procedure to a different bariatric procedure (eg, conversion from a vertical gastric band to a Roux-en-Y).

### Designated participating bariatric surgery program:

Accredited as a Comprehensive Center, a Comprehensive Center with Adolescent Complications, a Comprehensive Center with Obesity Medicine Qualifications, a Comprehensive Center with Adolescent and Obesity Medicine Qualifications, a Low Acuity Center, an Adolescent Center, or an Ambulatory Surgery Center through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)), a joint program of the American College of Surgeons and the American Society for Metabolic and Bariatric Surgeons

### Multidisciplinary:

Combining or involving several academic disciplines or professional specializations in an approach to create a well-trained, safe and effective environment for the complex bariatric patient. Building the multidisciplinary team includes staff such as the bariatric surgeon, obesity medicine specialist, registered dietitian, specialized nursing,

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behavioral health specialist, exercise specialist and support groups (American Society for Metabolic and Bariatric Surgery (ASMBS) textbook of bariatric surgery)

Revision of bariatric surgery:

To restore the effectiveness of the original bariatric surgery

Reversal (Takedown) of bariatric surgery:

Reverse the anatomic changes from the initial bariatric surgery

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Prior Authorization: Yes, per network provider agreement

Precertification: Yes

## CODING:

CPT® or HCPCS

43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150cm or less)

43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption

43770 Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band or subcutaneous port components)

43771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only

43772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only

43773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only

43774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components

43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)

43842 Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical banded gastroplasty

43843 Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty

43845 Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)

43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150cm or less) Roux-en-Y gastroenterostomy

43847 Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption

43848 Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device

43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy

43865 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

43886 Gastric restrictive procedure, open; revision of subcutaneous port component only

43887 Gastric restrictive procedure, open; removal of subcutaneous port component only

43888 Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

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## Attachment A - Body Mass Index Conversion Table

		Body Mass Index Table																																				
		Normal					Overweight					Obese					Extreme Obesity																					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54		
Height (inches)	Body Weight (pounds)																																					
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258		
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267		
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276		
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285		
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295		
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	226	231	237	242	248	254	259	265	270	278	282	287	293	299	304		
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314		
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324		
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334		
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344		
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354		
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365		
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376		
71	136	143	150	157	165	172	179	186	193	200	206	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386		
72	140	147	154	162	169	177	184	191	198	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397		
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	409		
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420		
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431		
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443		



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## **Attachment B - Sexual maturity rating (Tanner stages) of secondary sexual characteristics**

<b>Boys - Development of external genitalia</b>
Stage 1: Prepubertal
Stage 2: Enlargement of scrotum and testes; scrotal skin reddens and changes in texture
Stage 3: Enlargement of penis (length at first); further growth of testes
Stage 4: Increased size of penis with growth in breadth and development of glans; testes and scrotum larger, scrotal skin darker
Stage 5: Adult genitalia
<b>Girls - Breast development</b>
Stage 1: Prepubertal
Stage 2: Breast bud stage with elevation of breast and papilla; enlargement of areola
Stage 3: Further enlargement of breast and areola; no separation of their contour
Stage 4: Areola and papilla form a secondary mound above level of breast
Stage 5: Mature stage: projection of papilla only, related to recession of areola
<b>Boys and girls - Pubic hair</b>
Stage 1: Prepubertal (the pubic area may have vellus hair, similar to that of forearms)
Stage 2: Sparse growth of long, slightly pigmented hair, straight or curled, at base of penis or along labia
Stage 3: Darker, coarser and more curled hair, spreading sparsely over junction of pubes
Stage 4: Hair adult in type, but covering smaller area than in adult; no spread to medial surface of thighs
Stage 5: Adult in type and quantity, with horizontal upper border

Retrieved from: Biro FM, Chan YM. Normal puberty (Topic 5849, Version 54.0; last updated 09/24/24). In: Blake D, ed. *UpToDate*, Waltham, Mass.: UpToDate; 2024. [www.uptodate.com](http://www.uptodate.com). Accessed 09-25-24.

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### **Attachment C**

Complications from Bariatric Surgery<sup>6</sup>, such as but not limited to:

Bariatric Surgery	Early Complications	Late Complications
BPD/DS	Anastomotic leak Anastomotic stenosis/small bowel obstruction GI abdominal hemorrhage	Incisional hernia Small bowel obstruction
LABG	Gastroesophageal perforation Band slippage Acute stomal obstruction Band infection Bleeding Intractable vomiting Gastric prolapse Excessive incorporation of fat into the band device	Band slippage with or without gastric pouch dilation Band erosion Esophageal dilation (resulting in delayed esophageal emptying, dysphagia, vomiting and reflux/esophagitis) Obstruction Device-related complications including failure to lose weight or maintain weight loss Gastric necrosis
RNYGBP	Anastomotic leak Small bowel obstruction/ileus GI hemorrhage	Anastomotic stricture Small bowel obstruction/ileus
VSG	Proximal leaks Bleeding along staple line	Gastroesophageal reflux Vomiting Gastric tube stricture Stenosis Leak Incisional hernia Gastrocutaneous fistula Weight regain Gastric tube dilation Proximal stomach dilation (neofundus)

## 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, taiaajiila qarqaarsa 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).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, 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 ) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. 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 ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចរ 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)

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

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

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်ခံဘက်သို့လွှဲလိ။ 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

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