

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 1 of 9

## 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.

## GUIDELINES:

Medical Necessity Criteria - Must satisfy any of the following: I – V

- I. Great saphenous vein or small saphenous vein ligation/division/stripping or *endovenous ablation procedures* (radiofrequency endovenous occlusion [VNUS], endovenous mechanochemical ablation [MOCA eg, ClariVein], endovenous laser ablation of the saphenous vein [ELAS]/ endovenous laser treatment [EVLV]) – must satisfy all of the following: A – C
  - A. Request is for saphenofemoral or saphenopopliteal junction incompetence; and
  - B. Ultrasound performed within the past 6 months showed all of the following: 1 – 2
    1. Vein diameter below the saphenofemoral or saphenopopliteal junction is greater than or equal to 4.5mm (not valve diameter at junction); and
    2. Junctional reflux duration in the saphenofemoral or saphenopopliteal junction of the vein to be treated is greater than or equal to 500 milliseconds.
  - C. Saphenous varicosities resulting in any of the following: 1 – 5
    1. Intractable ulceration secondary to venous stasis; or
    2. Greater than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or
    3. Greater than or equal to 1 significant hemorrhage from a ruptured superficial varicosity, especially if blood transfusion is required; or
    4. Recurrent superficial thrombophlebitis and failure of greater than or equal to 3 months of conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable; or
    5. Severe and persistent pain and swelling – must satisfy all of the following: a – c
      - a. Interfering with *activities of daily living*; and
      - b. Requiring chronic analgesic medication; and
      - c. Failed greater than or equal to 3 months conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 2 of 9

[Note: Failure of conservative treatment is not required for members with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg.]

- II. Surgical ligation (including subfascial endoscopic perforator vein surgery [SEPS]) or *endovenous ablation procedures* (radiofrequency endovenous occlusion [VNUS], endovenous laser ablation of the saphenous vein [ELAS] (aka endovenous laser treatment [EVLT]) of perforator/perforating vein(s) – must satisfy all of the following: A – B
  - A. Request is for incompetent perforating veins located underneath an active or healed venous stasis ulcer (ie, CEAP C5 or C6 – see Attachment A); and
  - B. Ultrasound performed within the past 6 months showed all of the following: 1 – 2
    1. Vein diameter is greater than or equal to 3.5mm; and
    2. Outward flow duration is greater than or equal to 500 milliseconds.
- III. *Endovenous ablation procedures* (radiofrequency endovenous occlusion [VNUS], endovenous laser ablation) [ELAS]/endovenous laser treatment [EVLT]) of accessory saphenous vein(s) – must satisfy all of the following: A – D
  - A. Request is for adjunctive treatment of symptomatic accessory saphenous vein(s); and
  - B. Member is being treated or has previously been treated for incompetence (ie, reflux) at the saphenofemoral junction or saphenopopliteal junction; and
  - C. Presence of anatomically related persistent junctional reflux after the great or small saphenous veins have been removed or ablated; and
  - D. Member meets all of the following: 1 – 2
    1. Ultrasound performed within the past 6 months showed all of the following: a – b
      - a. Vein diameter below the saphenofemoral or saphenopopliteal junction is greater than or equal to 4.5mm (not valve diameter at junction); and
      - b. Junctional reflux duration in the saphenofemoral or saphenopopliteal junction of the vein to be treated is greater than or equal to 500 milliseconds.
    2. Saphenous varicosities resulting in any of the following: a – e
      - a. Intractable ulceration secondary to venous stasis; or
      - b. Greater than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or
      - c. Greater than or equal to 1 significant hemorrhage from a ruptured superficial varicosity, especially if blood transfusion is required; or
      - d. Recurrent superficial thrombophlebitis and failure of greater than or equal to 3 months of conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable; or
      - e. Severe and persistent pain and swelling – all of the following: 1) – 3)
        - 1) Interfering with *activities of daily living*; and
        - 2) Requiring chronic analgesic medication; and

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 3 of 9

- 3) Failed greater than or equal to 3 months conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable

[Note: Failure of conservative treatment is not required for members with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg.]

IV. *Sclerotherapy* (liquid or foam) (ie, endovenous chemical ablation) (eg, Varithena), *ambulatory phlebectomy*, or *transilluminated powered phlebectomy* (eg, TriVex System) – must satisfy all of the following: A – C

- A. Request is for adjunctive treatment of symptomatic saphenous veins, varicose tributaries, accessory, and perforator veins greater than or equal to 3.5mm; and
- B. Member is being treated or has previously been treated for incompetence (ie, reflux) at the saphenofemoral junction or saphenopopliteal junction; and
- C. Member meets all of the following: 1 – 2
  1. Ultrasound performed within the past 6 months showed all of the following: a – b
    - a. Vein diameter below the saphenofemoral or saphenopopliteal junction is greater than or equal to 4.5mm (not valve diameter at junction); and
    - b. Junctional reflux duration in the saphenofemoral or saphenopopliteal junction of the vein to be treated is greater than or equal to 500 milliseconds.
  2. Saphenous varicosities resulting in any of the following: a – e
    - a. Intractable ulceration secondary to venous stasis; or
    - b. Greater than 1 episode of minor hemorrhage from a ruptured superficial varicosity; or
    - c. Greater than or equal to 1 significant hemorrhage from a ruptured superficial varicosity, especially if blood transfusion is required; or
    - d. Recurrent superficial thrombophlebitis and failure of greater than or equal to 3 months of conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable; or
    - e. Severe and persistent pain and swelling – all of the following: 1) – 3)
      - 1) Interfering with *activities of daily living*; and
      - 2) Requiring chronic analgesic medication; and
      - 3) Failed greater than or equal to 3 months conservative treatment (such as, but not limited to, analgesics, prescription gradient support compression stockings), as applicable

[Note: Failure of conservative treatment is not required for members with persistent or recurrent varicosities who have undergone prior endovenous catheter ablation procedures or stripping/division/ligation in the same leg.]

V. Valvular reconstruction for chronic venous insufficiency is medically necessary.

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 4 of 9

## EXCLUSIONS:

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

The following are considered investigative (see Investigative List): I – XI

- I. Cryoablation/cryostripping
- II. Endovascular catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous (KAVS)
- III. *Endovenous ablation* (laser or radiofrequency) for treatment of reflux of the common femoral vein
- IV. Measurements of plasma growth factors (eg, angiopoietin-1 [ANG1], angiopoietin-2 [ANG2], epidermal growth factor [EGF], platelet-derived growth factor [PDGF], and vascular endothelial growth factor [VEGF]) for predicting adequacy of treatment and recurrence risk before and after treatment with endovenous laser ablation
- V. Medical adhesive treatments, eg, VenaSeal Closure System, cyanoacrylate superglue or n-butyl-cyanoacrylate
- VI. Micronized purified flavonoid fraction (MPFF) (oral drug)
- VII. Polymorphism genotyping of matrix metalloproteinases genes (eg, MMP1, MMP2, MMP3, and MMP7) as markers of predisposition to varicose veins
- VIII. Synthetic matrix metalloproteinases inhibitors
- IX. Transdermal laser treatment for the treatment of large varicose veins
- X. VeinGogh Ohmic Thermolysis (RFA device)
- XI. VeinOPlus vascular device for treatment of muscle atrophy due to varicose veins

## DEFINITIONS:

### Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

### Ambulatory phlebectomy or transilluminated powered phlebectomy (eg, TriVex System):

Removes segments of varicose veins through multiple stab incisions.

### Endovenous ablation procedures:

A catheter is inserted and advanced into the affected vein through a small incision. Once ultrasound imaging confirms proper placement, the radiofrequency electrode or laser is slowly withdrawn while applying energy to occlude the vein.

### Sclerotherapy:

Injection of an inflammatory chemical solution (sclerosing agent) directly into a vein.

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 5 of 9

**BACKGROUND:**

Varicose veins (ie, varix, varices, varicosities) are dilated subcutaneous veins greater than or equal to 3mm in diameter measured in the upright position. It can involve the great saphenous vein (GSV) or the small saphenous vein (SSV) (ie, main axial superficial veins), or any of the other superficial lower limb vein tributaries.

Frequently, varicose veins are caused by intrinsic morphologic or biochemical abnormality in the vein wall. They can also result from secondary causes, such as deep vein thrombosis (DVT), deep venous obstruction, superficial thrombophlebitis, or arteriovenous fistula. They can also be congenital, presenting as venous malformations.

The deep venous and the superficial venous systems, which are connected by perforator veins, are the main components of the lower extremity venous system. The deep venous system contains the popliteal and femoral veins. The superficial venous system contains the greater saphenous vein (GSV) and the small saphenous vein (SSV). The GSV meets the femoral vein at the saphenofemoral junction (SFJ). The SSV meets the deep venous system and the saphenopopliteal junction (SPJ).

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 6 of 9

Prior Authorization: Yes, per network provider agreement.

## CODING:

CPT® or HCPCS

36465 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectant, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)

36466 Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectant, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg

36470 Injection of sclerosant; single incompetent vein (other than telangiectasia)

36471 Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg

36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein

36474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites

36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein

36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites

36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein

36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

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: Cosmetic Treatment and Procedures (MP/C002)
3. Clinical Policy: Coverage Determination Guidelines (MP/C009)
4. American College of Phlebology. Practice Guidelines: Superficial Venous Disease rev020316. Retrieved from <https://www.myavls.org/member-resources/clinical-guidelines.html>. Accessed 10-14-24.
5. American Vein and Lymphatic Society. Position Statement Healthcare Policy Committee: Mechanochemical Venous Ablation. Retrieved from <https://www.myavls.org/member-resources/position-statements.html>. Accessed 10-14-24.
6. American Vein and Lymphatic Society. Position Statement Healthcare Policy Committee: Non-compounded Foam Sclerotherapy. Revised 01-08-19. Retrieved from <https://www.myavls.org/member-resources/position-statements.html>. Accessed 10-14-24.
7. Gloviczki P, Comerota AJ, Dalsing MC, et al. The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 7 of 9

American Venous Forum. *J Vasc Surg*. 2011;53:2S-48S. Retrieved from

<https://www.jvascsurg.org/action/showPdf?pii=S0741-5214%2811%2900327-2>.

8. Kabnick LS, Scovell S. Overview of lower extremity chronic venous disease. (Topic 8181, Version 31.0; last updated: 01/23/23). In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. [www.uptodate.com](http://www.uptodate.com). Accessed 10-14-24.
9. Passman MA. Approach to treating symptomatic superficial venous insufficiency. (Topic 121344, Version 9.0; last updated: 01/09/24). In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2024. [www.uptodate.com](http://www.uptodate.com). Accessed 10-14-24.
10. Scovell S. Laser and light therapy of lower extremity telangiectasias, reticular veins, and small varicose veins. (Topic 8176, Version 21.0; last updated: 09/28/22) In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2024. [www.uptodate.com](http://www.uptodate.com). Accessed 10-14-24.
11. Dillavou ED, Kiguchi M. Comparison of methods for endovenous ablation for chronic venous disease. (Topic 15233, Version 10.0; last updated: 08/14/23) In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2024. [www.uptodate.com](http://www.uptodate.com). Accessed 10-14-24.
12. Holewijn S, van Eekeren RRJP, Vahl A, de Vries JPPM, Reijnen MMPJ. Two-year results of a multicenter randomized controlled trial comparing Mechanochemical endovenous Ablation to RADiOfrequeNcy Ablation in the treatment of primary great saphenous vein incompetence (MARADONA trial). *J Vasc Surg Venous Lymphat Disord*. 2019;7(3):364.
13. Gloviczki, Peter et al. The 2022 Society for Vascular Surgery, American Venous Forum, and American Vein and Lymphatic Society clinical practice guidelines for the management of varicose veins of the lower extremities. Part I. Duplex Scanning and Treatment of Superficial Truncal Reflux. *Journal of Vascular Surgery: Venous and Lymphatic Disorders*. 2022;11(2):231 - 261.e6. Retrieved from [https://www.jvsvenous.org/article/S2213-333X\(22\)00417-6/fulltext](https://www.jvsvenous.org/article/S2213-333X(22)00417-6/fulltext). Accessed 10-14-24.
14. American Vein and Lymphatic Society. Cyanoacrylate Endovenous Ablation: Position Statement. 2024. Retrieved from <https://www.myavls.org/assets/pdf/AVLS-Cyanoacrylate-Endovenous-Ablation-6-18-24.pdf>. Accessed 10-14-24.

## DOCUMENT HISTORY:

<b>Created Date:</b> 10/19/20
<b>Reviewed Date:</b> 06/11/21, 09/27/21, 09/20/22, 09/20/23, 09/20/24
<b>Revised Date:</b> 06/11/21

<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 8 of 9

## Attachment A

### Clinical, Etiological, Anatomical and Pathophysiological (CEAP) Classification

Clinical Classification	Description
C0	No visible or palpable signs of venous disease
C1	Telangiectasias, reticular veins
C2	Varicose Veins
C2 <sub>r</sub>	Recurrent Varicose Veins
C3	Edema
C4	Changes in skin and subcutaneous tissue secondary to chronic venous disease
C4 <sub>a</sub>	Pigmentation or eczema
C4 <sub>b</sub>	Lipodermatosclerosis or atrophie blanche
C4 <sub>c</sub>	Corona phlebectatica
C5	Healed
C6	Active venous ulcer
C6 <sub>r</sub>	Recurrent active venous ulcer
S	With symptoms attributable to venous disease
A	Absence of symptoms attributable to venous disease

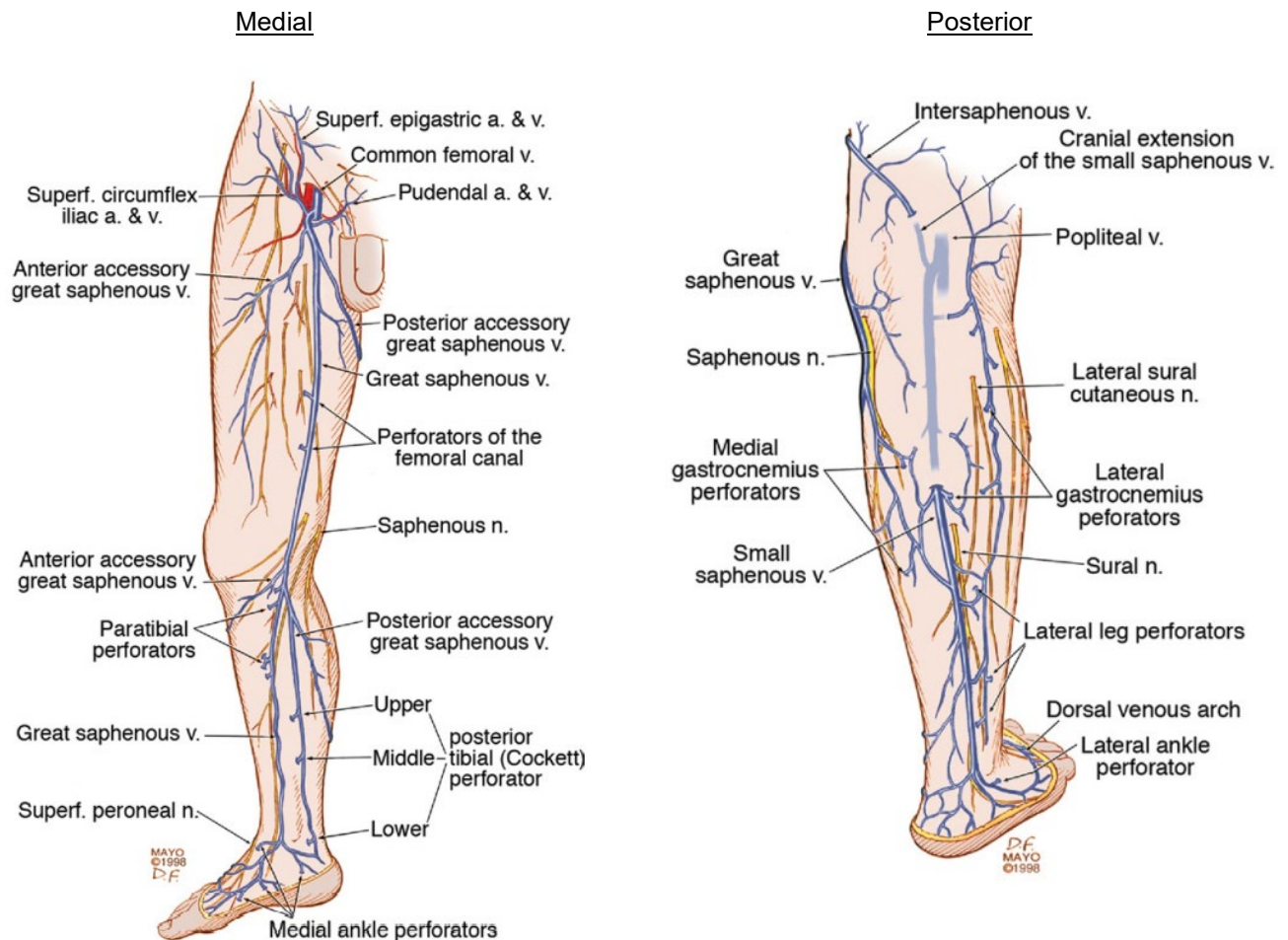
Retrieved from Kabnick LS, Scovell S. Overview of lower extremity chronic venous disease. (Topic 8181, Version 31.0; last updated: 01/23/23). In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2024. [www.uptodate.com](http://www.uptodate.com). Accessed 10-14-24.



<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> Varicose Vein Treatments	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<b>Reference #:</b> MC/J001	<b>Page:</b> 9 of 9

## Attachment B

### Superficial and Perforating Veins of the Lower Extremity



Retrieved from Gloviczki P, Comerota AJ, Dalsing MC, et al. The care of patients with varicose veins and associated chronic venous diseases: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. *J Vasc Surg.* 2011;53:2S-48S. Retrieved from <https://www.jvascsurg.org/action/showPdf?pii=S0741-5214%2811%2900327-2>.

## 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).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ ຈະມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

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

ဟံသာဝတီ- နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လို့လိ။ 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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ជូរ 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).

XIYEEFFANNAA: 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).

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 နှိတ်မိသည့်သို့လို့။ 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)។

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).