Counting Visits in the Uniform Data System (UDS)

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Vision: Healthy Communities, Healthy People

Opening Remarks

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Health Resources and Services Administration (HRSA)

Agenda

- Welcome
- Definition of Visits
- How to Report Visits
- Completing Table 6A
- Completing the Selected Services Detailed Addendum
- COVID-19 Implications
- Resources and References
- Questions and Answers

Source: iStock

Objectives of the Webinar

By the end of the webinar, participants will be able to:

- Define visits for the purposes of the UDS.

- Accurately report a variety of visit types, including clinic (in-person) and virtual visits.

- Understand the relationship between countable visits and and other tables (i.e., Table 6A) in the UDS Report.

- Understand what visits or services are to be reported in the Table 5 Selected Service Detail Addendum.

- Understand how change in services as a result of COVID-19 impacts visit reporting.

- Access additional reporting support.

Visits: The Foundation of the UDS Report

- Visits determine who will be reported as a patient throughout the UDS Report.
- Patients with reported visits in Table 5 will be included in:
  - Patient Profile Tables 3A, 3B, 4, and the ZIP Code Table.
  - All clinical measures on Tables 6A, 6B, and 7 for which they meet the inclusion criteria.
- The costs of visits will be included on Table 8A.
- The revenues that support visits will be included in Tables 9D and 9E.

Definition: Patient

- A **patient** is someone who has had at least one countable visit in one or more service category during the reporting year.

- Within **each service category** on Table 5, include in Column C as **one** patient:
  - A person who had one or more countable clinic visits.
  - A person who had one or more countable virtual visits.
  - A person who had one or more countable clinic visits *and* one or more virtual visits.

- Patients reported on Table 5 must be included as patients on the demographic tables.

The term "patient" applies to anyone who receives a countable *clinic or virtual visit* during the calendar year.

- Some services do not qualify as a countable visit for the purposes of the UDS Report. Do not count as a patient any individual who only receives non-reportable services.

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Defining and Reporting Clinic and Virtual Visits

Purpose of Table 5: Staffing and Utilization

Table 5 provides a profile of health center staff, the number of visits, and the number of patients served in each service category:

- Medical

- Dental

- Mental health

- Substance use disorder

- Vision

- Other professional

- Enabling

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical Care Services** (Lines 8 + 10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services** (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a–c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** (specify___)				

Excerpt from Table 5

Definition: Visit

A **visit** is a documented contact between a patient and a licensed or credentialed provider who exercises independent professional judgment that is unique to their training and education in the provision of services to the patient.
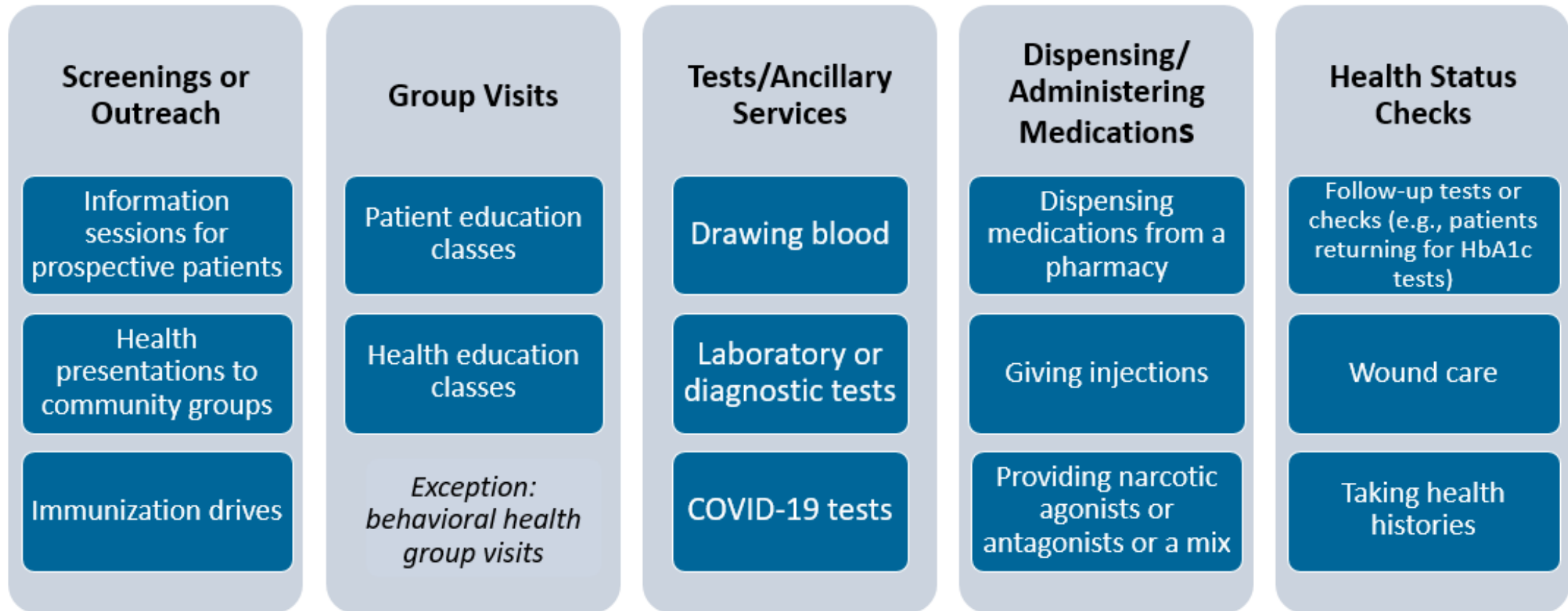
A visit can take place:

- In person (clinic visits).
- Virtually (telemedicine/telehealth visits).

Remember to count all paid referrals and visits provided by staff regardless of whether they are salaried, contracted, or volunteers.

Examples of Services That Do Not Count

Screenings or Outreach	Group Visits	Tests/Ancillary Services	Dispensing/ Administering Medications	Health Status Checks
Information sessions for prospective patients	Patient education classes	Drawing blood	Dispensing medications from a pharmacy	Follow-up tests or checks (e.g., patients returning for HbA1c tests)
Health presentations to community groups	Health education classes	Laboratory or diagnostic tests	Giving injections	Wound care
Immunization drives	*Exception: behavioral health group visits*	COVID-19 tests	Providing narcotic agonists or antagonists or a mix	Taking health histories

Refer to page 20 of the UDS Manual for additional examples and detail.

New Resource: UDS Countable Visit Guidance and Frequently Asked Questions (FAQ)
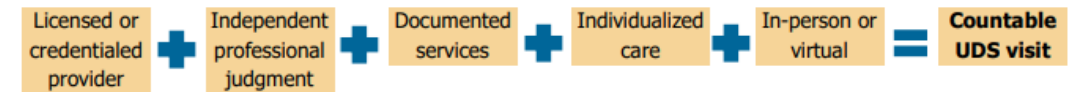
- **UDS Countable Visit Guidance and FAQ** includes:
  - Key definitions
  - Components of a UDS Countable Visit
  - Examples of NOT Countable Visits
  - Directions to report visit activity in the UDS Report
  - Frequently Asked Questions
  - Supporting Visit Definition Resources

Definition: Clinic Visits

A **clinic visit** is a documented *in-person contact* between a patient and a licensed or credentialed provider who exercises independent professional judgement that is unique to their training in the provision of services to the patient.

Source: iStock

Reporting Clinic Visits on Table 5

- Report clinic visits by service category in Column B.

- Include visits:
  - Rendered by salaried, contracted, or volunteer providers reported in terms of annualized full-time equivalents (FTEs) in Column A.
  - Visits purchased from contracted providers on a fee-for-service basis should also be reported.

| Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical Care Services** (Lines 8 + 10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services** (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a–c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** (specify___)				

Excerpt from Table 5

Definition: Virtual Visits

A **virtual visit** is a documented ***virtual (telemedicine/telehealth) contact*** between a patient and a licensed or credentialed provider who exercises independent professional judgement in the provision of services to the patient.

Key considerations for virtual visits:

- Must meet the countable visit definition.
- Reporting should be consistent with the health center's scope of project.
- Must be provided using interactive, synchronous audio and/or video telecommunication systems permitting real-time communication between the provider and patient.
- Should use telehealth-specific CPT or HCPCS codes and should code as telehealth (e.g., modifier code).
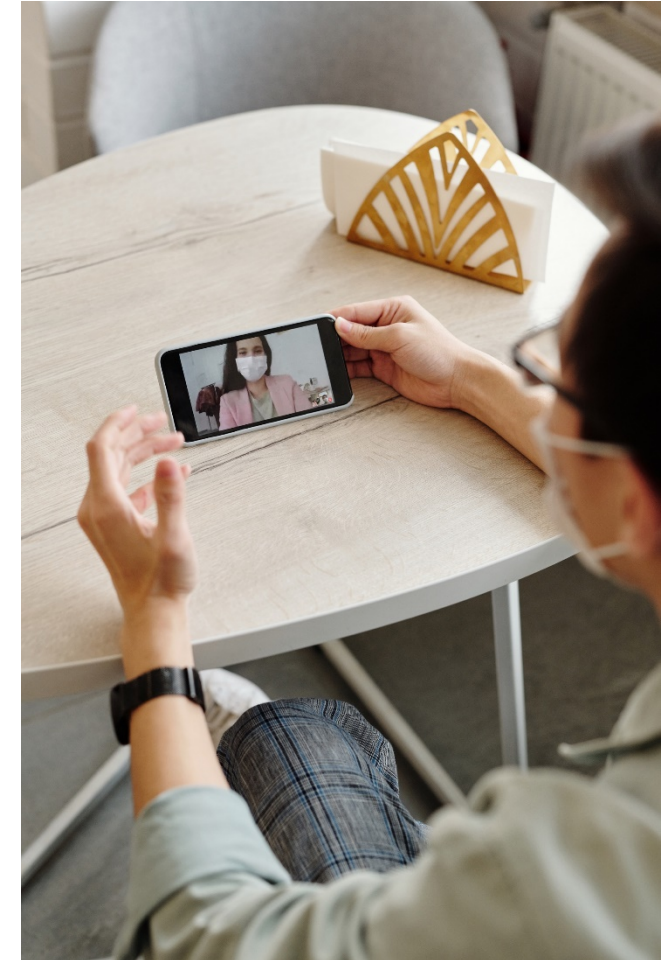
Source: Pexels

Key Resource: UDS Virtual Visit Reporting Guide

- [UDS Virtual Visit Reporting Guide](#) includes:
  - Key definitions and glossary of terms
  - Guidance for topic areas for UDS reporting instructions
    - ✓ Reporting guidance
    - ✓ Provision of care
    - ✓ Modes
    - ✓ Coding
    - ✓ Multiple visits
  - Virtual Visit updates during COVID-19
  - Telehealth Resources for Health Centers

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Virtual UDS Visits Defined

- A virtual visit is one that meets all other requirements of a UDS visit except that it is not an in-person interaction between a patient and provider. Just as with interactions in person, not all virtual interactions are countable.
- State and Federal telehealth definitions and regulations regarding acceptable modes of care delivery, types of providers, informed consent, and location of patient are not applicable in determining virtual visits for UDS reporting.

Glossary of Terms

Below are key terms used throughout this document.

- Asynchronous/Store and forward: Electronic transmission of medical information, such as x-rays, sonograms, other digital images, documents, and pre-recorded audio and/or videos that are not real-time interactions.

- Distant/Consultant/Hub site: Location of provider.

- Mobile Health (mHealth): Patient technologies, like smartphone and tablet apps, that enable patients to capture personal health data independent of an interaction with a clinician.

- Originating/Patient/Spoke site: Location of patient.

- Remote patient monitoring: Electronic transmission of collected medical data, such as vital signs, pulse, and blood pressure, from patients in one location (typically the home) to health care providers in a different location.

- Synchronous/Live audio and/or video: Use of two-way interactive audio and/or video technology, such as video conferencing, or other HIPAA compliant video connections between a provider and patient, or telephone, that are "live" or real-time interactions.

Reporting Virtual Visits on Table 5

- Report virtual visits by service category in Column B2.
- Include virtual visits:
  - Rendered by salaried, contracted, or volunteer providers reported in terms of annualized full-time equivalents (FTEs) in Column A.
  - Visits purchased from contracted providers on a fee-for-service basis should also be reported.

If the first or only visit is a countable virtual visit, you must report the patient and all relevant demographic, service, clinical, and financial data on the UDS tables.

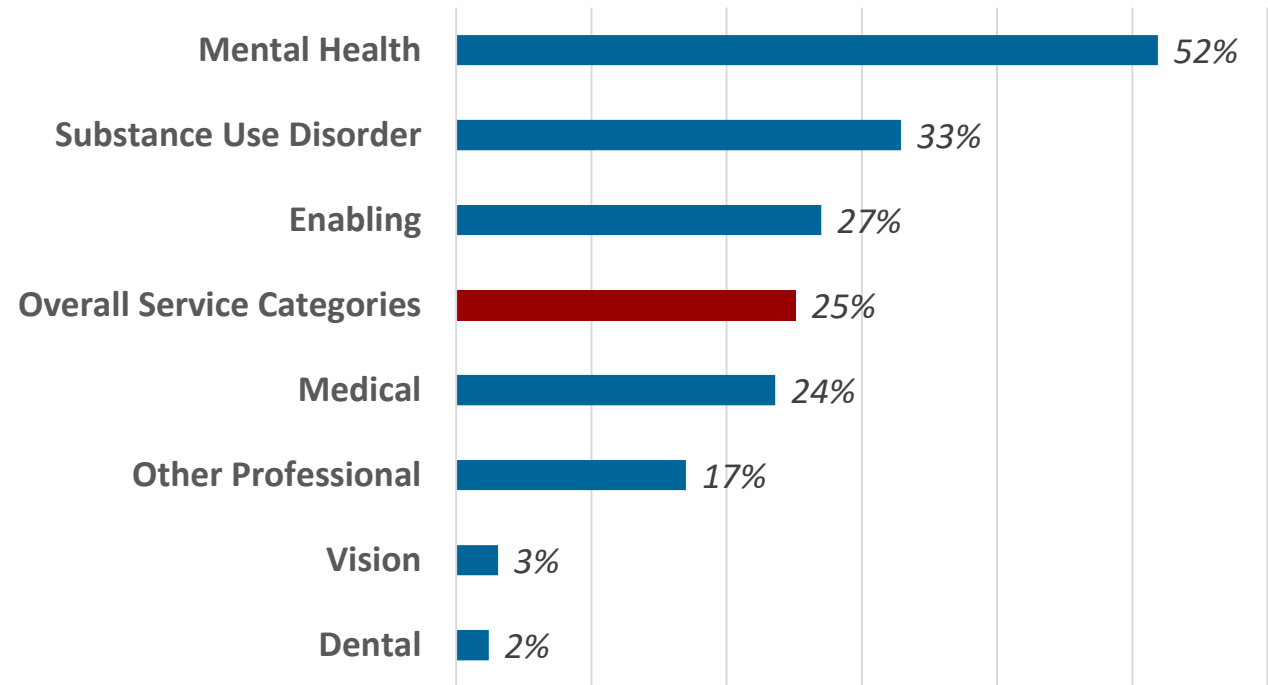| Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
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17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services** (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Personnel				
20	**Total Mental Health Services** (Lines 20a–c)				
21	**Substance Use Disorder Services**				
22	**Other Professional Services** (specify___)				

Excerpt from Table 5

Summary of Calendar Year (CY) 2020 Virtual Visit Findings

- **1 in 4 visits were provided virtually in 2020** (compared to less than 1% of visits in 2019).
- Virtual visits were most commonly used for mental health services (52% of mental health visits were conducted virtually in 2020), followed by substance use disorder services (33%).

Percentage of Virtual Visits, CY2020 All Programs

Category	Percentage
Mental Health	52%
Substance Use Disorder	33%
Enabling	27%
Overall Service Categories	25%
Medical	24%
Other Professional	17%
Vision	3%
Dental	2%

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Visit Criteria Knowledge Check

Which of the following criteria is necessary for a visit to be counted in the UDS Report?

A. The service must be documented.

B. The service must include clinic or virtual contact between a patient and a licensed or credentialed provider.

C. The provider must use independent professional judgement in the provision of the service.

D. All the criteria listed above must be met for a service to be counted in the UDS Report.

Visit Criteria Knowledge Check *(Cont.)*

Which of the following criteria is necessary for a visit to be counted in the UDS Report?

A. The service must be documented.

B. The service must include clinic or virtual contact between a patient and a licensed or credentialed provider.

C. The provider must use independent professional judgement in the provision of the service.

D. **All the criteria listed above must be met for a service to be counted in the UDS Report.**

Virtual Visit Knowledge Check

Which of the following examples *would* be a countable virtual visit for the purposes of the UDS Report?

A. A provider sends a patient lab results via secure email through the EHR.

B. A provider at your health center confers with a provider at a different health center via video chat to discuss a patient.

C. A provider at the health center provides in-scope services via a secure video platform to a patient who is at home.

D. A health center sends a patient medication reminders via an app on their smartphone.

Virtual Visit Knowledge Check *(Cont.)*

Which of the following examples *would* be a countable virtual visit for the purposes of the UDS Report?

A. A provider sends a patient lab results via secure email through the EHR.

B. A provider at your health center confers with a provider at a different health center via video chat to discuss a patient.

C. A provider at the health center provides in-scope services via a secure video platform to a patient who is at home.

D. A health center sends a patient medication reminders via an app on their smartphone.

Counting Multiple Visits

- On any given day, a patient may have only one visit per service category per provider counted on the UDS.
  - Service categories include medical, dental, mental health, substance use disorder, other professional, vision, and enabling.
- If multiple providers in a single category deliver multiple services at the **same location** on a single day, count only one visit.

- If services are provided by two different providers at **two different sites** on the same day, report two visits.

A virtual visit and a clinic visit are considered two different sites and may each be reported as a visit, even when they occur on the same day.

Reporting Nursing Visits

- Nursing visits must meet the criteria of a countable visit to be counted in the UDS Report.

- It is also important that nursing visits:
  - Are reported when only the nurse saw the patient independently.
  - Are not a continuation of a previous visit or a follow-up service.
  - Are not a service that is never countable in the UDS (e.g., immunization).

- The most common countable nursing visits are those billed using CPT code 99211; however most 99211 services are **not** countable visits.

- The most common visit examples (assuming all visit criteria is met and patient is not seen by another medical provider) that may count include:
  - Triage.
  - Nurse evaluation of a patient's medical condition and patient doesn't see another medical provider.
  - Home health care.

- For additional information on nursing visits, review the Nurse Visits for UDS Reporting resource.
- Page 58 of the UDS Manual outlines additional information to help define nursing staff and visits.

Table 6A: Selected Diagnoses and Services Rendered

Reporting Table 6A Diagnoses and Services

- Report all visits meeting the specified criteria for a health center patient.
- Column A: Report the number of **visits** with the selected service or diagnosis.
  - If a patient has more than one reportable service or diagnosis during a visit, count each.
  - Do not count multiple services of the same type at one visit (e.g., two immunizations, two fillings).
  - Resource: [Code Changes Handout](#).
- Column B: Report the number of **unduplicated patients** receiving the service.

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/Screening/Preventive Services			
21	HIV test	**CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4**: 80074, 86704 through 86707, 87340, 87341, 87350, 87912		
21b	Hepatitis C test	**CPT-4**: 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4**: 87426, 87635, 87636, 87637 **HCPCS**: U0001, U0002, U0003, U0004 **CPT PLA**: 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4**: 86328, 86408, 86409, 86769 **CPT PLA**: 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP	**CPT-4**: 99401 through 99404 **ICD-10**: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP		
22	Mammogram	**CPT-4**: 77063, 77065, 77066, 77067 **ICD-10**: Z12.31 **HCPCS**: G0279		
23	Pap test	**CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a	Seasonal flu vaccine	**CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756		

Excerpt from Table 6A

Reporting Table 6A Diagnoses and Services (Cont.)

- Table 6A captures services provided to health center patients who had a countable UDS visit during the calendar year.

- For example, a test or vaccine does not need to have been administered to the patient on the same day as a UDS countable visit to be counted on Table 6A.

- If a patient had a countable visit during the year and came back to the health center later to receive their COVID-19 vaccine, report the vaccine on Table 6A.

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/Screening/Preventive Services			
21	HIV test	**CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4**: 80074, 86704 through 86707, 87340, 87341, 87350, 87912		
21b	Hepatitis C test	**CPT-4**: 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4**: 87426, 87635, 87636, 87637 **HCPCS**: U0001, U0002, U0003, U0004 **CPT PLA**: 0202U, 0223U, 0225U, 0240U, 0241U		
21d	Novel coronavirus (SARS-CoV-2) antibody test	**CPT-4**: 86328, 86408, 86409, 86769 **CPT PLA**: 0224U, 0226U		
21e	Pre-Exposure Prophylaxis (PrEP)-associated management of **all** patients on PrEP	**CPT-4**: 99401 through 99404 **ICD-10**: Z11.3, Z11.4, Z20.2, Z20.6, Z51.81, Z71.51, Z71.7, Z79.899 Limit to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for PrEP		
22	Mammogram	**CPT-4**: 77063, 77065, 77066, 77067 **ICD-10**: Z12.31 **HCPCS**: G0279		
23	Pap test	**CPT-4**: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 **ICD-10**: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a	Seasonal flu vaccine	**CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756		

Excerpt from Table 6A

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New Reporting on Table 6A

- **One New Row: Line 24b: Coronavirus (SARS-CoV-2) vaccine**
  - Reported on Other Data Elements form last year, moved to Table 6A this year.
  - Report ONLY those provided to health center patients; not mass vaccination.

- If an individual is a patient of the health center, meaning that they had at least one UDS countable visit (reported on Table 5) during the reporting year, and received a vaccine which was documented in their chat, then their vaccine should be reported on Table 6A.

- Therefore, on Line 24b (Coronavirus (SARS-CoV-2) vaccine), report vaccines that your health center provided to its patients during the reporting year. The vaccine does not need to have been administered to the patient on the same day as a UDS countable visit to be counted on Table 6A.

Table 6A Changes Handout outlines changes from the prior year.

Key Notes for Table 6A

- Column A describes the total number of visits, at which the service/test/diagnosis was present and coded, to the patients in Column B.
- Only report tests or procedures that are
  - **performed by the health center**, *or*
  - not performed by the health center, but **paid for by the health center**, *or*
  - not performed by the health center or paid for by the health center, **but whose results are returned to the health center provider to evaluate and provide results to the patient**.

Note that all reporting on Table 6A is only for health center patients.
- This does not include mass testing/screening, tests done for the community, etc.
- Patient must have a *countable* visit on Table 5 and be included in unduplicated patients on demographic tables in order to be counted on Table 6A.

Example: Reporting Table 6A Diagnoses and Services

- Example 1: A person receives a COVID-19 test then receives subsequent treatment for a COVID-19 diagnosis.
  - The test, treatment, patient, and visit are reported on Table 6A and,
  - The patient and visit are reported on all appropriate UDS tables (e.g., demographics).

- Example 2: A person only receives a COVID-19 test from the health center and has no other services that meet the threshold of a countable visit with the health center.
  - *This encounter and person are not reported anywhere in the UDS Report.*

Review page 70 of the UDS Manual for additional information.

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/II/PLA, or HCPCS Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/Screening/Preventive Services			
21	HIV test	**CPT-4**: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	**CPT-4**: 80074, 86704 through 86707, 87340, 87341, 87350, 87912		
21b	Hepatitis C test	**CPT-4**: 80074, 86803, 86804, 87520 through 87522, 87902		
21c	Novel coronavirus (SARS-CoV-2) diagnostic test	**CPT-4**: 87426, 87635, 87636, 87637 **HCPCS**: U0001, U0002, U0003, U0004 **CPT PLA**: 0202U, 0223U, 0225U, 0240U, 0241U		
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24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B	**CPT-4**: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
24a	Seasonal flu vaccine	**CPT-4**: 90630, 90653 through 90657, 90658, 90661, 90662, 90672, 90673, 90674, 90682, 90685 through 90689, 90756		

Excerpt from Table 6A

Table 6A Knowledge Check

Which of the following services *would* count as a reportable service on Table 6A for the purposes of the UDS Report?

A. An individual has a countable visit in March 2021, then comes in to the health center in June 2021 to receive their COVID-19 vaccine.

B. An individual receives a mammogram from the health center in January 2021. The individual has a countable visit in June of 2021.

C. An individual comes to the health center for a COVID-19 diagnostic test, tests negative, and comes back to receive their COVID-19 vaccine at the clinic.

D. Options A and B are correct.

Table 6A Knowledge Check (Cont.)

Which of the following services *would* count as a reportable service on Table 6A for the purposes of the UDS Report?

A.   An individual has a countable visit in March 2021, then comes in to the health center in June 2021 to receive their COVID-19 vaccine.

B.   An individual receives a mammogram from the health center in January 2021. The individual has a countable visit in June of 2021.

C.   An individual comes to the health center for a COVID-19 diagnostic test, tests negative, and comes back to receive their COVID-19 vaccine at the clinic.

D.   **Options A and B are correct.**

Completing the Selected Service Detail Addendum to Table 5

Purpose of Table 5 Addendum

- The Table 5 addendum reflects integrated behavioral health provided by the health center:
  - Mental health (MH) services provided by medical providers *in medical visits*.
  - Substance use disorder (SUD) services provided by medical providers *in medical visits*.
  - SUD services provided by MH providers *in mental health visits*.
- The patients and visits reported in the Selected Service Detail Addendum involve a subset of activity already reported in the medical and/or MH visits of the main part of Table 5.

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Table 5 Selected Service Detail Addendum

Reporting Personnel in Addendum

- In Column A1, report the *number* of providers who provided integrated care.
  - Medical providers can be reported once in each section (MH and SUD) if they provide both MH and SUD services in the context of medical visits.

💡 The addendum documents *number* of personnel. Do not report FTEs in the addendum.

💡 Providers contracted on a fee-for-service basis should be reported in the addendum (but not in the main part of Table 5).

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Table 5 Selected Service Detail Addendum

HRSA Health Center Program

Reporting MH Treatment Provided as Part of Medical Visits in the Addendum

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical Care Services** (Lines 8 + 10a through 14)				

Excerpt from Table 5

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

Excerpt from Table 5 Selected Service Detail Addendum

Medical FTEs, visits, and patients are reported in Lines 1–15 of the main part of Table 5.

Corresponding providers, visits, and patients may *also* be reported on the Mental Health Service Detail addendum (Lines 20a01 through 20a04) *if/when* MH services were provided.

Reporting SUD Treatment Provided as Part of Medical and MH Visits in the Addendum

Medical FTEs, visits, and patients are reported in Lines 1–15 of the main part of Table 5.

- Corresponding providers, visits, and patients may *also* be reported on the Substance Use Disorder Detail addendum (Lines 21a through 21d) *if/when* SUD services were provided.

Mental health FTEs, visits, and patients are reported on Lines 20a–20 of the main part of Table 5.

- These mental health staff, visits, and patients may **also** be reported on the addendum (Lines 21e through 21h) *if/when* SUD treatment was provided.

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Excerpt from Table 5 Selected Service Detail Addendum

Line 21 in main part of Table 5 fully captures **SUD providers and SUD services provided to SUD patients** (do not report in addendum).

Determining Visits to Include in Addendum

Include, at minimum, all reportable services with providers included in **Table 5 Selected Services Detail Addendum Column A1**, with ICD-10-CM codes noted in Table 6A:

- SUD: Table 6A, Lines 18–19a
- MH: Table 6A, Lines 20a–20d

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Mental Health Conditions, Substance Use Disorders, and Exploitations			
18	Alcohol-related disorders	F10-, G62.1, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		
20e	Human trafficking	T74.5- through T74.6-, T76.5- through T76.6-, Z04.81, Z04.82, Z62.813, Z91.42		
20f	Intimate partner violence	T74.11, T74.21, T74.31, Z69.11, Y07.0-		

Determining MH Visits to Include in Addendum

Table 6A

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Mental Health Conditions, Substance Use Disorders, and Exploitations			
18	Alcohol-related disorders	F10-, G62.1, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-		
20a	Depression and other mood disorders	F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	F06.4, F40- through F42-, F43.0, F43.1-, F93.0		
20c	Attention deficit and disruptive behavior disorders	F90- through F91-		
20d	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F99- (exclude F55-, F84.2, F90-, F91-, F93.0, F98-), O99.34-, R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0		

Visits reported here that were with <u>medical providers</u> are reported on MH detail section of Table 5 selected service addendum.

Addendum: Mental Health Service Detail

Line	Personnel by Major Service Category: Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				

Table 6A Lines 20a through 20d describe the MH treatment and services provided to health center patients.

Table 5 Addendum Lines 20a01 through 20a04 reflect when MH treatment and services are provided to medical patients.

Determining SUD Visits to Include in Addendum

Table 6A

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Mental Health Conditions, Substance Use Disorders, and Exploitations			
18	Alcohol-related disorders	F10-, G62.1, O99.31-	Visits reported here that were with <u>medical</u> or <u>mental health</u> providers are reported on SUD detail section of T5 addendum.	
19	Other substance-related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	F17-, O99.33-		

Addendum: Substance Use Disorder Detail

Line	Personnel by Major Service Category: Substance Use Disorder Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Table 6A, Lines 20a through 20d, describe the MH treatment and services provided to health center patients.

Table 5 Addendum, Lines 21a through 21d, reflect when SUD treatment and services are provided to medical patients.

Table 5 Addendum Lines 21e through 21h reflect when SUD treatment and services are provided to MH patients.

Example: Reporting Visits in the Addendum

A family physician who works part-time sees a patient for an annual check-up, and during that visit the provider also treats the patient for depression and opioid use disorder (OUD).

- The **provider** is reported in **three** places on Table 5:
    - FTE on Line 1 (0.5 FTE Family Physician)
    - 1 person on Addendum Line 20a01: physician providing MH services
    - 1 person on Addendum Line 21a: physician providing SUD services
- The **visit** is reported in **three** places on Table 5:
    - Report the medical treatment (annual check-up) provided by the family physician in the main part of Table 5, on Line 1, and include the patient in the total on Line 15.
    - Report the depression treatment (MH) provided by the physician in the Addendum, Line 20a01.
    - Report the treatment provided for OUD (SUD) in the Addendum on the Physician line, Line 21a.

Addendum Knowledge Check

Which of the following visits *would not* be reported in the Selected Services Detail Addendum?

A. A family physician provides treatment for depression to a patient during an annual check-up.

B. A SUD specialist provides counseling to a patient with a SUD.

C. A psychiatrist provides substance use treatment to a patient.

D. A physician assistant provides medication-assisted treatment (MAT) services to a patient with an OUD.

Addendum Knowledge Check *(Cont.)*

Which of the following visits *would not* be reported in the Selected Services Detail Addendum?

A. A family physician provides treatment for depression to a patient during an annual check-up.

B. **A SUD specialist provides counseling to a patient with a SUD.**

C. A psychiatrist provides substance use treatment to a patient.

D. A physician assistant provides medication-assisted treatment (MAT) services to a patient with an OUD.

COVID-19 and Countable Visits

Reporting Visits During COVID-19

- **UDS definitions of countable patient visits remain in effect for the 2021 UDS Report.**
  - If an individual is screened or tested for COVID-19 but the health center *does not* provide additional services that meet the criteria of a countable visit, this person and visit are not reported in the UDS Report.

- If an individual is screened or tested for COVID-19 *and* the health center provides additional services that meet the criteria of a countable visit, this patient and visit are reported in the UDS Report.
- If a patient had a countable visit during the year and came back to the health center later to receive their COVID-19 vaccine, report the vaccine on Table 6A.

Virtual Visits During COVID-19

- The Centers for Medicare & Medicaid Services (CMS) has expanded telemedicine to allow virtual visits to be conducted with a patient in any location for the duration of the COVID-19 public health emergency. **Telehealth visits must still meet the criteria for visits to be reported in the UDS Report.**

- Telehealth visits may count toward clinical quality measures (CQMs) if they meet:
  - The CQM's specifications as directed by CMS,
  - The measure steward guidance, and
  - UDS's definition of a virtual visit.

A patient reported due to a medical virtual visit *must also* be reported in all patient/demographic profile tables (Tables 3A, 3B, 4, and the ZIP Code Table) and considered in all appropriate clinical measures tables (Tables 6A, 6B, and 7).

Resources and Updates

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2021 UDS Manual.
  - Appendix A: Listing of Personnel, page 130
- Other available guidance:
  - UDS Virtual Visits Reporting Guide
  - UDS Countable Visit Guidance and Frequently Asked Questions
  - Mental Health/Substance Use Disorder Services Detail Handout
  - Table 6A Code Changes Handout
  - BPHC COVID-19 Frequently Asked Questions (FAQs)
  - U.S. Department of Health and Human Services (HHS) Telehealth Webpage
  - 2021 PAL, 2022 PAL

UNIFORM DATA SYSTEM
2021 Health Center Data Reporting Requirements

For Reports Submitted February 15, 2022
Updated on August 16, 2021

HRSA Health Center Program

BPHC UDS Reporting Resources

- **BPHC UDS Reporting Resources: newly revised site!**
- Check out key UDS resources broken down by categories:
  - Special/Current Topics
  - Reporting Guidance
  - Staffing and Utilization
  - Clinical Care
  - Financials
  - Additional Reporting Topics
  - UDS Data

UDS Reporting Resources

Resources to assist health centers in collecting and submitting their data include UDS manuals, webinars, trainings, validations, crosswalks, and other technical assistance resources. Access the resources for each UDS reporting year below.

2022 UDS Resources

2021 UDS Resources

Special/Current Topics

- Health Center Changes and UDS Reporting: Frequently Asked Questions (PDF - 225 KB)
- COVID-19 UDS Funding Guidance (PDF - 226 KB)
- 2021 UDS Reporting Technical Assistance Webinar Series Schedule
  Webinar Presentation Flyer (PDF - 125 KB)
  Register in advance for 2021 UDS reporting webinars, which will be held this Fall. The webinars will provide detailed information for beginner and advanced audiences on 2021 UDS reporting requirements, strategies for successful UDS report submissions, opportunities for quality improvement, and COVID-19 impacts across measures.
- 2021 Uniform Data System (UDS) Reporting Changes TA Webinar
  May 6, 2021
  Presentation (PDF - 2.5 MB) | On Demand Recording ⧉ | UDS Webinar: List of Links (PDF - 240 KB)
  This webinar provides a detailed overview of required changes for the calendar year 2021 UDS reporting cycle. Changes, as outlined in the 2021 UDS Program Assistance Letter, include an update on the latest testing and diagnostic codes for COVID-19, the addition of a COVID-19 vaccination line, and updates to UDS clinical quality measures to align with current Centers for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs).

Reporting Guidance

- UPDATED 2021 UDS Manual (PDF - 4 MB) (includes additional COVID-19 vaccine Current Procedural Terminology (CPT®) codes for Table 6A: Selected Diagnoses and Services Rendered)
- 2021 UDS Tables (PDF - 759 KB)
- 2021 UDS Tables (XLS - 976 KB)
- Approved Changes to 2021 UDS Program Assistance Letter (PAL)

Staffing and Utilization

- UDS Nurse Visits (PDF - 183 KB)
- UDS Selected Service Detail Addendum Guidance (PDF - 366 KB)
- UDS Virtual Visit Reporting Guide (PDF - 164 KB)
- UDS Countable Visit Guidance and FAQ (PDF - 258 KB)

Clinical Care

Available Assistance

- Technical assistance materials, including local trainings, are available online:
  - [HRSA Health Center Program website](#) and [UDS training website](#)
- UDS Support Center for assistance with UDS reporting questions:
  - [udshelp330@bphcdata.net](#)
  - 866-UDS-HELP (866-837-4357)
- [Health Center Program support](#) for questions about the Health Center Program.

- EHBs support
  - UDS Report and preliminary reporting environment access (in [EHBs](#))
  - EHBs system issues: 877-464-4772, Option 1
  - EHBs account access and roles: 877-464-4772, Option 3
- [National Training and Technical Assistance Partners](#)

Upcoming Webinars

- Upcoming UDS Webinars
    - UDS Clinical Tables Part 1: Screening and Preventive Measures (09/23/21, 1:00–2:30 p.m. ET)
    - UDS Clinical Tables Part 2: Maternal Care and Children's Health (09/28/21, 1:00–2:30 p.m. ET)
    - UDS Clinical Tables Part 3: Chronic Disease Management (10/06/21, 1:00–2:30 p.m. ET)
    - Reporting UDS Financial and Operational Tables (10/14/21, 1:00–2:30 p.m. ET)
    - Successful Submission Strategies (10/20/21, 1:00–2:30 p.m. ET)
- Past webinar presentations are archived on HRSA's UDS Resources page.

Questions and Answers

Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

✉ udshelp330@bphcdata.net or Health Center Program Support

☎ 1-866-837-4357

https://bphc.hrsa.gov

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