PRODUCT APPLICATION:

- PreferredOne Community Health Plan (PCHP)
- PreferredOne Administrative Services, Inc. (PAS) ERISA
- PreferredOne Administrative Services, Inc. (PAS) Non-ERISA
- PreferredOne Insurance Company (PIC) Individual
- PreferredOne Insurance Company (PIC) Large Group
- PreferredOne Insurance Company (PIC) Small Group

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.

Benefits must be available for health care services. Health care services must be ordered by a physician, physician assistant, or nurse practitioner. 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.

This policy applies to PAS members only when the employer group has elected to provide benefits for the services involved. Check benefits in SPD. If benefits not specifically addressed in the SPD, verify the availability of benefits with the appropriate account manager.

PURPOSE:
The purpose of this policy is to provide coverage guidelines for molecular based testing on tissue or body fluid.

POLICY:
PreferredOne covers medically necessary molecular testing when the analytic and clinical validity of the test have been established and the clinical utility of the test is supported by reliable evidence showing that using the test will significantly guide subsequent testing and/or treatment and lead to clinically meaningful improvement in outcomes.

PreferredOne adopts National Comprehensive Cancer Network (NCCN) and Aetna coverage determinations for requests for these services. On the occasion PreferredOne receives a request for a test that is not addressed by NCCN or Aetna, PreferredOne may choose to seek its own coverage position seeking reliable evidence and following the PreferredOne expert opinion and Quality Management Subcommittee oversight process.

GUIDELINES:
Medical Necessity Criteria - Must satisfy: I and one of II or III; apply IV when applicable

I. General characteristics of covered tests - must meet all of: A-C

A. Each test has been approved for its intended use by the appropriate regulatory/oversight body (implies analytic validity); and

B. Each test has sufficient sensitivity and specificity (clinical validity) for targeting the member’s specific clinical condition; and
C. The results of each molecular test will directly impact clinical decision-making and clinical care (clinical utility) for the individual; and

II. Request for use of gene-expression profiling meets MC/L012 Gene Expression Profiling; or

III. Each test requested is appropriate, based on the condition and indication stated in the table in Attachment A, which includes one of the following: A-C

A. The test requested meets the indication stated in the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology: or

B. Aetna; or

C. Other reliable evidence.

IV. Requests for testing of multiple markers are covered only for the number of tests deemed medically necessary to establish a diagnosis.

EXCLUSIONS:
Either of the following: I or II

I. The following tests are considered investigative (see Investigative List): A - G

A. Chemotherapy/ Chemosensitivity/ Tumor Resistance Assay Testing, such as but not limited to, ChemoFX Assay, except for use in recurrent ovarian cancer disease with two or less previous chemotherapy regimens, and re-biopsy of tissue.

B. Topographic Genotyping, PathfinderTG® from RedPath Integrated Pathology.

C. Gene expression profiling for breast cancer, except the Oncotype DX® Breast Cancer Assay, such as, but not limited to all of the following (see Investigative List):
   - 41-gene signature assay
   - BluePrint® (80-gene profile)
   - Breast Cancer Gene Expression Ratio (also known as Theros H/ISM)
   - Breast Cancer IndexSM
   - BreastNextTM
   - BreastOnePx™ or Breast Cancer Prognosis Gene Expression Assay
   - BreastPRS
   - Genomic Grade Index (also known as MapQuant Dx™)
   - EndoPredict®
   - HERmark® Breast Cancer Assay
   - InsightTM DX Breast Cancer Profile
   - MammaPrint® (also known as Amsterdam signature or 70-gene signature)
   - Mammastrat™
   - NexCourse® Breast IHC4
   - Oncotype DX® DCIS
   - PAM50 Breast Cancer Intrinsic Classifier™
   - Prosigna™ Breast Cancer Prognostic Gene Signature Assay
• SYMPHONY™ Genomic Breast Cancer Profile
• TargetPrint®
• Rotterdam signature assay (76-gene assay)

D. Gene expression profiling/molecular testing for cancers of unknown primaries/occult primary tumors, such as, but not limited to all of the following (see Investigative List):
   • CancerTYPE ID® Test
   • ProOne TumorSourceDX™ Test
   • ResponseDX: Tissue of Origin Test™ (Pathwork® Tissue of Origin)
   • Rosetta Cancer Origin Test™ (miRview® mets and miRview® mets2 tests)

E. Gene expression profiling/molecular testing for colorectal cancer, such as, but not limited to all of the following (see Investigative List):
   • ColDx
   • ColoPrint
   • Colorectal Cancer DSA®
   • GeneFx Colon®
   • OncoDefender-CRC®
   • Oncotype DX® Colon Cancer Assay

F. Gene expression profiling/molecular testing for predicting malignancy in women with adnexal mass, such as, but not limited to all of the following (see Investigative List):
   • OVA1
   • Risk of Ovarian Malignancy Algorithm (ROMA)

G. Gene expression profiling/molecular testing for prostate cancer except for the 4Kscore®, gene hypermethylation of gene regions GSTP1, APC, and RASSF1 (ConfirmMDx™), PCA3, Percent free PSA, Prolaris™ assay, Prostate Health Index (PHI), or the Oncotype DX® Prostate Cancer Assay, such as, but not limited to all of the following (see Investigative List):
   • TMPRSS:ERG (Transmembrane protease, serine: ERG [ETS related gene] fusion genes for diagnosis and prognosis of prostate cancer (eg, ProstaVysion®))
   • Decipher® Prostate Cancer Classifier

II. Direct-to-consumer testing.

DEFINITIONS:

Analytic Validity:
How accurately and reliably the test measures the genotype of interest. A major component in the validation of an analytical technique is the technique’s ability to accurately determine the presence of the substance it is seeking. It must measure the target substance without a great range of variation over a number of trials. The technique also must be proven to work reliably at multiple labs to be validated by this testing.

Biomarker:
Any characteristic of an organism that can be objectively measured and evaluated to indicate the presence of a disease or drug reaction.
**Clinical Utility:**
How likely the test is to significantly improve patient outcomes. The evidence of improved measurable clinical outcomes, and its usefulness and added value to patient management decision-making compared with current management without the testing.

**Clinical Validity:**
How consistently and accurately the test detects or predicts the intermediate or final outcomes of interest.

**Molecular Testing in Oncology:**
Procedures designed to detect somatic or germline mutations in DNA and changes in gene or protein expression that could impact diagnosis, prognosis, prediction, and evaluation of therapy of patients with cancer.

**Reliable Evidence:**
Reliable evidence shall mean consensus opinions and recommendations reported in the relevant medical and scientific literature, peer-reviewed journals, reports of clinical trial committees, or technology assessment bodies, and professional consensus opinions of local and national health care providers.

**Tumor Marker:**
A biomarker that can identify a specific malignancy.

**BACKGROUND:**
Personalized medicine in oncology is maturing and evolving rapidly and the use of molecular biomarkers in clinical decision-making is growing. This raises important issues regarding the safe, effective, and efficient deployment of molecular tests to guide appropriate care, specifically regarding laboratory-developed tests and companion diagnostics.

Tumor markers are substances produced by cancer or other cells in the body in response to cancer, or certain benign conditions. Most tumor markers are proteins but may also be patterns of gene expression and changes to DNA. Tumor markers are made by normal cells but are produced at a much higher level in the presence of a cancer. Tumor markers may be found in the blood, plasma, other bodily fluids (e.g., urine, saliva, sputum, cerebrospinal fluid, or effusions) and/or tissue. Although an abnormal tumor marker level may suggest cancer, their presence alone does not confirm a diagnosis. Tumor markers are typically combined with other diagnostic studies (e.g., laboratory test, biopsy, radiological imaging) to confirm the diagnosis. These markers may not be elevated in the presence of some diseases or cancers, especially in early stages of the disease, may not be specific to a particular type of disease or cancer, and/or may be elevated by more than one type of disease or cancer.

In some types of cancers, tumor marker levels may reflect the extent or stage of the disease and can be useful in determining the most effective treatment and how well the disease will respond to the treatment. Typically, the primary use of tumor markers is to monitor a cancer's response to treatment with periodic measurements following therapy. Following therapy, a decrease in the marker level may indicate a response to therapy as opposed to consistently elevated or rising marker levels which may be indicative of a lack of response to treatment or recurrence of the disease. The evidence in the published peer-reviewed literature and professional societies support tumor makers for the diagnosis and management of some cancers, while other tumor markers are still evolving and their clinical utility has not been proven.
FOR INTERNAL USE ONLY

COVERAGE:
Prior Authorization: Yes - for those marked with an *

Coverage is subject to the member’s contract benefits.

CODING: See Attachment A

CPT codes copyright 2016 American Medical Association. All Rights Reserved. CPT is a trademark of the AMA. The AMA assumes no liability for the data contained herein.

RELATED CRITERIA/POLICIES:
Medical Criteria: MC/L012 Gene Expression Profiling
Medical Policy: MPC003 Criteria Management and Application
Medical Policy: MP/C009 Coverage Determination Guidelines
Medical Policy: MP/L001 Laboratory Tests
Medical Policy: MP/P013 Pharmacogenetic/Pharmacogenomic Testing and Serological Testing for Inflammatory Conditions

REFERENCES
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<td><strong>Replaces Effective Policy Dated:</strong></td>
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<td>06/07/16</td>
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<td><strong>Reference #:</strong></td>
<td><strong>Page:</strong></td>
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<td>Molecular Test</td>
<td>Condition</td>
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<td>AFP (alpha-fetoprotein)</td>
<td>Primary hepatocellular cancer&lt;br&gt;Germ cell tumors in patients with adenocarcinoma, or carcinoma not otherwise specified, involving mediastinal nodes</td>
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<td>CPT 82105</td>
<td>Nonseminoma germ cell testicular cancer&lt;br&gt;Pelvic mass</td>
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<td>*ALK gene fusion, rearrangement or translocation</td>
<td>Non-small cell lung cancer (NSCLC)&lt;br&gt;Diffuse large B cell lymphoma, Peripheral T-cell lymphoma, Post-transplant proliferative disorder</td>
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<td>*BCR/ABL1</td>
<td>Acute lymphocytic leukemia (ALL)&lt;br&gt;Acute myeloid leukemia (AML)&lt;br&gt;Chronic myelogenous leukemia (CML)&lt;br&gt;Lymphoblastic lymphoma&lt;br&gt;Myelodysplastic/myeloproliferative disorders</td>
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<td>Gastrointestinal stromal tumors (GIST)</td>
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<td>A. NCCN</td>
<td>Hairy cell leukemia</td>
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<td>BTA (bladder tumor antigen) Stat test CPT 86294</td>
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<td>Metastatic breast cancer</td>
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<td>CA 19-9 CPT 86301</td>
<td>Adenocarcinoma of the ampulla of Vater Gastric cancer Gallbladder cancer Cholangiocarcinoma Mucinous appendiceal carcinoma Pancreatic cancer</td>
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<td>CA 125 CPT 86304</td>
<td>Epithelial ovarian cancer Endometrial cancer Undiagnosed pelvic mass</td>
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<td>CD 31 immunostaining (cluster of differentiation) CPT 88342</td>
<td>Angiosarcoma</td>
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<td>CEA (carcinogenic antigen) CPT 82378</td>
<td>Pancreatic cyst Colorectal cancer Medullary thyroid cancer Metastatic breast cancer</td>
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<td>*CEBPA mutation CPT 81218</td>
<td>Acute myeloid leukemia</td>
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<td>Condition</td>
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<td>*Chemotherapy/Chemosensitivity/Tumor Resistance Assay Testing (live tumor culture), such as but not limited to, ChemoFX Assay</td>
<td>Recurrent ovarian cancer</td>
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<td>CPT 81535, 81536 NCCN</td>
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<td>*C-kit or KIT (CD-117 [cluster of differentiation-117])</td>
<td>Acute myelogenous leukemia (AML)</td>
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<tr>
<td>CPTs 81272 NCCN</td>
<td>Gastrointestinal stromal tumors</td>
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<td>*Cyclin D1/CCND1 CPT 81401</td>
<td>Mantle cell lymphoma</td>
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<td>ER/PR (estrogen receptors and progesterone receptors)</td>
<td>Breast cancer</td>
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<td>CPTs 84233, 84234 A</td>
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<td>Fibrin/fibrinogen degradation products (Aura-Tek FDP) CPT 85415 A</td>
<td>Bladder cancer</td>
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<tr>
<td>* FLT3-ITD CPTs 81245, 81246 A NCCN</td>
<td>Acute myeloid leukemia</td>
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<td>*Gene hypermethylation of GSTP1, APC, and RASSF1 genes (ConfirmMDx) No specific CPT code A NCCN</td>
<td>Prostate cancer, suspect</td>
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<tr>
<td>HCG (human chorionic gonadotropin) CPT 84702, 84703, 84704 A</td>
<td>Carcinoma not otherwise specified (NOS) Embryonal cell carcinoma Germ cell tumors Teratocarcinoma Trophoblastic ovarian cancer Trophoblastic testicular cancer</td>
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<td>Molecular Test</td>
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<td>HER2 (human epidermal growth factor receptor 2) CPTs 83950, 88360, 88361</td>
<td>Breast cancer, Gastric cancer, Esophageal cancer, Non-small cell lung cancer (NSCLC)</td>
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<td>*IDH mutation 1p19q codeletion CPT 81403</td>
<td>Astrocytoma, Glioma</td>
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<tr>
<td>*IGH rearrangement CPTs 81261,81262, 81263</td>
<td>Non-Hodgkin’s lymphoma, Hairy cell leukemia, Post-transplant lymphoproliferative disorder</td>
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<tr>
<td>*IGK rearrangement CPT 81264</td>
<td>Non-Hodgkin’s lymphoma, Systemic light chain amyloidosis</td>
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<td>ImmoCyte / yCyte+ CPT 88342</td>
<td>Bladder cancer</td>
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<tr>
<td>*Janus Kinase 2 (JAK2) JAK2-V617F sequence variant CPT 81270</td>
<td>Chronic myeloproliferative disorders (CMPD)</td>
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<td>Janus Kinase 2 (JAK2) exon 12 sequence and exon 13 sequence CPT 81403</td>
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<td>*MMR or MSI, e.g., MLH1, MSH2, MSH6, or PMS2 MSI CPT 81301 MLH1 CPT 81288, 81292, 81293, 81294 MSH2 CPT 81295, 81296, 81297 MSH6 CPT 81298, 81299, 81300 PMS2 No specific CPT code</td>
<td>Colorectal cancer</td>
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<td>MPO (myeloperoxidase) CPT 83876</td>
<td>Acute myeloid leukemia</td>
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### Molecular Test

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<thead>
<tr>
<th>Molecular Test</th>
<th>Condition</th>
<th>Indication</th>
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<tbody>
<tr>
<td>*Mycosis fungoides – T-cell receptor gamma chain gene rearrangement</td>
<td>Mycosis fungoides – T-cell lymphoma</td>
<td>Medically necessary as an adjunct to histopathologic testing</td>
</tr>
<tr>
<td>CPT 81342</td>
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<td>*Myelodysplastic syndromes associated targeted genomic sequencing panels (next generation sequencing [NGS]), including but not limited to the following genes: TET2, DNMT3A, TP53, SF3B1, SRSF2, U2AF1, ZRSR2, ASXL1, RUNX1, EZH2, NRAS, CBL, JAK2, SETBP1, IDH1, IDH2, ETV6</td>
<td>Myelodysplastic syndromes</td>
<td>Medically necessary to establish presence of clonal hematopoiesis, to help exclude benign causes of cytopenias in cases with non-diagnostic morphology</td>
</tr>
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<td>CPTs 81450, 81455</td>
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<td>NMP22 (nuclear matrix protein)</td>
<td></td>
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<tr>
<td>CPT 86386</td>
<td>Bladder cancer</td>
<td>Medically necessary for follow-up of treatment for bladder cancer; or Monitoring for eradication of bladder cancer; or Recurrences after eradication</td>
</tr>
</tbody>
</table>
| *Non-small Cell Lung Cancer targeted solid organ sequencing panels (next generation sequencing [NGS]), eg, FoundationOne®, ResponseDX® Lung | Non-small cell lung cancer (NSCLC)                                      | Medically necessary for:  
  • adenocarcinomas; or  
  • tumors with mixed squamous cell (primarily squamous but some adenocarcinoma); or  
  • squamous cell carcinomas in patients who are never smokers; or if small biopsies were used for testing |
<p>| CPT 81445      |                                                                           |                                                                           |
| *NPM1 mutation | Acute myeloid leukemia                                                     | Medically necessary to diagnose acute myeloid leukemia (also called acute myelogenous leukemia [AML], acute nonlymphocytic leukemia [ANLL] and determine risk of relapse |
| CPT 81310      |                                                                           |                                                                           |
| PAI-1 (plasminogen activator inhibitor 1) | Breast cancer, node-negative | Medically necessary to determine prognosis in newly diagnosed node-negative breast cancer |</p>
<table>
<thead>
<tr>
<th>Molecular Test</th>
<th>Condition</th>
<th>Indication</th>
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<tbody>
<tr>
<td>Percent free PSA</td>
<td>Prostate cancer detection</td>
<td>Medically necessary to further define the probability of high-grade cancer in members who have never undergone a biopsy or after a negative biopsy</td>
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<td>CPT 84154</td>
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<tr>
<td>Placental alkaline phosphatase (PLAP)</td>
<td>Germ cell seminoma Non-seminoma germ cell tumors in unknown primary cancers</td>
<td>Medically necessary to diagnose germ cell seminoma and non-seminoma germ cell tumors in unknown primary cancers</td>
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<td>No specific CPT code</td>
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<td>*PML/RARA</td>
<td>Acute promyelocytic leukemia</td>
<td>Medically necessary to diagnose acute promyelocytic leukemia</td>
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<td>CPT 81315, 81316</td>
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<tr>
<td>PCA3 (DD3) (noncoding, prostate tissue-specific RNA)</td>
<td>Prostate cancer detection</td>
<td>Medically necessary to further define the probability of high-grade cancer in members who have never undergone a biopsy or after a negative biopsy</td>
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<td>CPT 81313</td>
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<tr>
<td>PHI (Prostate Health Index [tPSA, fPSA, and proPSA])</td>
<td>Prostate cancer detection</td>
<td>Medically necessary to further define the probability of high-grade cancer in members who have never undergone a biopsy or after a negative biopsy</td>
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<td>No specific CPT code</td>
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<tr>
<td>PSA (prostate-specific antigen)</td>
<td>Prostate cancer</td>
<td>Medically necessary the management of prostate cancer including staging, monitoring response to therapy, and detecting disease recurrence (A) risk stratification and predicting prognosis</td>
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<tr>
<td>CPTs 84152, 84153, 84154, G0103</td>
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<td>*Proteomic testing, such as but not limited to, VeriStrat</td>
<td>NSCLC</td>
<td>Medically necessary for members with NSCLC with wild-type or unknown EGFR status</td>
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<td>CPT 81538</td>
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<tr>
<td>4Kscore (free and total PSA [fPSA and tPSA], human kallikrein 2 [hK2], intact PSA, age, DRE results, and prior biopsy status)</td>
<td>Prostate cancer detection</td>
<td>Medically necessary to further define the probability of high-grade cancer in members who have never undergone a biopsy or after a negative biopsy</td>
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### Molecular Test | Condition | Indication
--- | --- | ---
*RAS*  
- KRAS CPTs 81275, 81276  
- NRAS CPT 81311  

Colorectal cancer  
Non-small cell lung cancer  

KRAS and NRAS testing are medically necessary for suspected or proven metastatic or synchronous adenocarcinoma (any T, any N, M1). If KRAS non-mutated, consider BRAF testing.

*TCB@ (T cell antigen receptor, beta) gene rearrangement*  
CPTs 81340, 81341  

T-cell prolymphocytic leukemia  

Medically necessary to detect abnormal clonal populations.

*TCG@ (T cell antigen receptor, gamma) gene rearrangement*  
CPT 81342  

T-cell prolymphocytic leukemia  

Medically necessary to detect abnormal clonal populations.

* Thyroid fine needle aspiration (FNA) analysis, eg, Afirma®, ThyGenX, ThyroSeq® (including NGS)*  

Cytologically indeterminate thyroid nodule  

Medically necessary for cytologically indeterminate thyroid nodules. Oncogenes typically include BRAF, PAX8/PPAR, RAS (HRAS, KRAS, NRAS) RET/PTC.

**UPA** (urokinase plasminogen activator)  
CPT 85415  

Breast cancer, node-negative  

Medically necessary to determine prognosis in newly diagnosed node-negative breast cancer.

**UroVysion**  
CPTs 88120, 88121  

Bladder cancer  

Medically necessary for follow-up of treatment for bladder cancer; or Monitoring for eradication of bladder cancer; or Recurrences after eradication

**ZAP-70**  
CPT 88184, 88185  

Chronic lymphocytic leukemia  

Medically necessary for assessing prognosis and need for aggressive therapy

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A: Aetna  
NCCN: National Comprehensive Cancer Network
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)


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).


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 (телеть 763.847.4013).


اصطحاب: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1.800.940.5049 (TTY: 763.847.4013).

CONTACT US: If you need help communicating, please call 1.800.940.5049 (TTY: 763.847.4013).

Please call 1.800.940.5049 (TTY: 763.847.4013) if you need help communicating.
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)


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).


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).


注: 如果您使用中文，我們可以提供免費的語文協助服務。請撥打 1.800.940.5049 (TTY: 763.847.4013).

طلبات المساعدة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. الاتصال برقم 1.800.940.5049 (TTY: 763.847.4013).

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appellez 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 nagasala na ka ng Tagalog, maara kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).