PreferredOne®

Department of Origin: Integrated Healthcare Services	**Effective Date:** 03/05/24
Approved by: Medical Policy Quality Management Subcommittee	**Date Approved:** 03/05/24
Clinical Policy Document: Genetic Testing, Comparative Genomic Hybridization/ Chromosomal Microarray - Non-Oncology	**Replaces Effective Clinical Policy Dated:** 06/06/23
Reference #: MC/L015	**Page:** 1 of 10

PURPOSE:
The intent of this clinical policy is to ensure care is 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. Licensed Genetic Counselors may also order genetic tests if it is within the scope of practice of their state licensure. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

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

I. Comparative genomic hybridization (CGH) testing for chromosomal abnormalities in individuals is considered medically necessary when the request meets all of the following: A - D

   A. A *health care professional trained in genetics*, independent of the laboratory performing the testing, has reviewed and documented family history, advised the parent/legal guardian of the potential harms of the testing and implications of the test results, and obtained written informed consent; and

   B. If warranted, biochemical tests for metabolic disease have been performed and results are non-diagnostic; and

   C. CGH testing is requested for one of the following: 1 - 4
      1. Nonsyndromic global developmental delay or intellectual disability (DD/ID); or

      2. Autism spectrum disorder (ASD); or

      3. Multiple congenital abnormalities (MCA) not specific to a well-defined genetic syndrome. (See Attachment A); or

      4. Isolated severe congenital heart disease.

   D. The results of the genetic testing have the potential to impact the clinical management of the member.

II. Comparative genomic hybridization testing in the prenatal setting is considered medically necessary for the following: A, and one of B - D

   A. A *health care professional trained in genetics*, independent of the laboratory performing the testing, has reviewed and documented family history, advised the parent/legal guardian of the potential harms of the testing and implications of the test results, and obtained written informed consent; and

B. The member is pregnant with a fetus with one or more major structural abnormalities identified on ultrasound, fetal magnetic resonance imaging; or

C. The member is undergoing invasive prenatal testing (ie, amniocentesis, chorionic villus sampling or fetal tissue sampling); or

D. Evaluation of fetal death (stillbirth) at one of the following: 1 - 2
   1. 20 weeks or greater of gestation; or

   2. A weight greater than or equal to 350 grams if the gestational age is not known.

III. Comparative genomic hybridization testing when member is a prospective parent or carrier testing (equal to or greater than age 12) – must have all of the following: A - D

A. A *health care professional trained in genetics*, independent of the laboratory performing the testing, has reviewed and documented family history, advised the parent/legal guardian of the potential harms of the testing and implications of the test results, and obtained written informed consent; and

B. CGH testing of a previous fetus or child confirms a genetic condition or syndrome that puts future children at high risk for the specific inheritable disease, sickness, or defect; and

C. Conventional cytogenetic genetic testing is not adequate; and

D. Outcome of testing is required to determine carrier status of inherited disorders and to guide subsequent reproductive decisions.

IV. Comparative genomic hybridization testing for chromosomal abnormalities in *neonates* is medically necessary as a first-line test when the *neonate* has multiple anomalies not specific to a well-defined genetic syndrome.

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

CGH for all other indications is considered investigative (see Investigative List)

DEFINITIONS:
Copy Number Variants (CNVs):
An alteration of the DNA of a genome that results in the cell having an abnormal number of copies of one or more sections of the DNA.

Cytogenetics:
A branch of genetic science that focuses on the study of the structure and function of the cell, especially the chromosomes. Cytogenetics includes but is not limited to G-banded karyotyping, fluorescent in situ hybridization (FISH) and comparative genomic hybridization (CGH). Conventional cytogenetic testing is used to identify balanced rearrangements (eg, translocations or inversions), alterations in chromosome structure, sequence alterations, copy number changes (deletion, duplication and amplification), single-

base pair mutation, 20% or lower level of mosaicism, and some types of polyploidy, including triploidy and tetraploidy. Conventional cytogenetic tests identify known genetic abnormalities associated with specific clinical syndromes. These tests may be used when a specific clinical syndrome is suspected.

FISH:
An established technique that labels specific regions of deoxyribonucleic acid (DNA), using sequence specific oligonucleotides (ie, short sequences of DNA) to identify chromosomal deletions, additions or rearrangements. Because FISH uses individual probes, it reveals DNA aberrations of only the probe-targeted segments. Locus-specific FISH detects subtelomeric and interstitial submicroscopic chromosomal arrangements (usually 3–5 megabases [Mb] in size) associated with particular phenotypes.

G-banded Karyotyping:
A molecular chromosome analysis technique which employs Giemsa dye to stain DNA strands. This method is indicated for evaluation of specific chromosome disorders, such as Down syndrome, sex chromosome abnormalities, and trisomy 13/18.

Health care professionals trained in genetics:
A genetics professional has experience and an educational background in genetics, counseling, and hereditary syndromes to provide accurate risk assessment and empathetic genetic counseling to patients and their families. Genetics professionals include people certified in any of the following ways:

- American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics and Genomics (ABMGG) board certified/board eligible[21] or a licensed genetic counselor
- Advanced Genetics Nursing Certification (AGN-BC) [21]
- Advanced Clinical Genomics Nurse (ACGN) credential[21]
- Clinical Genomics Nurse (CGN) certification[21]
- Cancer Genetic Risk Assessment (CGRA) certification[21]
- Advanced practice oncology nurse or physician assistant with specialized education in cancer genetics and hereditary cancer predisposition syndromes[21]
- Board-certified/board-eligible physician with experience in cancer genetics (defined as education resulting in a certification and undergoing ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes) [21]
- A registered nurse with specialized education in cancer genetics and hereditary cancer predisposition syndromes (defined as education resulting in a certification and undergoing ongoing continuing medical education in cancer genetics and hereditary cancer predisposition syndromes) [21]
- Board-certified specialty care physician with experience in the diagnosis and treatment of the hereditary condition, eg, cardiologist ordering genetic testing for hypertrophic cardiomyopathy

Karyotypes:
The number and appearance of chromosomes under a light microscope.

Neonate:
A newborn infant equal to or less than four weeks of age

BACKGROUND:
Comparative genomic hybridization (CGH) or chromosomal microarray analysis is a laboratory method to aid in the detection of chromosomal imbalances. It allows for the detection of alterations (copy number variants or CNVs) in the genomic content of an individual. The technique works by comparing the DNA content of the individual with a normal control individual to identify pathogenic CNVs that may be responsible for the suspected disorder. Tens of thousands to millions of different DNA fragments (probes) are attached to identifiable locations on a glass slide or gene chip. Array CGH (aCGH) is a variation of CGH that detects chromosomal abnormalities at a higher resolution than conventional CGH, or chromosome-based CGH.

The three basic types of CGH are bacterial artificial chromosomes (BAC), oligonucleotide (oligo) and single nucleotide polymorphism (SNP) arrays. Arrays are often described as targeted or whole genome or genome-wide. Targeted arrays are high-resolution and contain only specific sections or regions of DNA containing known, clinically significant CNVs. Whole genome or genome-wide arrays cover the entire genome at varying levels of resolution. Whole genome arrays detect known CNVs, like targeted arrays, and may also detect the discovery of new CNVs.

IHC involves designing monoclonal antibodies that bind to the molecule being assessed. Formalin-fixed paraffin-imbedded tissue is stained with the antibodies and the expression of the protein is assessed under a microscope. FISH is an established technique that labels specific regions of deoxyribonucleic acid (DNA), using sequence specific oligonucleotides (i.e., short sequences of DNA) to identify chromosomal deletions, additions or rearrangements. Because FISH uses individual probes, it reveals DNA aberrations of only the probe-targeted segments. Locus-specific FISH detects subtelomeric and interstitial submicroscopic chromosomal arrangements (usually 3–5 megabases [Mb] in size) associated with particular phenotypes. When high resolution G-banding is used, chromosomes are first treated with trypsin, an enzyme that degrades proteins. The chromosomes are then stained with Giemsa which produces a banding pattern of light and dark stripes enabling identification of each chromosome. G-band karyotyping is limited to a resolution of 5–10 Mb. PCR is an established laboratory method used to make numerous copies of a specific DNA sequence, utilizing pairs of oligonucleotide primers to replicate and alternate rounds of DNA. Real-time polymerase chain reaction, also called quantitative real time polymerase chain reaction (Q-PCR/qPCR/qrt-PCR) or kinetic polymerase chain reaction (KPCR), is a PCR technology used to simultaneously amplify and quantify the targeted DNA molecule. In reverse transcriptase PCR (RT-PCR) an RNA strand is reverse transcribed into its DNA complement (cDNA). Methylation-specific PCR (MSP) assesses the methylation status of DNA (American Association of Clinical Chemistry [AACC], 2010; Kibel and Reiter, 2007).

Conventional cytogenetic testing is used to identify balanced rearrangements (e.g., translocations or inversions), alterations in chromosome structure, sequence alterations, copy number changes (deletion, duplication and amplification), single-base pair mutation, 20% or lower level of mosaicism, and some types of polyploidy, including triploidy and tetraploidy. Conventional cytogenetic tests identify known genetic abnormalities associated with specific clinical syndromes. These tests may be used when a specific clinical syndrome is suspected.

DSM-5 Diagnostic Criteria for Autism Spectrum Disorders is available at the following website:
http://www.autismspeaks.org/what-autism/diagnosis/dsm-5-diagnostic-criteria

DSM-5 Diagnostic Criteria for Intellectual Disability is available at the following website:
http://aaidd.org/intellectual-disability/definition

DSM-5 defines global developmental delay (GDD) as occurring in children less than five years of age who fail to meet expected developmental milestones in multiple areas of functioning. Developmental milestones are available at the following website:
http://www.cdc.gov/ncbddd/actearly/milestones/index.html

Major defects are structural abnormalities that affect the way a person looks and require medical and/or surgical treatment. Minor defects are abnormalities that do not cause serious health or social problems. When multiple birth defects occur together and have a similar cause, they are called syndromes. If two or more defects tend to appear together but do not share the same cause, they are called associations.

Prior Authorization: Yes**,** per network provider agreement, outpatient setting.

CODING:
CPT®
81228 Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis
81229 Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis
81349 Cytogenomic (genome-wide) microarray analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss of heterozygosity variants, low-pass sequencing analysis
0209U Cytogenomic constitutional (genome-wide) analysis; interrogation of genomic regions for copy number changes and areas of homozygosity for chromosomal abnormalities
S3870 Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorders and/or intellectual disability

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: Genetic Testing, Heritable and Somatic Conditions (MP/G001)
4. Clinical Policy: Genetic Testing, Reproductive Carrier Screening (MC/L017)
5. Clinical Policy: Genetic Testing, Whole Exome/Whole Genome Sequencing (MC/L021)
6. Manning M, Hudgins L. Professional Practice and Guidelines Committee. American College of Medical Genetics. Array-based technology and recommendations for utilization in medical genetics practice for detection of chromosomal abnormalities. *Genet Med*. 2010 Nov (Reaffirmed 2020);12(11):742-5. Retrieved from https://www.acmg.net/ACMG/Medical-Genetics-Practice-Resources/Practice-Guidelines.aspx. Accessed 01-12-24.
7. American Academy of Pediatrics (AAP) Website. Policy statement: ethical and policy issues in genetic testing and screening of children. February 2013. Reaffirmed June 2018. Retrieved from http://pediatrics.aappublications.org/content/131/3/620. Accessed 01-12-24.
8. American College of Obstetricians and Gynecologists Committee on Genetics. Committee Opinion No. 682: Microarrays and Next-Generation Sequencing Technology: The Use of Advanced Genetic Diagnostic Tools in Obstetrics and Gynecology. Obstet Gynecol. 2016 (Reaffirmed 2023);128:e262-8. Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/12/microarrays-and-next-generation-sequencing-technology-the-use-of-advanced-genetic-diagnostic-tools-in-obstetrics-and-gynecology. Accessed 01-12-24.
9. Reddy U, Page G, Sadde G, et al. Karyotype versus microarray testing for genetic abnormalities after stillbirth. *N Engl J Med*. 2012;367:2185-2193.
10. Augustyn M, von Hahn E. Autism Spectrum Disorder in children and adolescents: Evaluation and diagnosis. (Topic 628, Version 51.0; last updated: 05/16/22) In: Torchia, M, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. www.uptodate.com. Accessed 01-12-24.

11. Pivalizza P, Lalani S. Intellectual Disability in Children: Evaluation for a cause. (Topic 6189, Version 30; last updated: 01/10/23).) In: Armsby C, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. www.uptodate.com. Accessed 01-12-24.
12. Moeschler JB, Shevell M, Committee on Genetics. Comprehensive evaluation of the child with intellectual disability or global developmental delays. *Pediatrics*. 2014;134:e903-e918.
13. Bacino CA. Congenital anomalies: Epidemiology, types, and patterns. (Topic 110898, Version 9.0; last updated: 01/12/23). In: TePas E, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. www.uptodate.com. Accessed 01-12-24.
14. Arican P, Olgac Dundar N, Ozyilmaz B, et al. Chromosomal microarray analysis in children with unexplained developmental delay/intellectual disability [abstract]. *J Pediatr Genet*. 2019;8(1):1-9.
15. Ho KS, Wassman ER, Baxter AL, et al. Chromosomal Microarray Analysis of Consecutive Individuals with Autism Spectrum Disorders Using an Ultra-High-Resolution Chromosomal Microarray Optimized for Neurodevelopmental Disorders. *Int J Mol Sci*. 2016;17(12):2070.
16. American College of Obstetricians and Gynecologists (ACOG). ACOG Practice Bulletin. Prenatal Diagnostic Testing for Genetic Disorders. Number 162, May 2016 (Reaffirmed 2020). Retrieved from https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins-List. Accessed 01-12-24.
17. American College of Obstetricians and Gynecologists (ACOG). Obstetric Care Consensus. Management of Stillbirth. Number 10, March 2020. (Reaffirmed 2021). Retrieved from https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins-List. Accessed 01-12-24.
18. South ST, Lee C, Lamb AN, Working Group for the American College of Medical Genetics and Genomics Laboratory Quality Assurance Committee, et al. ACMG Standards and Guidelines for constitutional cytogenomic microarray analysis, including postnatal and prenatal applications: revision 2013. *Genet Med*. 2013;15:901–909.
19. Geddes GC, Basel D, Frommelt P, et al. Genetic testing protocol reduces costs and increases rate of genetic diagnosis in infants with congenital heart disease. *Pediatr Cardiol*. 2017;38(7):1465-1470
20. Hussein IR, Bader RS, Chaudhary AG, et al. Identification of De Novo and rare inherited copy number variants in children with syndromic congenital heart defects. *Pediatr Cardiol*. 2018 Jun;39(5):924-940.
21. American College of Surgeons. Commission on Cancer. Optimal Resources for Cancer Care. 2020 Standards. Updated February 2023. Personnel and Services Resources. Chapter 4.4: Genetic Counseling and Risk Assessment. Retrieved from https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/. Accessed 01-12-24.

DOCUMENT HISTORY:

Created Date: 02/12/2014
Reviewed Date: 12/30/14, 12/30/15, 12/16/16, 12/15/17, 12/14/18, 12/14/19, 12/14/20, 11/16/21, 10/20/22, 10/19/23
Revised Date: 02/11/15, 02/01/16, 01/25/17, 07/30/19, 01/08/20, 08/20/20, 01/18/21, 11/16/21, 01/31/23, 05/05/23, 06/06/23

Attachment A

Major Congenital Malformations		
Head and Craniofacial Structures	Skull • Anencephaly • Encephalocele (occipital, frontal) • Holoprosencephaly • Hydrocephaly Eyes • Microphthalmia • Anophthalmia • Colobomas (iris, retina)	Ears • Microtia (types II through IV) Mouth and throat • Cleft lip • Cleft palate • Severe micrognathia (Robin sequence) • Macro- or microglossia
Neck	• Cystic hygroma	
Chest	• Pectus excavatum • Absent or hypoplastic clavicles	
Back	• Meningomyelocele • Spina bifida	
Abdomen	• Omphalocele • Gastroschisis	
Genitalia	• Ambiguous genitalia	
Extremities	Arms • Absent or limb deficiencies	Hands and Feet • Polydactyly, complete syndactyly, polysyndactyly • Absent digits • Ectrodactyly
Cardiovascular and great vessels	• Tetralogy of Fallot • Truncus arteriosus • Hypoplastic left heart • Ventricular or atrial septal defect	• Transposition of the great vessels • Interrupted aortic arch type B • Total anomaly of pulmonary venous return • Hypoplasia or coarctation of the aorta

Retrieved from Bacino CA. Congenital anomalies: Epidemiology, types, and patterns. (Topic 110898, Version 9.0; last updated: 01/12/23). Graphic 82547 Version 5.0. In: TePas E, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. Accessed 01-12-24.

Attachment A (continued)

Minor Congenital Malformations		
Head and craniofacial Structures	Skull • Abnormal hair whorls (absence, more than two) • Frontal bossing • Plagiocephaly • Flat occiput • Metopic fontanel Eyes • Epicanthal folds • Hypotelorism • Hypertelorism • Upslanting or downslanting palpebral fissures • Short palpebral fissures • Synophrys • Ptosis	Ears • Ear lobe - attached, creases, notches, or bifid • Small ears (type I microtia) • Lop ear • Cup-shaped ear • Protruding ear • Ear tags • Preauricular sinuses Nose • Flat bridge • Anteverted nostrils • Philtrum long, short, flat Mouth and jaw • Microstomia • Macrostomia • Bifid uvula • Multiple frenula • Micrognathia • Retrognathia
Neck	• Short neck • Webbing	• Redundant skin • Branchial sinuses
Chest	• Extra nipples • Widely spaced nipples • Low-placed nipples	
Back	• Sacral dimple	
Genitalia	• Shawl scrotum • Vaginal tags • Minor hypospadias	
Extremities	Arms • Cubitus valgus • Dimples over major joints Feet • Partial syndactyly between two to three toes • Nail hypoplasia • Prominence of the heels • Overlapping digits	Hands • Fifth finger clinodactyly • Single transverse palmar crease • Bridge crease • Tapered fingers • Nail hypoplasia • Persistent finger pads (fetal pads)
Skin	• Nevi • Hypo- or hyperpigmented macules • Hemangioma	

Retrieved from Bacino CA. Congenital anomalies: Epidemiology, types, and patterns. (Topic 110898, Version 9.0; last updated: 01/12/23). Graphic 78729 Version 6.0. In: TePas E, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. Accessed 01-12-24.

Attachment B

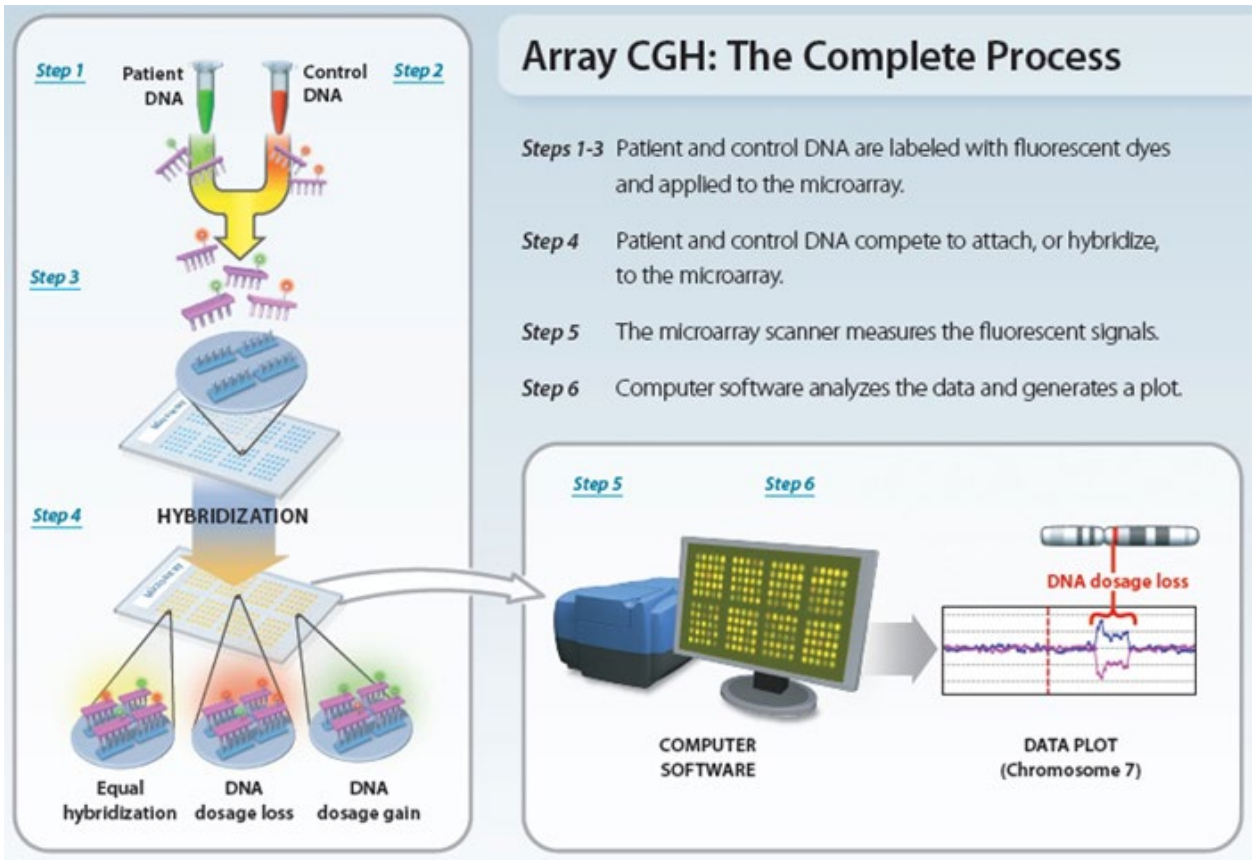

Diagram of the microarray-based comparative genomic hybridization (aCGH) process Source: nature.com

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).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

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

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013).។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

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

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).