The Foundation of the UDS: Counting Visits

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Housekeeping

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Opening Remarks

Dylan Podson

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Objectives

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

1 Define visits and their key components for the Uniform Data System (UDS)

2 Identify the framework that visits provide for reporting overall patient activity

3 Recognize and prepare for reporting cross-table relationships in the UDS

Agenda

1 Defining Key UDS Definitions

2 Exploring What Makes a Countable Visit

3 Reporting Visits in the UDS

4 Pulling It All Together

Defining Key UDS Definitions

Scope, Patient, and Countable Visit

Health Center Scope

UDS Definition: Health center scope of project is a health center's approved service sites, services, providers, service area, and target populations.

Only services in the health center scope of project are reported in a health center's UDS report.

Assess your health center <u>scope of project</u> in order to report correctly.
- <u>Form 5A</u>: In-scope services
- <u>Form 5B</u>: In-scope sites
- <u>Form 5C</u>: In-scope other activities and locations

Countable Visit

UDS Definition: An encounter between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services that are individualized to the patient and documented in the patient's health record are countable visits, reported on Table 5.

Our focus today!

Health Center Patient

UDS Definition: A person who has at least one countable visit, reported on Table 5, in one or more service category during the calendar year, is a health center patient.

All patients must be included in the patient characteristics tables (ZIP Code Table and Tables 3A, 3B, and 4).

Health center patients are reported on all service and clinical tables (Tables 5, 6A, 6B, and 7) for which they meet the criteria.

Individuals with encounters at your health center **who do *not* meet this definition** of health center patient are *not* **counted anywhere on the UDS tables.**
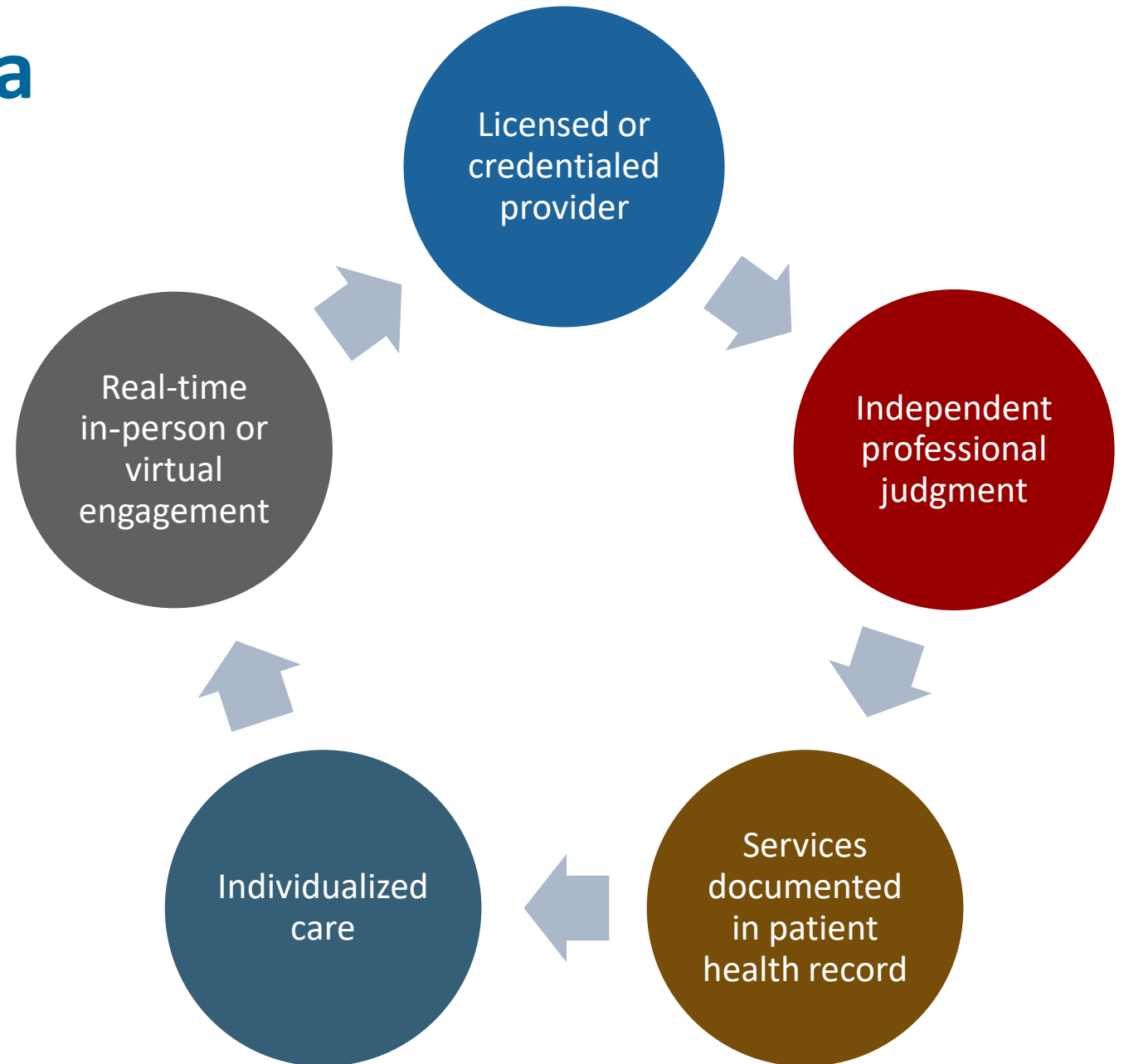
Exploring What Makes a Countable Visit

Countable Visit Guidance

The Components of a Countable Visit

All components must be met to report an encounter as a visit on Table 5.

Key resources:

- UDS Manual countable visit guidance (pages 17–22)
- UDS Countable Visit Guidance and Frequently Asked Questions

Licensed or Credentialed Provider

- Providers may be health center personnel, contracted personnel, or volunteers.

- Appendix A of the UDS Manual provides helpful guidance on common provider classifications that can or cannot generate countable visits for the purposes of the UDS.

Appendix A Walk-Through

Appendix A: Listing of Personnel

All line numbers in the following table refer to Table 5. NOT all services delivered by a "provider" count as visits. DO NOT count encounters with "non-providers" as countable visits. Use the Provider definitions to classify personnel as a "provider" or "non-provider."

| Personnel by Major Service Category	Provider	Non-Provider
Physicians		
Family practitioners (Line 1)	X	
General practitioners (Line 2)	X	
Internists (Line 3)	X	
Obstetricians/Gynecologists (Line 4)	X	
Pediatricians (Line 5)	X	
Licensed medical residents—line determined by specialty	X	
Other Specialist Physicians (Line 7)		
Allergists	X	
Cardiologists	X	
Dermatologists	X	
Endocrinologists	X	
Orthopedists	X	
Surgeons	X	
Urologists	X	
Other specialists and sub-specialists	X	
Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives		
Nurse practitioners (Line 9a)	X	
Nurse practitioner anesthetist (Line 9a)	X	
Physician assistants (Line 9b)	X	
Certified nurse midwives (Line 10)	X	
Nurses (Line 11)		
Clinical nurse specialists	X	
Home health nurses	X	
Nurse emergency medical services (EMS)/Nurse emergency medical technicians (EMT)	X	
Public health nurses	X	
Registered nurses (RNs)	X	
Visiting nurses	X	
Licensed practical nurses/Licensed vocational nurses		X
Other Medical Personnel (Line 12)		
Clinic aides/medical assistants (certified and uncertified medical technologists)		X
EMS/EMT personnel (not credentialed as a nurse)		X
Nurse aides/assistants (certified and uncertified)		X
Unlicensed interns and residents		X
Laboratory Personnel (Line 13)		
Laboratory assistants		X
Laboratory technicians		X
Medical technologists		X
Pathologists		X
Phlebotomists		X

Independent Professional Judgment

- Providers must be acting on their own when serving the patient (not assisting another provider).

- Provider should be using the professional skills gained through formal training and experience unique to that provider or other similarly or more intensively trained providers.
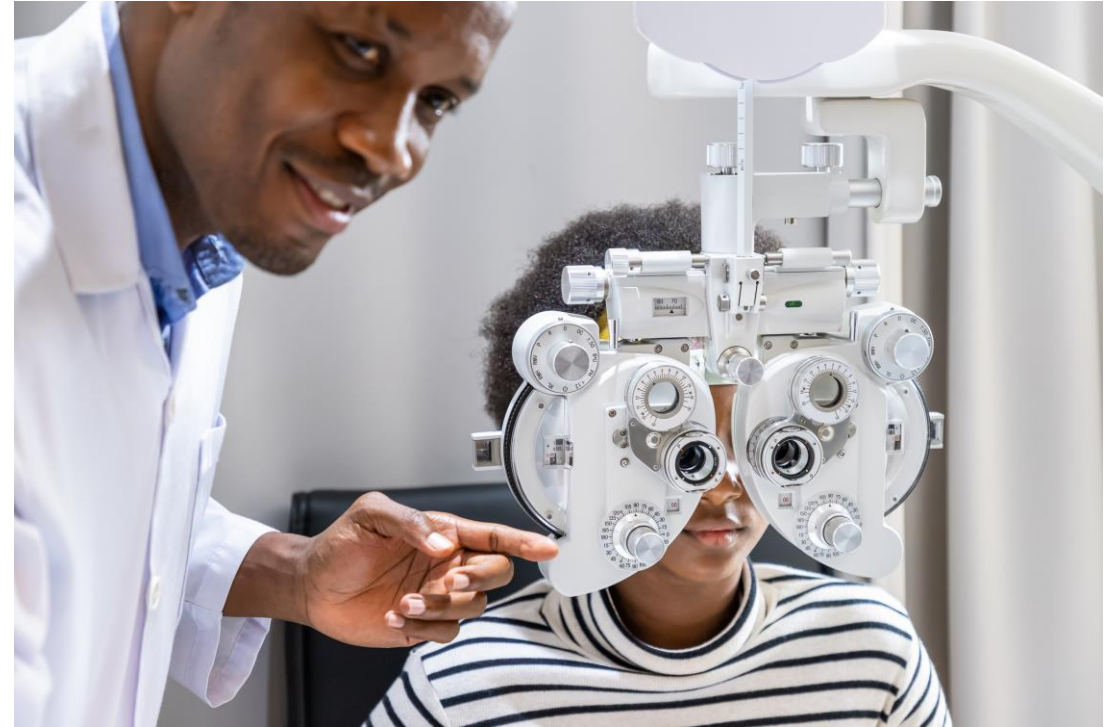
Services Are Documented in Patient's Health Record

- In general, visit documentation should include
  - Service code(s)
  - Setting of service
  - Medical decision making of necessity and appropriateness
  - Clinically appropriate examination or assessment
  - Total time spent on the date of the visit
- Note: **Not all visits need to be billable** to be countable visits.
- Resource: Evaluation and Management Services Guide
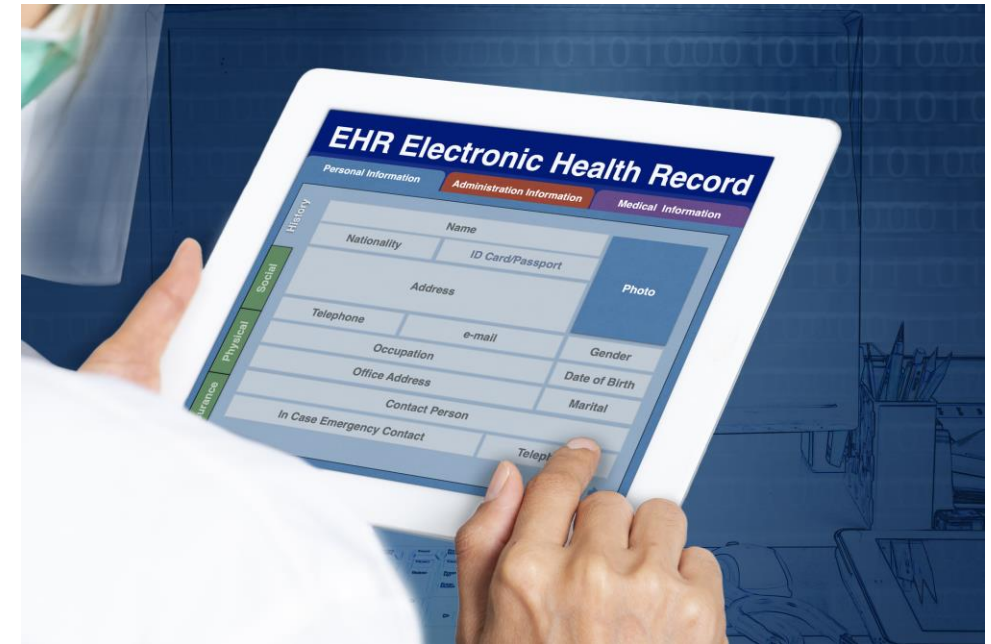
Individualized Care

- Services must be provided one-on-one to the patient.

- **Exception:** Behavioral health visits may be conducted in a group setting. These visits must still:

  - Be documented in each patient's health record.

  - Meet all other components of a countable visit.

Real-Time In-Person or Virtual Engagement

- Services must be in real time (e.g., in person or using synchronous audio and/or video telecommunication system).

- Services must be provided in-person or virtually at approved service delivery sites listed on Form 5B or in other locations that do not meet the HRSA's site criteria but are included in the health center's scope of project, as referenced on Form 5C.

- Virtual visits must meet all other criteria of a visit and be documented with telehealth-specific codes.

- Resource: Virtual Visit Reporting Guide.

Counting Multiple Visits in a Day

On any given day, a patient may have only one visit per service category per provider per location counted in the UDS.

If multiple providers in a single service category (e.g., two medical providers) deliver multiple services at the same location on a single day, count only one visit.

If services are provided by two different providers located at two different sites on the same day, count two visits.

- A same-day virtual visit and clinic visit may be considered only if they were delivered by different providers at different assigned service delivery locations.

Page 19 of the UDS Manual has additional information.

Contacts That Do Not, Alone, Count as Visits

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 (e.g., from a pharmacy)	Follow-up tests or checks (e.g., patients returning for blood pressure checks)
Health presentations to community groups	Health education classes	Laboratory or diagnostic tests (e.g., COVID-19 tests)	Giving injections	Wound care
Immunization drives	*Exception: behavioral health group visits*	Measuring or imaging (e.g., sonography, mammography)	Providing narcotic agonists or antagonists or a mix	Taking health histories

🔑 Page 20 of the 2025 UDS Manual further describes which services are not included as UDS countable visits.

Knowledge Check #1

Marcia is newly pregnant. Her obstetrician orders an ultrasound to date her pregnancy. Marcia visits the health center to receive her ultrasound and interacts only with the ultrasound technician. Her results will be reviewed at an upcoming visit with her obstetrician. **Why does the *ultrasound encounter* not count as a visit?**

A. The ultrasound encounter is considered an ancillary service and not countable as a visit.

B. The ultrasound technician is not considered a provider that generates visits, according to Appendix A.

C. Marcia's ultrasound results are not documented in her health record.

D. A and B only.

E. All of the above.

Knowledge Check #1

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B. The ultrasound technician is not considered a provider that generates visits, according to Appendix A.

C. Marcia's ultrasound results are not documented in her health record.

D. **A and B only.**

E. All of the above.

Reporting Visits in the UDS

Table 5 and the Selected Service Detail Addendum

Main Part of Table 5

UDS
Uniform Data System

Service Areas Reported in the UDS

Full-time equivalents (FTEs), visits, and patients on Table 5 are reported across categories that reflect function and services provided.

- Medical Care Services (Lines 1–15)

- Dental Services (Lines 16–19)

- Mental Health Services (Lines 20a–20c and 20)

- Substance Use Disorder Services (Line 21)

- Other Professional Health Services (Line 22)

- Vision Services (Lines 22a–22d)

- Pharmacy Services (Lines 23a–23d and 23)

- Enabling Services (Lines 24–29)

- Other Programs and Related Services (Line 29a)

- Quality Improvement Personnel (Line 29b)

- Non-Clinical Support Services (Lines 30a–33)

- Service categories that can generate **countable visits and patients** are
  - Medical
  - Dental
  - Mental Health
  - Substance Use Disorder
  - Vision
  - Other Professional
  - Enabling

- Patients can have visits in one or more service areas in the year.

Table 5 Has Four Columns

Column A: FTEs

All personnel who support in-scope operations are reported by FTE in the area in which they provide services.

Columns B and B2: Clinic and Virtual Visits

Encounters that meet the definition of a UDS countable visit are reported as visits in Column B or B2 (based on how the visit was done) **on the line with the FTE who conducted the visit.**

Column C: Patients

All patients for whom visits are reported in the service area are counted in the patient count cell for that service area.

Table 5 Walk-Through

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** • Audiologists • Chiropractors • Community and Behavioral Health Aides/Practitioners (CHA/Ps and BHA/Ps) • Podiatrists • Registered Dieticians, including Dieticians and Nutritionists • Therapists, including Massage, Occupational, Physical, Respiratory, and Speech Therapists and Speech Pathologists • Traditional Medicine Providers, including Acupuncturists and Naturopaths • Other professional services (specify__)				

Excerpt of Table 5

Spotlight: Enabling Services

- **Case management and patient health education are the only countable enabling services**, assuming the full UDS countable visit definition is met.

- For enabling services that do not have a central credentialing body, the term "licensed or credentialed provider" refers to a provider hired by the health center to conduct patient services **within the scope of their duties**.

- Report a visit on the same line as where the FTE of the personnel who delivered the visit is reported.

- Patients with only enabling service visits still need to be reported across the UDS Report.

Knowledge Check #2

A health center runs an outreach program where staff provide health presentations to groups in the community. Where should individuals who attend these sessions be reported in the UDS?

A. The visits and patients should be reported on Table 5 Line 26, Outreach Workers, only.

B. The visits and patients should be reported on Table 5 Line 26. The patients should also be reported on all the Patient Demographic Tables and on the Clinical Tables, where appropriate.

C. Individuals who only attended the presentations and were not seen at the health center for a countable visit that year would not be reported anywhere in the UDS.

Knowledge Check #2

A health center runs an outreach program where staff provide health presentations to groups in the community. Where should individuals who attend these sessions be reported in the UDS?

A. The visits and patients should be reported on Table 5 Line 26, Outreach Workers, only.

B. The visits and patients should be reported on Table 5 Line 26. The patients should also be reported on all the Patient Demographic Tables and on the Clinical Tables, where appropriate.

C. **Individuals who only attended the presentations and were not seen at the health center for a countable visit that year would not be reported anywhere in the UDS.**

Selected Service Detail Addendum

Uniform Data System

Addendum Captures Integrated Behavioral Health

Integrated Mental Health (MH) Services

Captures the number of **medical visits** that included **MH services** provided by medical providers.

Integrated Substance Use Disorder (SUD) Services

Captures the number of **medical and MH visits** that included **SUD services** provided by medical and MH providers.

🔑 **Remember, everything in the addendum is part of what is already reported elsewhere on Table 5. This is behavioral health care integrated into certain types of visits.**

Table 5 Addendum:
Reporting MH/SUD Services Provided as Part of Medical Visits

TABLE 5 EXCERPT

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)				

ADDENDUM EXCERPT

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				

Medical FTEs, visits, and patients are reported in the medical section of the main part of Table 5 (shown above left).

The same providers, visits, and patients **may also** be reported on the MH/SUD addendum **if/when** MH and/or SUD services were provided during those medical visits by these providers (shown above right).

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

MH FTEs, visits, and patients are reported on Lines 20a–20b of the main part of Table 5. These MH personnel, visits, and patients **may also** be reported on the addendum *if/when* they also included SUD services.

TABLE 5 EXCERPT

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
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**				

ADDENDUM EXCERPT

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				

🔑 **FTEs, visits, and patients who are seen by a substance use specialist are reported on Line 21 in the main part of Table 5. These personnel, visits, and patients are not repeated in the addendum.**

Determining Services to Include in Addendum

Include, at minimum, all countable visits with specified providers that included the ICD-10-CM codes specified on Table 6A:

- SUD: Table 6A, Lines 18–19a

- MH: Table 6A, Lines 20a–20d

Then, you will report the number of providers of each type listed on the addendum that provided those visits and the number of patients who made up those visits.

TABLE 6A EXCERPT

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID)	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	**ICD-10:** F10-, G62.1, K70-, O99.31-		
19	Other substance-related disorders (excluding tobacco use disorders)	**ICD-10:** F11- through F19- (exclude F17-), G62.0, O99.32-		
19a	Tobacco use disorder	**ICD-10:** F17-, O99.33-, Z72.0		
20a	Depression and other mood disorders	**ICD-10:** F30- through F39-		
20b	Anxiety disorders, including post-traumatic stress disorder (PTSD)	**ICD-10:** F06.4, F40- through F42-, F43.0, F43.1-, F43.8-, F93.0		
20c	Attention deficit and disruptive behavior disorders	**ICD-10:** F90- through F91-		
20d	Other mental disorders, excluding drug or alcohol dependence	**ICD-10:** 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 on Lines 18–19a that were with **medical** or **MH** providers are reported on SUD detail section of the Table 5 addendum.

Visits reported on Lines 20a–20d that were with **medical providers** are reported on the MH detail section of the Table 5 selected service addendum.

Addendum Tips

- The goal of the addendum is to show when **integrated behavioral health** is being delivered by medical and MH personnel.

- **MH services in the addendum are a subset** of medical visits already reported in the main part of Table 5. **SUD services in the addendum are a subset** of medical and MH visits already reported in the main part of Table 5.

- If a **medical provider exclusively provides SUD treatment and does not provide any medical care** as part of their position (and has board certification or certification of added qualification in this specific service area), **report them and their activity on Line 21, Substance Use Disorder Services,** not in the addendum.

- **Let reporting on Table 6A be your guide** on what should be captured in the addendum.

Likely incorrect reporting to watch for:

- MH/SUD visits reported on Table 6A but no MH/SUD visits reported on Table 5 or the addendum.

- More patients on a single Table 6A MH/SUD line than total patients reported across Table 5 and the addendum.

Knowledge Check #3

A family physician sees a patient for a routine visit and during that visit addresses the patient's opioid use disorder. How many times would this visit be reported in the two sections of Table 5?

A. One time: On the main part of Table 5 in the medical section (Line 1, Family Physicians).

B. Two times: On the main part of Table 5 in the medical section (Line 1, Family Physicians) and the SUD line (Line 21, SUD Services).

C. Two times: On the main part of Table 5 (Line 1, Family Physicians) and on the SUD section of the addendum (Line 21a, Physicians).

D. Two times: On the main part of Table 5 on the SUD Line (Line 21, SUD Services) and on the SUD section of the addendum (Line 21a, Physicians).

Knowledge Check #3

A family physician sees a patient for a routine visit and during that visit addresses the patient's opioid use disorder. How many times would this visit be reported in the two sections of Table 5?

A. One time: On the main part of Table 5 in the medical section (Line 1, Family Physicians).

B. Two times: On the main part of Table 5 in the medical section (Line 1, Family Physicians) and the SUD line (Line 21, SUD Services).

C. **Two times: On the main part of Table 5 (Line 1, Family Physicians) and on the SUD section of the addendum (Line 21a, Physicians).**

D. Two times: On the main part of Table 5 on the SUD Line (Line 21, SUD Services) and on the SUD section of the addendum (Line 21a, Physicians).

More Resources for Reporting Visits in the UDS

The HRSA BPHC UDS Resources site Staffing and Utilization section includes the following resources:

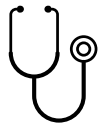- Table 5 fact sheet

- Countable visit guidance

- Virtual visit guidance

- Nurse visit guidance

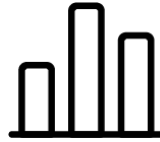- Selected Service Detail Addendum guidance

Uniform Data System (UDS) Training and Technical Assistance

Pulling It All Together

It Takes a Team

Visits Are the Foundation of the Entire UDS Report

Identify and report countable visits and associated patients on **Table 5.**

Report patients with countable visits on **Tables 6A, 6B, and 7**, when appropriate.

Report patient service revenues on **Table 9D.**

Report all patients with countable visits in the Demographic Profile (**ZIP Code Table and Tables 3A, 3B, and 4**).

Report accrued costs for in-scope activities (e.g., visits!) on **Table 8A**, in alignment with the categories reported on the main part of Table 5.

Complete **Other Forms** (Health Information Technology, Other Data Elements, and Workforce), which ask about patients.

Successful UDS Reporting Takes a Team

- **Tables are interrelated** and **report on activities at service delivery sites specific to your health center's scope**, so get together with a team to ensure accurate reporting across

  - Personnel, FTEs, and roles
  - Patients and services
  - Expenses
  - Revenues

- With your team, **plan your approach for any new updates** (e.g., new fields, code changes, electronic health record transitions).

- The **2025 UDS Manual** **provides crosswalks** between closely related tables in Appendix B, pages 198–201.

- Countable visits are the foundation of the UDS report. **Adhere to UDS definitions and instructions** to ensure accurate reporting.

- Reach out to the **UDS Support Center** early and often!

Example of the Crosswalk Between Table 5 and Table 8A

FTEs Reported on Table 5, Line:	Have Costs Reported on Table 8A, Line:
1–12: Medical Personnel	1: Medical Personnel
13–14: Medical Lab and X-ray	2: Medical Lab and X-ray
16–18: Dental	5: Dental
20a–20c: Mental Health	6: Mental Health
21: Substance Use Disorder	7: Substance Use Disorder
22: Other Professional	9: Other Professional
22a–22c: Vision	9a: Vision
23a–23d: Pharmacy	8a: Pharmacy
24–28: Enabling	11a–11h: Enabling
24: Case Managers	11a: Case Management
25: Health Education Specialists	11d: Health Education
26: Outreach Workers	11c: Outreach
27: Transportation Personnel	11b: Transportation
27a: Eligibility Assistance Workers	11e: Eligibility Assistance
27b: Interpretation Personnel	11f: Interpretation Services
27c: Community Health Workers	11h: Community Health Workers
28: Other Enabling Services	11g: Other Enabling Services
29a: Other Programs and Services	12: Other Program-Related Services
29b: Quality Improvement Personnel	12a: Quality Improvement
30a–30c and 32: Non-Clinical Support Services	15: Non-Clinical Support Services
31: Facility Personnel	14: Facility

See more crosswalks in UDS Manual Appendix B (pages 198–201).

Summary

- The UDS relies on specific definitions for health center scope, patients, and countable visits. Adhering to these definitions ensures accurate reporting. See UDS Manual Appendix H: Glossary for a refresher on terminology.

- Countable visits include five components that must all be present in an encounter. Not all encounters will be countable visits.

- Countable visits are reported on Table 5 by service area. Integrated behavioral health visits are also detailed in the Table 5 addendum.

- The UDS tables are interrelated, and countable visits tie them together! Create a plan to work as a team to complete the UDS Report.

Available Assistance

- Technical assistance materials, including local trainings, available online:
  - [UDS Technical Assistance](#)
- UDS Support Center for assistance with UDS reporting questions:
  - udshelp330@bphcdata.net
  - 866-UDS-HELP (866-837-4357)
  - [BPHC Contact Form](#), select Uniform Data System/UDS Reporting.
- For Electronic Handbooks (EHBs) help and account access/roles questions:
  - 877-464-4772
  - [BPHC Contact Form](#), select Technical Support/EHBs Tasks/EHBs Technical Issues.

For more information, visit the [Technical Assistance Contacts](#) webpage.

Q&A

What questions do you have for us?

Thank You!

Call the UDS Support Line at 1-866-837-4357

Email udshelp330@bphcdata.net

Contact us via the BPHC Contact Form

Please fill out the evaluation form after the webinar!