



PROGRAM ASSISTANCE LETTER

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Program Assistance Letter 2009-02

TO: Health Center Program Grantees
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

In Program Assistance Letter (PAL) 2009-02 dated January 14, 2009, the Health Resources and Services Administration (HRSA) provided information on changes to the Uniform Data System (UDS) for calendar year (CY) 2009. These changes included:

- modifications to certain UDS tables and data elements; and
- clarification of the specifications for the Pap test, diabetes, and blood pressure control clinical measures.

This PAL supplement lists additional changes to be made to the CY 2009 UDS reporting. They are as follows:

Table 6A – Selected Diagnoses and Services Rendered (see attached table)

- Two conditions have been added, overweight and obesity as line 14a, and tobacco use disorder as line 19a.
- A diagnostic test/screening/preventive service has been added, smoke/tobacco counseling and smoking cessation treatment as line 26c.

Table 9D – Patient Related Revenue (Scope of Project Only)

- UDS reporting now includes lines 7, 8a, 8b and 9, Columns c1 and c2.
 - This change is made to comply with the Children's Health Insurance Program Reauthorization Act (CHIPRA) requirements for managed care.

Table 9E – Other Revenues

- Deleted line 1h, Integrated Services Development Initiative (ISDI) and line 1i, Shared Integrated Management Information Systems (SIMIS). If funds are received from these sources, they are now to be reported on line 3, Other Federal Grants.

- Clarified line 1j, Capital Improvement Program Grants, to exclude ARRA grant funds.
- Changed the label for line 2 to read: HIV Part C Early Intervention Services (HRSA).
- Added line 4 for American Recovery and Reinvestment Act (ARRA) grant funds.

The revised tables are attached for your information. These will be included in the 2009 UDS Reporting Manual to be posted on the web at <http://bphc.hrsa.gov/uds/> in summer 2009.

II. CHANGE TO THE EDITING PROCESS FOR CY 2009 UDS DATA

Starting with calendar year 2009 UDS reporting, the UDS editing process will also change. HRSA/BPHC will be adopting a revised editing process that will be streamlined and simplified. Technical assistance by expert consultants will be available to assist grantees in reviewing submissions **prior** to the reporting due date, not after the data are submitted as is currently the practice. The purpose of these consultations will be to identify potential errors in reporting and inconsistencies in reported data and to assist with edits which require data correction. In order to allow this process to occur, the deadline for UDS submission will be moved back to **March 30, 2010**. More information about the revised editing process will be shared during the Fall trainings.

III. 2009 UDS TECHNICAL ASSISTANCE AND TRAINING

During 2009, HRSA will provide ongoing support to Health Center Program grantees regarding the CY 2009 UDS reporting requirements through the UDS Help Line (udshelp330@jsi.com and 1-866-837-4357). In addition, HRSA in conjunction with Primary Care Associations will be offering UDS trainings starting in the fall of 2009. The training schedules will be posted on the UDS web site at <http://www.bphc.hrsa.gov/uds> in late summer 2009.

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Attachment

TABLE 6A—SELECTED DIAGNOSES AND SERVICES RENDERED

	Diagnostic Category	Applicable ICD-9-CM Code	Number of Encounters by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Infectious and Parasitic Diseases				
1.	Symptomatic HIV	042.xx , 079.53		
2.	Asymptomatic HIV	V08		
3.	Tuberculosis	010.xx – 018.xx		
4.	Syphilis and other sexually transmitted diseases	090.xx – 099.xx		
Selected Diseases of the Respiratory System				
5.	Asthma	493.xx		
6.	Chronic bronchitis and emphysema	490.xx – 492.xx		
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	174.xx; 198.81; 233.0x; 793.8x		
8.	Abnormal cervical findings	180.xx; 198.82; 233.1x; 795.0x		
9.	Diabetes mellitus	250.xx; 775.1x		
10.	Heart disease (selected)	391.xx – 392.0x 410.xx – 429.xx		
11.	Hypertension	401.xx – 405.xx;		
12.	Contact dermatitis and other eczema	692.xx		
13.	Dehydration	276.5x		
14.	Exposure to heat or cold	991.xx – 992.xx		
14a.	Overweight and obesity	ICD9CM Code: 278.0 – 278.02 or V85.xx excluding V85.51 and V85.52		
Selected Childhood Conditions				
15.	Otitis media and eustachian tube disorders	381.xx – 382.xx		
16.	Selected perinatal medical conditions	770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x)		
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive)--does not include sexual or mental development; nutritional deficiencies	260.xx – 269.xx; 779.3x; 783.3x – 783.4x;		

Diagnostic Category	Applicable ICD-9-CM Code	Number of Encounters by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
Selected Mental Health and Substance Abuse Conditions			
18.	Alcohol related disorders	291.xx, 303.xx; 305.0x 357.5x	
19.	Other substance related disorders (excluding tobacco use disorders)	292.1x – 292.8x 304.xx, 305.2x – 305.9x 357.6x, 648.3x	
19a.	Tobacco use disorder	305.1	
20a.	Depression and other mood disorders	296.xx, 300.4 301.13, 311.xx	
20b.	Anxiety disorders including PTSD	300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 308.3, 309.81	
20c.	Attention deficit and disruptive behavior disorders	312.8x, 312.9x, 313.81, 314.xx	
20d.	Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	290.xx 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.21, 300.22, 300.23, 300.29, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 308.3, 309.81, 311.xx, 312.8x, 312.9x,313.81,314.xx)	
Selected Diagnostic Tests / Screenings / Preventive Services			
21.	HIV test	CPT-4: 86689; 86701-86703; 87390-87391	
22.	Mammogram	CPT-4: 77055-77057 OR ICD-9: V76.11; V76.12	
23.	Pap test	CPT-4: 88141-88155; 88164-88167 OR ICD-9: V72.3; V72.31; V76.2	
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Influenza virus, Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90657 – 90660; 90669; 90700 – 90702; 90704 – 90716; 90718; 90720-90721, 90723; 90743 – 90744; 90748	
25.	Contraceptive management	ICD-9: V25.xx	
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99391-99393; 99381-99383; 99431-99433 OR ICD-9: V20.xx; V29.xx	
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	
26b.	Screening, Brief Intervention,		

	Diagnostic Category	Applicable ICD-9-CM Code	Number of Encounters by Primary Diagnosis (A)	Number of Patients with Primary Diagnosis (B)
	and Referral (SBIRT)	CPT-4: 99408-99409		
26c	Smoke/tobacco counseling; Smoking cessation treatment	CPT-4: 99406 and 99407; S9075		
Selected Dental Services				
27.	I. Emergency Services	ADA : D9110		
28.	II. Oral Exams	ADA : D0120, D0140, D0145, D0150, D0160, D0170, D0180		
29.	Prophylaxis – adult or child	ADA : D1110, D1120,		
30.	Sealants	ADA : D1351		
31.	Fluoride treatment – adult or child	ADA : D1203, D1204, D1206		
32.	III. Restorative Services	ADA : D21xx, D23xx, D27xx		
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA : D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7272, D7280		
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA : D3xxx, D4xxx, D5xxx, D6xxx, D8xxx		

Sources of codes:

- I. International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2, 2008. American Medical Association.
- II. Current Procedural Terminology, CPT 2008. American Medical Association.
- III. Current Dental Terminology, CDT 2007 / 2008. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

TABLE 9D–PATIENT RELATED REVENUE (Scope of Project Only)

PAYOR CATEGORY		FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)			ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
				COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)			
1.	Medicaid Non-Managed Care								
2a.	Medicaid Managed Care (capitated)								
2b.	Medicaid Managed Care (fee-for-service)								
3.	TOTAL MEDICAID (LINES 1+ 2A + 2B)								
4.	Medicare Non-Managed Care								
5a.	Medicare Managed Care (capitated)								
5b.	Medicare Managed Care (fee-for-service)								
6.	TOTAL MEDICARE (LINES 4 + 5A + 5B)								
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)								
8a.	Other Public including Non-Medicaid CHIP (Managed Care Capitated)								
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)								

PAYOR CATEGORY	FULL CHARGES THIS PERIOD (a)	AMOUNT COLLECTED THIS PERIOD (b)	RETROACTIVE SETTLEMENTS, RECEIPTS, AND PAYBACKS (c)				ALLOWANCES (d)	SLIDING DISCOUNTS (e)	BAD DEBT WRITE OFF (f)
			COLLECTION OF RECONCILIATION/WRAP AROUND CURRENT YEAR (c1)	COLLECTION OF RECONCILIATION/WRAP AROUND PREVIOUS YEARS (c2)	COLLECTION OF OTHER RETROACTIVE PAYMENTS INCLUDING RISK POOL/ INCENTIVE/ WITHHOLD (c3)	PENALTY/PAYBACK (c4)			
9. TOTAL OTHER PUBLIC (LINES 7 + 8A + 8B)									
10. Private Non-Managed Care									
11a. Private Managed Care (capitated)									
11b. Private Managed Care (fee-for-service)									
12. TOTAL PRIVATE (LINES 10 + 11A + 11B)									
13. Self Pay									
14. TOTAL (LINES 3 + 6 + 9 + 12 + 13)									

TABLE 9E-OTHER REVENUES

SOURCE		AMOUNT(a)
BPHC GRANTS (ENTER AMOUNT DRAWN DOWN - CONSISTENT WITH PMS-272)		
1a.	Migrant Health Center	
1b.	Community Health Center	
1c.	Health Care for the Homeless	
1e.	Public Housing Primary Care	
1g.	TOTAL HEALTH CENTER CLUSTER (SUM LINES 1A THROUGH 1E)	
1j.	Capital Improvement Program Grants (excluding ARRA)	
1.	TOTAL BPHC GRANTS (SUM LINES 1G + 1J)	
OTHER FEDERAL GRANTS		
2.	HIV Part C Early Intervention Services (HRSA)	
3.	Other Federal Grants (specify: _____)	
4.	American Recovery and Reinvestment Act (ARRA)	
5.	TOTAL OTHER FEDERAL GRANTS (SUM LINES 2 - 4)	
NON-FEDERAL GRANTS OR CONTRACTS		
6.	State Government Grants and Contracts (specify: _____)	
6a.	State/Local Indigent Care Programs (specify: _____)	
7.	Local Government Grants and Contracts (specify: _____)	
8.	Foundation/Private Grants and Contracts (specify: _____)	
9.	TOTAL NON-FEDERAL GRANTS AND CONTRACTS (SUM LINES 6 + 6A + 7 + 8)	
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (specify: _____)	
11.	TOTAL REVENUE (LINES 1 + 5 + 9 + 10)	