

Quick Reference Guide: Coding for Adult Health Quality Measures

This guide is designed to be a quick reference tool to help with medical coding of select Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures. Please use to address care opportunities for your patients who are UnitedHealthcare plan members. Please note, CPT II codes are for reporting purposes only and are not separately reimbursable. If you receive a claim denial, your reporting code will still be included in the quality measure

If you'd like additional information about these measures and more, please see the Reference Guide for Adult Health at UHCprovider.com/path.

Information contained in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS® technical specifications. For more details, please visit ncqa.org.

Adult Body Mass Index Assessment (ABA)

Percentage of members ages 18–74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year



BMI Percentile – For Members Ages 18–19

ICD-10 Diagnosis	Z68.51, Z68.52, Z68.53, Z68.54
LOINC	59574-4, 59575-1, 59576-9

BMI Value – For Members Ages 20 and Older

ICD-10 Diagnosis	Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45
LOINC	39156-5, 89270-3

Breast Cancer Screening (BCS)

Percentage of female members ages 50–74 who had a mammogram screening Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year



Mammography

CPT/CPT II	77055-57, 77061-63, 77065-67
HCPCS	G0202, G0204, G0206
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

IHEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CPT® is a registered trademark of the American Medical Association.

Doc #: PCA-1-19-01366-Clinical-Multi_11082019

Breast Cancer Screening (BCS) – continued

Mammography

SNOMED	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102
---------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

As an administrative measure, it's important to submit the appropriate ICD-10 diagnosis code that reflects a member's history of bilateral mastectomy, Z90.13 or SNOMED codes 428529004 and 136071000119101.

- If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
- If a member isn't new to the care provider, but the member's chart has a documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.

Cervical Cancer Screening (CCS)

Percentage of female members ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed in the measurement year or two years prior
- Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior. The woman must have been at least 30 years of age on the date of the test
- Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior



Cervical Cytology

CPT/CPT II	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
HCPCS	G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
SNOMED	171149006, 416107004, 417036008, 439958008, 440623000, 448651000124104

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Cervical Cancer Screening (CCS) – continued

Cervical Cytology Result or Finding

SNOMED	168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102
---------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

High Risk HPV Test

CPT/CPT II	87620-22, 87624-25
HCPCS	G0476
LOINC	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
SNOMED	35904009, 448651000124104

High Risk HPV Result or Finding

SNOMED	391147004, 391148009, 441667007, 718591004, 720005005
---------------	-------------------------------------------------------

Chlamydia Screening in Women (CHL)

Percentage of female members ages 16–24 who were identified as sexually active and had at least one test for chlamydia during the measurement year



Chlamydia Screening Test

CPT/CPT II	87110, 87270, 87320, 87490-92, 87810
LOINC	14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

Chlamydia Screening in Women (CHL) – continued

Chlamydia Screening Test

SNOMED	104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315094009, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002
---------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who have a blood pressure (BP) reading of <140/90 mmHg in the measurement year



Diastolic Blood Pressure Levels

CPT/CPT II	3078-79F
-------------------	----------

Systolic Blood Pressure Levels

CPT/CPT II	3074F-75F
-------------------	-----------

Comprehensive Diabetes Care (CDC) – Eye Exam

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had any one of the following:

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
- Bilateral eye enucleations any time during their history through Dec. 31 of the measurement year



Diabetic Eye Exam

CPT/CPT II	67028, 67030, 67031, 67036, 67039-43, 67101, 67105, 67107-08, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-21, 67227-28, 92002, 92004, 92012, 92014, 92018-19, 92134, 92225-28, 92230, 92235, 92240, 92250, 92260, 99203-05, 99213-15, 99242-45, 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
-------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Comprehensive Diabetes Care (CDC) – Eye Exam – continued

Diabetic Eye Exam – continued

HCPCS	S0620-21, S3000
SNOMED	6615001, 252779009, 252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 274795007, 274798009, 308110009, 314971001, 314972008, 410451008, 410452001, 410453006, 410455004, 420213007, 425816006, 427478009, 722161008, 390850007, 390853009, 390855002, 414893009, 414909002, 721103006

Unilateral Eye Enucleation

CPT/CPT II	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
SNOMED	59590004, 172132001, 205336009, 397800002, 397994004, 398031005

Unilateral Eye Enucleation - Left

ICD-10 Diagnosis	08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ
SNOMED	59590004, 172132001, 205336009, 397800002, 397994004, 398031005

Unilateral Eye Enucleation - Right

ICD-10 Diagnosis	08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ
SNOMED	59590004, 172132001, 205336009, 397800002, 397994004, 398031005

Bilateral Modifier

CPT Modifier	50
---------------------	----

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Comprehensive Diabetes Care (CDC) – HbA1c Control

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (< 9%; good control is < 8%)



HbA1c Test	
CPT/CPT II	83036-37, 3044F-46F, 3051F, 3052F
LOINC	17856-6, 4548-4, 4549-2
SNOMED	43396009, 313835008
HbA1c Level < 7.0%	
CPT/CPT II	3044F
SNOMED	165679005
HbA1c Level 7.0–9.0%	
CPT/CPT II	3045F*
SNOMED	451051000124101*
HbA1c Level >= 7.0% and <8.0%	
CPT/CPT II	3051F
HbA1c Level >= 8.0% and <= 9.0%	
CPT/CPT II	3052F*
HbA1c > 9.0%	
CPT/CPT II	3046F
SNOMED	451061000124104

*CPT codes 3045F, 3052F and SNOMED code 451051000124101 are reported in ranges and not actual values and will not close the A1c care gap for HBA1c level <8. Documentation in the medical record must include the DOS of the test and the test result in order to ensure compliance

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had medical attention for nephropathy during the measurement year



Evidence of Treatment for Nephropathy

CPT/CPT II	3066F, 4010F
ICD-10 Diagnosis	E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-9, N01.0-9, N02.0-9, N03.0-9, N04.0-9, N05.0-9, N06.0-9, N07.0-9, N08, N14.0-4, N17.0-2, N17.8-9, N18.1-6, N18.9, N19, N25.0-1, N25.81, N25.89, N25.9, N26.1-2, N26.9, Q60.0-6, Q61.00-02, Q61.11, Q61.19, Q61.2-5, Q61.8-9, R80.0-3, R80.8-9
SNOMED	See Appendix of Adult Reference Guide for complete list

Urine Protein Test

CPT/CPT II	81000-03, 81005, 82042-44, 84156, 3060F-62F
LOINC	11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7, 89998-9, 89999-7, 90000-1, 9318-7
SNOMED	19518008, 29809003, 45590004, 46716003, 57378007, 104486009, 104819000, 104820006, 171247004, 270999004, 271000000, 271346009, 313502007, 391410005, 412902007, 417187008

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Colorectal Cancer Screening (COL)

Percentage of members ages 50–75 who had an appropriate screening for colorectal cancer



Colonoscopy

CPT/CPT II	44388-94, 44397, 44401-08, 45355, 45378-93, 45398
HCPCS	G0105, G0121
SNOMED	8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 235150006, 235151005, 310634005, 367535003, 425672002, 425937002, 427459009, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 713154003

History of Colonoscopy

SNOMED	851000119109
---------------	--------------

Computed Tomography (CT) Colonography

CPT/CPT II	74261-63 This service isn't covered for UnitedHealthcare Medicare Advantage members.
LOINC	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
SNOMED	418714002

FIT-DNA Test

CPT/CPT II	81528 This code is specific to the Cologuard® FIT-DNA test.
HCPCS	G0464 This code was retired and replaced with CPT code 81528 on Jan. 1, 2016.
LOINC	77353-1, 77354-9
SNOMED	708699002

Flexible Sigmoidoscopy

CPT/CPT II	45330-35, 45337-42, 45345-47, 45349-50
HCPCS	G0104
SNOMED	44441009, 396226005, 425634007

Colorectal Cancer Screening (COL) – continued

History of Flexible Sigmoidoscopy

SNOMED	841000119107
---------------	--------------

FOBT

CPT/CPT II	82270
HCPCS	G0328
LOINC	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
SNOMED	104435004, 441579003, 442067009, 442516004, 442554004, 442563002

FOBT Test Result or Finding

SNOMED	59614000, 167667006, 389076003
---------------	--------------------------------

FIT

CPT/CPT II	82274
-------------------	-------

It's important to submit any codes that reflect a member's history of malignancy for colorectal cancer, Z85.038 and Z85.048.

- If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
- If a member isn't new to the care provider, but the member's chart has documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.

Care for Older Adults (COA) – Advance Care Planning

Percentage of adults ages 66 and older who had evidence of advance care planning in the measurement year



Advance Care Planning

CPT/CPT II	99483, 99497, 1123F-24F, 1157F-58F
HCPCS	S0257
ICD-10 Diagnosis	Z66

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Advance Care Planning – continued

SNOMED	310301000, 310302007, 310303002, 310305009, 423606002, 425392003, 425393008, 425394002, 425395001, 425396000, 425397009, 699388000, 713058002, 713580008, 713581007, 713600001, 713602009, 713603004, 713662007, 713665009, 714361002, 714748000, 715016002, 718637005, 719238004, 719239007, 719240009, 3011000175104, 3021000175108, 3031000175106, 3041000175100, 3061000175101, 4921000175109, 87691000119105
---------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Care for Older Adults (COA) – Functional Status Assessment

Percentage of adults ages 66 and older who had a functional assessment in the measurement year

Functional Status Assessment

CPT/CPT II	1170F, 99483
HCPCS	G0438-39
SNOMED	304492001, 385880002

Care for Older Adults (COA) – Medication Review

Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner and the presence of a medication list in the medical record in the measurement year



Medication List

CPT/CPT II	1159F
HCPCS	G8427
SNOMED	428191000124101, 432311000124109

Medication Review

CPT/CPT II	99605-06, 90863, 99483, 1160F
SNOMED	719327002, 719328007, 719329004, 461651000124104

Transitional Care Management

CPT/CPT II	99495-96
-------------------	----------

Care for Older Adults (COA) – Pain Assessment

Percentage of adults ages 66 and older who were assessed for pain in the measurement year



Pain Assessment

CPT/CPT II	1125F-26F
SNOMED	225399009, 370778008, 408952002, 408955000, 423184003, 445719003, 445790003, 445806009, 445812004, 445996003, 446009008, 446790006, 715322001, 770637008

Osteoporosis Management in Women Who Had a Fracture (OMW)

Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face or skull)



Bone Mineral Density Tests

CPT/CPT II	76977, 77078, 77080-82, 77085-86
ICD-10 Procedure	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
SNOMED	22059005, 312681000, 385342005, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 440083004, 440099005, 440100002, 449781000, 707218004, 4211000179102

Osteoporosis Medications

HCPCS	J0897, J1740, J3110, J3489
--------------	----------------------------

Long-Acting Osteoporosis Medications (during inpatient stay only)

HCPCS	J0897, J1740, J3489
--------------	---------------------

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Percentage of members ages 18 and older who were diagnosed with rheumatoid arthritis and were dispensed at least one ambulatory prescription(s) for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year



DMARD

HCPCS	J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515-18, J9250, J9260, J9310-12, Q5102-04, Q5109
--------------	-----------------------------------------------------------------------------------------------------------

Medication Reconciliation Post-Discharge (MRP)

Percentage of discharges from Jan. 1 – Dec. 1 of the measurement year for members ages 18 or older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total)



Medication Reconciliation

CPT/CPT II	1111F, 99483, 99495-96
SNOMED	430193006, 428701000124107

Hospitalization for Potentially Preventable Complications (HPC)

Rate of discharges for an ambulatory care sensitive condition (ACSC) per 1,000 members ages 67 and older, taking into account the risk-adjusted ratio of observed to expected discharges for an ACSC by chronic and acute condition

The rate is adjusted for factors such as a member's age, gender or comorbid condition(s).

Every inpatient hospitalization for an ACSC during the year counts toward the measure. The primary diagnosis on the inpatient hospital claim is used to determine which hospitalizations are included.

NCQA defines ACSC as an acute or chronic health condition that can be managed or treated in an outpatient setting. There are 12 conditions that are considered as part of this measure – four acute and eight chronic.

The four health conditions considered acute ACSC include:

- Bacterial pneumonia
- Cellulitis
- Pressure ulcers
- Urinary tract infections

The eight health conditions meeting chronic ACSC criteria are:

- Diabetes short-term complications
- Diabetes long-term complications
- Uncontrolled diabetes
- Lower-extremity amputation among patients with diabetes
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Hypertension
- Heart failure

The classification period is the year prior to the measurement year.



This document is provided by UnitedHealthcare as part of the PATH program. For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative.

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Healthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Texas, LLC, UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc., Oxford Health Plans (NJ), Inc. and Oxford Health Plans (CT), Inc. or other affiliates. Administrative services provided by UnitedHealthCare Services, Inc., OptumRx, OptumHealth Care Solutions, LLC, Oxford Health Plans LLC or their affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.