

# Skilled Care and Custodial Care Services

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[Instructions for Use](#)

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Related Benefit Interpretation Policies
<ul style="list-style-type: none"> <li>• Home Health Care</li> <li>• Hospice</li> <li>• Rehabilitation Services (Physical, Occupational, and Speech Therapy)</li> <li>• Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care</li> </ul>

## Coverage Rationale

Benefits for services under the Home Health Care and Skilled Nursing Facility/Inpatient Facility benefits are available only for services that are Skilled Care Services. Each of those benefits defines “Skilled Care” to be:

- Skilled Nursing
- Skilled Teaching

To be skilled, the service must meet all of the following requirements:

- It must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the member,
- It is ordered by a Physician,
- It is not delivered for the purpose of assisting with activities of daily living (dressing, feeding, bathing or transferring from bed to chair), and
- It requires clinical training in order to be delivered safely and effectively and
- It must not be Custodial Care

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine the coverage eligibility for Custodial Care, if any.

To determine whether benefits for services under these benefit categories, we will review each service for the skilled nature of the service and the need for physician-directed medical management. The fact that there is no available caregiver does not mean that an otherwise “un-skilled” service becomes a “skilled” service.

## Indications for Coverage

For care to be covered the physician must participate in the development of the plan of care and review of data collected in the home health agency’s member assessment in addition to signed order. In addition, documentation must indicate an ongoing knowledge of any changes in the member’s condition, drugs, or other needs and how they are being met.

### Skilled Care Services

A health service is determined to be skilled based upon whether or not clinical training is necessary for the service to be delivered safely and effectively and on the need for physician-directed medical care. Examples of individuals with clinical training include a registered nurse, licensed practical nurse, respiratory therapist, physical therapist, occupational therapist, and

speech therapist. This list is not all-inclusive. Services provided by a certified nursing assistant or home health aide do not qualify as Skilled Care Services.

The absence of a caregiver to perform a service does not cause a non-skilled service (i.e. Custodial Care) to become a skilled service. For example, the mere fact that the care is received by virtue of the fact that: (1) the member is unable to perform an activity independently; (2) based only on the request of the member or a family member; or (3) a clinically trained family member has been performing the activity for the member, does not cause unskilled care to be reclassified as skilled. Whether or not care is skilled or not is determined by the intrinsic nature of the service and the need for physician-supervised management. *(Please refer to the Skilled Teaching Section below for further clarification regarding parenteral feeding, medication administration IV, IM, and Venipuncture).*

The following services require clinical training in order to be delivered safely and effectively and therefore are considered skilled services:

- Bowel and bladder training
- Sterile catheterization with an indwelling catheter (catheters with a balloon) or sterile intermittent catheterization. Intermittent catheterization using sterile technique is covered when the member requires catheterization and the patient meets one of the following criteria (1-5):
  1. The member resides in a nursing facility;
  2. The member is immunosuppressed (e.g., on a regimen of immunosuppressive drugs post-transplant);
  3. The member has radiologically documented vesico-ureteral reflux while on a program of intermittent catheterization;
  4. The member is a spinal-cord injured female with neurogenic bladder who is pregnant (for duration of pregnancy only);
  5. The member has had distinct, recurrent urinary tract infections, while on a program of clean intermittent catheterization, twice within the 12-month prior to the initiation of sterile intermittent catheterization.

*Additional Information: The use of sterile intermittent catheterization for reasons other than the criteria (1-5) listed above may be presented for individual consideration.*

- Cultures, culturing of wounds and collection of sterile specimens
- Dialysis (hemodialysis and peritoneal dialysis)
- Heat treatment: Physician-ordered heat treatment when the member's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fracture, or other complication
- Medication administration: Intravenous infusion (IV), intramuscular injections (IM), and venipuncture
- Nutrition/Hydration:
  - Short-term enteral feedings via nasogastric tube. Due to the ongoing risk of aspiration, long-term nasogastric feedings may warrant an exploration of other feeding options, e.g., gastrostomy tube and jejunostomy tube for feedings;
  - Insertion and replacement of nasogastric tubes;
  - Parenteral feedings.
- Respiratory therapy:
  - Initiation of and changes in regimens involving administration of medical gases;
  - Insertion and replacement of tracheal cannula;
  - Ventilator management and periodic assessment for changes in the member's condition, particularly in situations where the member's respiratory status may change suddenly and unpredictably, e.g., progressive neurological disease;
  - Ventilator management includes changes in settings, ventilator maintenance, and cleaning of internal ventilator components, as well as the following:
    - Personnel: Lay caregivers (e.g., family members, personal care attendants, and non-credential health care personnel such as nurse's aides) can be taught skills and techniques of care for a specific ventilator-assisted individual (VAI). Appropriately trained lay caregivers must demonstrate that they can safely and effectively perform services (should be documented by the vendor).
  - Members or family/caregivers must have an adequate means of communicating patients' needs and desires and to summon help in the case of emergency;
  - Evaluation and assessment of ventilator members whose condition is changing.  
*(Please refer to the AARC Clinical Practice Guideline, Long-Term Invasive Mechanical Ventilation in the Home document for additional information regarding ventilator equipment)*
- Restorative/rehabilitative therapy: In evaluating a claim for skilled therapy that is restorative/rehabilitative (i.e., whose goal and/or purpose is to reverse, in whole or in part, a previous loss of function), it would be entirely appropriate to consider the beneficiary's potential for improvement from the services. We note that such a consideration must always be made in

the Inpatient Rehabilitation Facility setting, where skilled therapy must be reasonably expected to improve the member's functional capacity or adaptation to impairments in order to be covered.

- Maintenance Therapy: Even if no improvement is expected, under the Skilled Nursing Facility, Home Health and Outpatient Physical Therapy coverage standards, skilled therapy services are covered when an individualized assessment of the member's condition demonstrates that Skilled Care is necessary for the performance of a safe and effective maintenance program to maintain the member's current condition or prevent or slow further deterioration. Skilled Maintenance Therapy may be covered when the particular member's special medical complications or the complexity of the therapy procedures require skilled care.
- Wound care:
  - Treatment of burns, decubitus ulcers grade III or IV;
  - Training to member, family member, or caretaker to apply medication or do non-complex sterile dressing changes is a skilled service;
  - Complex and/or sterile dressing changes when the following are met:
    - These dressings are ordered by the treating physician or other healthcare professional;
    - A primary dressing for therapeutic or protective covering which is applied directly to a wound that is for the treatment for a wound caused by, or treated by, a surgical procedure or wound debridement.

### ***Skilled Observation & Assessment***

Observation and assessment of the member's condition by a nurse are reasonable and necessary skilled services where there is a reasonable potential for change in a member's condition that requires skilled nursing personnel to identify and evaluate the member's need for possible modification of treatment or initiation of additional medical procedures until the member's clinical condition and/or treatment regimen *has* stabilized. (e.g., The member's respiratory status is unpredictable requiring frequent ventilator changes). Examples include, but are not limited to the following:

- A member was hospitalized following a heart attack. Following treatment he was discharged home. Because it is not known whether increasing exertion will exacerbate the heart disease, skilled observation is reasonable and necessary as mobilization is initiated in the member's home until the treatment regimen is essentially stabilized.
- A member with atherosclerotic heart disease with congestive heart failure requires observation by skilled nursing personnel for signs of decompensation or adverse effects resulting from prescribed medication. Skilled observation is needed to determine whether the drug regimen should be modified or whether other therapeutic measures should be considered until the member's treatment regimen is essentially stabilized.
- A member has undergone peripheral vascular disease treatment including a revascularization procedure (bypass). The incision area is showing signs of potential infection (e.g., heat, redness, swelling, drainage), and the patient has elevated body temperature. Skilled observation and monitoring of the vascular supply of the legs and the incision site is required until the signs of potential infection have abated and there is no longer a reasonable potential of infection.
- A member has chronic non-healing skin ulcers, Diabetes Mellitus Type I, and spinal muscular atrophy. In the past, the member's wounds have deteriorated, requiring the member to be hospitalized. Previously, a skilled nurse has trained the member's family/caregiver to perform wound care. The treating physician orders a new episode of Skilled Care, at a frequency of one visit every 2 weeks to perform observation and assessment of the member's skin ulcers to make certain that they are not worsening. This order is reasonable and necessary because, although the unskilled family caregiver has learned to care for the wounds, the skilled nurse can use observation and assessment to determine if the condition is worsening.

Where these indications are such that there is a reasonable potential that skilled observation and assessment by a licensed nurse will result in changes to the treatment of the member, then the services would be covered. There are cases where members whose condition may appear to be stable continue to require skilled observation and assessment. However, observation and assessment by a nurse is not reasonable and necessary for treatment of the illness or injury where fluctuating signs and symptoms are part of a longstanding pattern of the member's condition which has not previously required a change in skilled services and there is no attempt to change the treatment to resolve them.

### ***Skilled Teaching***

Skilled teaching is the training of a non-medical person (for example, the member and/or the member's caregiver) by licensed technical or professional personnel to perform a health care service so that the service can then be delivered safely and effectively by that non-medical person. Once the skilled training has been received and the health care service can be safely and effectively performed by the non-medical person, the services will be considered Custodial Care.

Non-medical individuals (i.e., the member or the member's family/caregiver) can be taught to safely and effectively perform the following health services:

- Catheter care: Straight catheterization using a clean but non-sterile catheterization technique;
- Diabetic care, including testing blood sugar, recognizing signs of hypo- and hyperglycemia, measuring and administering insulin;
- Dressing change and skin treatment: Training to apply medication for chronic conditions (e.g., psoriasis) or dressing changes;
- Instruction on ventilator management, member monitoring, and cleaning of internal ventilator components;
- Intravenous, intramuscular, or subcutaneous injections and infusions, and hypodermoclysis or intravenous feedings after access has been established;
- Teaching to review medication administration (including oral, rectal or subcutaneous administration, for example, low molecular weight heparin), although ongoing administration of same is not a skilled service;
- Nutrition: Enteral feeding administration including via gastrostomy or jejunostomy;
- Ostomy care;
- Peritoneal dialysis;
- Physical therapy and occupational therapy modalities;
- Prosthesis care;
- Respiratory therapy: Administration of medical gases;
- Teaching for fall prevention and/or home safety issues.

### ***Skilled Rehabilitation Services***

Services provided by a registered physical, speech or occupational therapist for the treatment of an illness, disease or injury.

### ***Skilled Care Services – Inpatient Settings***

In general, coverage is available for skilled services performed in a Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation Facility ("Facilities") only for the care and treatment of an injury or sickness which otherwise would require confinement in a hospital. Skilled Care services provided in a Facility, must be reviewed based on the skilled nature of the service as well as consideration of the member's overall medical condition.

Coverage for Skilled Care Services may not be available if the skilled service could be provided in an outpatient or home setting. Skilled services provided in a Facility are not covered if they are being provided for the delivery of personal care/Custodial Care or non-covered health-related services.

Under CMS guidelines, the provision of Skilled Care on an inpatient basis is generally considered appropriate when the required skilled services must be provided in accordance with the following timeframes:

- If provided in a Skilled Nursing Facility (free standing skilled facility or distinct part of hospital): Minimum of 5 days a week for 1-3 hours a day;
- If provided in an Inpatient Rehabilitation Facility (freestanding rehabilitation facility or distinct rehabilitation unit within hospital): Minimum of 5 days a week, 3 hours a day; or in certain well documented cases, an intensive rehabilitation therapy program might instead consist of at least 15 hours of intensive rehabilitation therapy within a 7 consecutive day period, beginning with the date of admission to the IR.

*Additional Information: Hourly requirements, where applicable, can be met by a combination of other skilled rehabilitation modalities, such as speech-language pathology services or prosthetic-orthotic services, when the member's stage of recovery makes the concurrent receipt of intensive physical therapy and occupational therapy services inappropriate.*

Coverage of the use of facilities to deliver Skilled Services is not determined solely by the need of the member to have skilled services provided, but requires that the skilled service can only be provided at an acute care hospital, inpatient rehabilitation hospital, or Skilled Care facility and that the requirement for facility based care is not to provide personal care/custodial services or non-health-related services.

For an Inpatient Rehabilitation Facility (IRF), SNF or distinct part of a hospital stay to be considered reasonable and necessary (medical necessity), the member does not have to be expected to achieve complete independence in the domain of self-care or

return to his or her prior level of functioning. However, to justify the need for a continued IRF stay, the documentation in the IRF medical record must demonstrate the member's ongoing requirement for an intensive level of rehabilitation services.

### ***Periodic Review***

When services are determined to be skilled, it is essential to review the clinical circumstances at appropriate intervals. For example, a post-operative member may require short-term skilled services, but over time, the same services may become Maintenance Therapy, and therefore classified as Custodial Care.

## **Coverage Limitations and Exclusions**

### ***Custodial Care***

Custodial Care is generally defined as:

- Non-health-related services, such as domiciliary care and personal care/assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating);
- Health-related services which do not seek to cure or which are provided during periods when the medical condition of the member who requires the service is not changing;
- Services that do not require administration by trained medical personnel in order to be delivered safely and effectively;
- Services that can be trained by skilled personnel for non-skilled personnel to perform.

*Additional Information: The mere provision of Custodial Care by trained medical personnel, such as a Physician, licensed nurse or registered therapist, does not cause the services to be classified as skilled services. If the nature of the services can be safely and effectively performed by a trained non-medical person, the services will be considered Custodial Care.*

### ***Non-Skilled Services***

The following are non-skilled health services:

- Personal care/ domiciliary care/custodial services are those services that:
  - Do not require clinical training in order to be performed safely and effectively
  - Do not seek to cure or which are provided during periods when the medical condition of the member is not changing or are non-health related services for activities of daily living (ADLs). Examples of such services that assist with ADLs include bathing, dressing, toileting, transfer, continence, and feeding.
- Custodial services include, but are not limited to, the following caregiving activities:
  - ADLs: Assistance in dressing, eating, and using the toilet
  - Braces and related devices- Routine care in connection with braces and similar devices
  - Cast care-General maintenance care in connection with a plaster and other casts
  - Catheters-Routine services to maintain satisfactory functioning of indwelling bladder catheters, clean, non-sterile insertion and/or removal of a straight catheter
- Exercises:
  - General supervision of exercises which have been taught to the member to maintain function, including the actual carrying out of maintenance programs;
  - Repetitious exercises to improve gait, maintain strength, or endurance; passive exercises to maintain range-of-motion in paralyzed extremities, and assistive walking do not constitute skilled rehabilitation services.
- Respiratory therapy:
  - Routine administration of medical gases after a regimen of therapy has been established. For example, adjustment of oxygen flow rates and/or mode of delivery based upon Oximetry according to prescribed treatment algorithm or protocol;
  - Routine use of small volume nebulizers, cough stimulation devices, administering of chest physiotherapy, postural drainage.
- Nutrition: Gastrostomy and jejunostomy feedings which would include cleaning and care of the tube site.
- Prolonged oral feedings (e.g., child with neuromuscular disorder who is spoon-fed taking hours to complete each meal, although based upon the ongoing risk of aspiration, alternative methods of feeding should be considered).
- Heat application: Use of heat as a palliative and comfort measure, such as whirlpool and hydrocollator.
- Incontinence care: Routine care of the incontinent member, including use of diapers and protective sheets.
- Medication administration: Administration of routine oral medications, eye drops, ointments, and SC injections (i.e., insulin, low molecular weight heparin, rectal administration).

- Ostomy care: General maintenance care of colostomy and ileostomy.
- Skin care:
  - Prophylactic and/or palliative skin care, including bathing and application of creams, or treatment of minor skin problems;
  - Turning and positioning: Period turning and position in bed;
  - Topical application of ointments or dressing changes for grade I or II ulcers.

### ***Respite Care***

Refer to member specific benefit plan documents for exclusions.

Respite care relieves the caregiver of the need to provide services to the member. Services that can be provided safely and effectively by a non-clinically trained person are not skilled when a non-skilled caregiver is not available.

## **Definitions**

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Custodial Care (California):** Care and services that help an individual in the activities of daily living. Examples include: help in walking, getting in or out of bed, bathing, dressing, feeding and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial Care includes all homemaker services, respite care, convalescent care or extended care not requiring skilled nursing.

**Custodial Care:** Care and services that assist/help a person in the activities of daily living. Examples include: assistance/help walking getting in or out of bed, bathing, dressing, feeding, using the toilet, preparation of special diets, and supervision of medication that is usually self-administered. Custodial Care includes all homemaker services, respite care, convalescent care or extended care not requiring skilled nursing. Custodial Care does not require the continuing/continued attention of trained medical or paramedical personnel. The mere provision of Custodial Care by a medical professional, such as a physician, licensed nurse, or registered therapist, does not mean the services are not custodial in nature. If the nature of the services can be safely and effectively performed by a trained nonmedical person, the services will be considered Custodial Care.

**Home Health Care Visit:** Defined as up to two (2) hours of skilled services by a registered nurse or licensed vocational nurse or licensed therapist or up to four (4) hours of Home Health Aide Services.

**Inpatient Rehabilitation Care:** Rehabilitation Services that must be provided in an inpatient rehabilitation Facility are covered. Inpatient rehabilitation consists of the combined and coordinated use of medical, physical, occupational, and speech therapy for training or retraining individuals disabled by disease or injury. This benefit does not include Substance Use Disorder rehabilitation.

**Maintenance Therapy:** Therapy with the goal to maintain the functional status or to prevent decline in function.

**Mechanical Ventilation:** Mechanical Ventilation may be defined as a life support system designed to replace or support normal ventilatory lung function. Ventilator dependence is caused by an imbalance between ventilatory capacity and demand. "A ventilator-assisted individual (VAI) may require mechanical aid for breathing to augment or replace spontaneous ventilatory efforts to achieve medical stability" or to maintain life. The patient eligible for invasive long term Mechanical Ventilation in the home (HIMV) requires a tracheostomy tube for ventilatory support but no longer requires intensive medical and monitoring services. This guideline refers to patients ventilated by positive pressure via a tracheostomy tube in the home.

**Primary Residence:** The home or address where the Member actually lives most of the time. A residence will no longer be considered a primary residence if: (1) the Member moves without intent to return; (2) the Member is absent from the residence for 90 consecutive days, or (3) the Member is absent from the residence for more than 100 days in any six-month period.

**Skilled Nursing Care:** The care provided directly by or under the direct supervision of licensed nursing personnel, including the supportive care of a Home Health Aide.

**Skilled Nursing Facility:** A comprehensive free-standing rehabilitation Facility or a specially designed unit within a Hospital licensed by the State to provide Skilled Nursing Care.

**Skilled Rehabilitation Care:** The care provided directly by or under the direct supervision of licensed nursing personnel or a licensed physical, occupational or speech therapist.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Custodial Care: Code 99509 may or may not be considered custodial care depending on whether care is provided as part of a skilled service or not.	
99509	Home visit assistance with activities of daily living & personal care

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HCPCS Code	Description
Custodial/Non-Skilled Care	
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
S5136	Companion care, adult (e.g. IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5175	Laundry service, external, professional; per order
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

HCPCS Code	Description
<b>Respite Care</b>	
S9125	Respite care, in the home, per diem
T1005	Respite care services, up to 15 minutes
<b>Domiciliary Care</b>	
S5170	Home delivered meals, including preparation; per meal
S5175	Laundry service, external, professional; per order

## References

AARC Clinical Practice Guideline, Long-Term Invasive Mechanical Ventilation in the Home: Respite Care 1995; 40 (12:1313-1320), Available at: <http://www.rcjournal.com/cpgs/pdf/08.07.1056.pdf>.

Ingadóttir, T. S. and Jonsdóttir, H; (2006), Technological dependency-the experience of using home ventilators and long-term oxygen therapy: patients' and families' perspective. Scandinavian Journal of Caring Sciences, 20:18-25. doi:10.1111/j.1471-6712.2006.00375.

Levels of Reimbursement for SNF Levels of Care (source UnitedHealthcare National SNF Contract).

Medicare Benefit Policy Manual (Pub 100-2) Chapter 15-Covered Medical and Other Health Services; Available at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>.

Medicare Benefit Policy Manual (Pub. 100-2), Chapter 7-Coverage of Extended Care (SNF) Services Under Hospital Insurance, Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>.

Medicare Benefit Policy Manual (Pub. 100-2), Chapter 8-Coverage of Extended Care (SNF) Services Under Hospital Insurance, Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c08.pdf>.

Medicare Benefit Policy Manual Chapter 1-Inpatient Hospital Services Covered Under Part A Section 110.2.3 Ability to Participate in Intensive Rehabilitation Program available at: <http://www.cms.gov/manuals/Downloads/bp102c01.pdf>.

MLN Matters MM8458 Revised Manual Updates to Clarify Skilled Nursing Facility (SNF), Inpatient Rehabilitation Facility (IRF), Home Health (HH), and Outpatient (OPT) Coverage Pursuant to Jimmo vs. Sebelius; Available at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8458.pdf>.

## Guideline History/Revision Information

Date	Summary of Changes
01/01/2021	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
07/01/2020	<b>Definitions</b> <ul style="list-style-type: none"> <li>Updated definition of "Skilled Nursing Care"</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Archived previous policy version MMG030.I</li> </ul>

## Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines are intended to be used in connection



with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.