

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 1 of 8

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

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

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

GUIDELINES:

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

I. *Breast reconstruction* following a medically necessary mastectomy – must satisfy any of the following: A - D

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

- A. All stages of *breast reconstruction* on the breast on which surgery has been performed; or
- B. Surgery and *breast reconstruction* of the other breast to produce a symmetrical appearance; or
- C. Prostheses and treatment of physical complications of mastectomy, including lymphedema; or
- D. Additional *breast reconstructive* surgeries following mastectomy such as, but not limited to, excision of redundant tissue, repositioning of an implant, release of internal scar tissue, creation of an inframammary fold, scar revision, nipple, and areola reconstruction, tattooing of the nipple, and other tissue rearrangement that may be required to achieve an optimal result and are medically necessary.

II. Other *breast reconstruction* requests – any of the following: A or B

- A. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – must satisfy any of the following: 1 – 4
 - 1. Requests for *breast reconstruction* causing a psychological condition must have documentation from a *mental health professional*, supporting that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 2 of 8

disorder, body dysmorphic disorder) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: a or b, and c

- a. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
- b. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment A); and
- c. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

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

2. Harvesting (via lipectomy or liposuction) and grafting of autologous fat as a replacement for implants for breast reconstruction, or to fill defects after breast conservation surgery or other reconstructive techniques is considered medically necessary when the primary procedure is considered medically necessary.
3. Removal of breast implants - must satisfy any of the following: a – b
 - a. Member has breast cancer or a personal history of breast cancer; or
 - b. Non-cancer related conditions – must satisfy: 1), and any of 2) – 8)
 - 1) The original surgery with placement of the implant was medically necessary (meets I. or II. above); and
 - 2) Breast cancer screening or evaluation in an individual considered at high risk or suspected to have breast cancer; or
 - 3) Recurrent infection unresponsive to treatment; or
 - 4) Baker's class III or IV contracture; or
 - 5) Intra or extra-capsular rupture of silicone gel filled or saline implant documented by imaging; or
 - 6) Extrusion of implant; or
 - 7) Siliconoma or granuloma; or
 - 8) Symptomatic implant malposition.

[Note: Removal of implant will not be covered if original surgery was for a cosmetic indication.]

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

4. Reinsertion of implant – original reconstructive surgery must have met I or II.A.1.

[Note: Reinsertion of implant will not be covered if original surgery was for a cosmetic indication.]

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

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 3 of 8

B. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – must satisfy: 1 and 2, and none of 3

1. Treatment, services and supplies for breast reconstruction are covered for any of the following: a or b

- a. When associated with a covered service to correct a functional impairment related to congenital bodily disorders or conditions; or
- b. When associated with a covered reconstructive surgery due to an illness or accidental injury (including subsequent removal of a prosthetic device that was related to such reconstructive surgery)

2. Request is for any of the following breast reconstruction procedures: a – c

a. Harvesting (via lipectomy or liposuction) and grafting of autologous fat as a replacement for implants for breast reconstruction, or to fill defects after breast conservation surgery or other reconstructive techniques is considered medically necessary when the primary procedure is considered medically necessary.

b. Removal of breast implants - must satisfy any of the following: 1 or 2

1. Member has breast cancer or a personal history of breast cancer; or

2. Non-cancer related conditions – must satisfy: a), and any of b) – h)

- a) The original surgery with placement of the implant was medically necessary (meets I. or II. above); and
- b) Breast cancer screening or evaluation in an individual considered at high risk or suspected to have breast cancer; or
- c) Recurrent infection unresponsive to treatment; or
- d) Baker's class III or IV contracture; or
- e) Intra or extra-capsular rupture of silicone gel filled or saline implant documented by imaging; or
- f) Extrusion of implant; or
- g) Siliconoma or granuloma; or
- h) Symptomatic implant malposition.

[Note: Removal of implant will not be covered if original surgery was for a cosmetic indication.]

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

c. Reinsertion of implant – original reconstructive surgery must have met I or II.A.1.

[Note: Reinsertion of implant will not be covered if original surgery was for a cosmetic indication.

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

3. Excluded – Psychological reasons do not represent a medical/surgical necessity.

C. Small Group, Large Group, and other self-funded groups – The Plan excludes augmentation mammoplasty except when associated with a medically necessary mastectomy

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 4 of 8

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

DEFINITIONS:

Baker Classification (grading system for breast capsular contraction):

Class I: Augmented breast feels soft as a normal breast.

Class II: Augmented breast is less soft and implant can be palpated, but is not visible.

Class III: Augmented breast is firm, palpable and the implant (or distortion) is visible.

Class IV: Augmented breast is hard, painful, cold, tender and distorted.

Activities of Daily Living (ADL):

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

Breast reconstruction procedures, such as but not limited to:¹⁵

Autogenous tissue flaps, eg, deep inferior epigastric perforator (DIEP) flap, transverse rectus abdominus myocutaneous (TRAM) flap, latissimus flap; creation of inframammary crease; nipple/areolar reconstruction, including tattooing; reduction of reconstructed breast by excision or liposuction (breast or axillae), resection of fat necrosis, trimming abdominal and breast “dog ears”, dissection/elevation/suspension of the flap; tissue expander and implant insertion; contralateral breast procedures, eg, augmentation, reduction.

Cosmetic:

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

Defect:

A lack of or abnormality in something necessary for normal physiological functioning

DSM:

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

Functional Defect/ Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

Mastopexy:

Plastic surgery to elevate and reshape a ptotic breast; may or may not involve prosthetic augmentation.

Mammoplasty/Mammoplasty:

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

PreferredOne®

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 5 of 8

Mental Health Professional:

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

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or follows surgery resulting from injury, sickness, or other diseases of the involved body part; or
2. A congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

Women's Health and Cancer Rights Act of 1998:

A federal mandate concerning all reconstructive surgery following mastectomy. This mandate requires coverage of reconstructive surgery for ERISA, non-ERISA, and HMO plans.

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 6 of 8

Prior Authorization: Yes, per network provider agreement

CODING:

CPT® or HCPCS

- 15771 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate
- 15772 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof
- 15877 Suction assisted lipectomy; trunk
- 19316 Mastopexy
- 19325 Breast, augmentation with prosthetic implant
- 19328 Removal of intact breast implant
- 19330 Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
- 19340 Insertion of breast implant on same day of mastectomy (ie, immediate)
- 19342 Insertion or replacement of breast implant on separate day from mastectomy
- 19350 Nipple/areola reconstruction
- 19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)
- 19361 Breast reconstruction; with latissimus dorsi flap
- 19364 Breast reconstruction with free flap
- 19366 Breast reconstruction with other technique
- 19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
- 19369 Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
- 19370 Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
- 19371 Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
- 19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined)
- C1789 Prosthesis, breast (implantable)
- L8600 Implantable breast prosthesis, silicone or qual
- S2066 Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closer of donor site and shaping the flap into a breast, unilateral
- S2067 Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap, microvascular transfer, closer of donor site(s) and shaping the flap into a breast, unilateral
- S2068 Breast reconstruction with deep inferior epigastric perforator (DIEP) or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closer of donor site(s) and shaping the flap into a breast, unilateral

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.

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 7 of 8

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Breast Reduction and Gynecomastia Surgery (MC/G002)
3. Clinical Policy: Cosmetic Treatments (MP/C002)
4. Clinical Policy: Coverage Determination Guidelines (MP/C009)
5. Clinical Policy: Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)
6. Clinical Policy: Reconstructive Surgery (MP/R002)
7. Clinical Policy: Scar Revision (MC/G016)
8. American Cancer Society. Breast Reconstruction Surgery. Retrieved from <https://www.cancer.org/cancer/breast-cancer/reconstruction-surgery.html>. Accessed 05-29-24.
9. American Society of Plastic Surgeons. Breast Reconstruction. Retrieved from <http://www.plasticsurgery.org/reconstructive-procedures/breast-reconstruction.html>. Accessed 05-29-24.
10. American Cancer Society. Women's Health and Cancer Rights Act. 2019. Retrieved from <https://www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-health-insurance/health-insurance-laws/womens-health-and-cancer-rights-act.html>. Accessed 05-29-24.
11. U.S. Department of Labor. Your Rights After a Mastectomy. September 2018. Retrieved from <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy.pdf>. Accessed 05-29-24.
12. Valdatta L, Cattaneo AG, Pellegatta I, et al. Acellular dermal matrices and radiotherapy in breast reconstruction: A systematic review and meta-analysis of the literature. *Plast Surg Int*. 2014;2014:472604.
13. Ibrahim AM, Ayeni OA, Hughes KB, et al. Acellular dermal matrices in breast surgery: A comprehensive review. *Ann Plast Surg*. 2013;70(6):732-738.
14. Trabuco EC, Gebhart, JB. Reconstructive materials used in surgery: Classification and host response. (Topic 2879, Version 22.0; last updated: 11/06/23) In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 05-29-24.
15. Nahabedian, M. Overview of breast reconstruction. (Topic 801, Version 51.0; last updated: 05/24/23) In: Collins KA, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 05-29-24.
16. Pittman TA. Comparison of Different Acellular Dermal Matrix (ADM) in Breast Reconstruction. The 50/50 Study. *Plast Reconstr Surg*. 139(3):529-530.
17. Veale D, Eshkevari E, Kanakam N, Ellison N, Dosta A, Werner T. The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. *Behav Cogn Psychother* 2014 Sep;42(5):605-16.
18. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
19. Deutsch M. Long JN (Ed). Breast Reconstruction Refinements and Finishing Touches. Medscape. 2023. Retrieved from <https://emedicine.medscape.com/article/1818809-overview#a4>. Accessed 05-29-24.

DOCUMENT HISTORY:

Created Date: 10/91
Reviewed Date: 09/27/05, 09/26/06, 09/25/07, 11/06/09, 10/26/10, 10/03/11, 10/02/12, 10/02/13, 10/02/14, 09/14/15, 09/14/16, 09/14/17, 09/14/18, 09/13/19, 07/22/20, 06/23/21, 06/06/22, 06/06/23, 05/29/24
Revised Date: 12/05/08, 09/04/12, 10/02/13, 10/02/14, 11/02/15, 02/16/16, 08/12/16, 11/15/16, 04/16/18, 08/16/19, 10/25/19, 03/10/20, 06/25/21, 12/07/21, 01/21/22, 07/31/23, 03/11/24, 05/24/24

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Breast Reconstruction	Replaces Effective Clinical Policy Dated: 04/05/24
Reference #: MC/G004	Page: 8 of 8

Attachment A

WHODAS 2.0, 12-items

12-item World Health Organization Disability Assessment Schedule.

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

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

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

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

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

General Disability Score

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

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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).

XIYYEEFFANNA: 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 ທ່ານບໍ່ເຂົ້າໃຈພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ເສຍຄ່າ ຈຳນວນ ພ້ອມໆ ທ່ານ. ໂທສ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤဘၣ်သ့န့ၣ်လိာ. 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 ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ 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).

