UDS: UNIFORM DATA SYSTEM

Table 6A: Selected Diagnoses and Services Rendered

PURPOSE:

Table 6A is part of the clinical profile that reports on two separate sets of data: selected diagnoses and selected services rendered. It is designed to provide information on diagnoses and services using data maintained for billing purposes or electronic health record (EHR) data.

CHANGES:

- There are no changes to the Table 6A reporting requirements for 2019.

- Updated with current codes. A list of updated codes can be found at **http://bphcdata.net/docs/table_6a_code_changes.pdf**.

KEY TERMS:

VISIT: For a service to be counted as a visit in Column (a) on Table 6A, it must either be delivered at the time of a visit that was counted on Table 5 (include clinic visits — column b and virtual visits — column b2) or as a result of an order from a prior visit (such as a vaccination ordered for 40 days later during a well-child visit).

PATIENTS: Individuals who have one or more UDS-reportable visits (clinic or virtual) during the reporting year.

HOW DATA ARE USED:

To calculate:

- The average visits per patient per year for a particular condition and/or service — divide Column b by Column a (e.g., number of diabetes visits per diabetic patient per year).

- The frequency of acute care services by service type (e.g., well child immunizations).

- The penetration rate for routine preventative services (e.g., children who received well child visits, women 15-44 who received contraceptive services, and women 23-64 who received PAP tests).

CROSS TABLE CONSIDERATIONS:

- Visits and patients reported in any cell of the grant-specific tables cannot exceed the number reported in the same cell of any table on the Universal Report.

- **Tables 6A and 7:** Table 6A is NOT the same as Table 7. Patients reported with diabetes or hypertension on Table 6A may not satisfy the additional criteria that must be met for inclusion on Table 7. Similarly, some patients counted on Table 7 may not have had a reported visit on Table 6A.

- **Table 6A and 6B:**
  - Tobacco use disorder on Table 6A (Line 19a) is NOT the same as patients identified as tobacco users on Table 6B (Line 14a) because Table 6B has additional inclusion criteria.
  - Number of patients diagnosed with asthma on Table 6A (Line 5, Column b) is NOT the same as number of patients with persistent asthma on Table 6B (Line 16) because Table 6B has additional criteria to be considered.

For more detailed information see UDS Reporting Instructions for the 2019 Health Center Data, pages 62-69.

UDS | UNIFORM DATA SYSTEM

Revised October 2019   1

UDS: UNIFORM DATA SYSTEM

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TABLE TIPS:

Table 6A is completed for the Universal Report and for grant-specific reports.

Please note: Clinic and Virtual visits, as reported on Table 5 are both included everywhere that visits are referred to on this page.

PATIENTS AND VISITS:

- **Column a:** Total visits with a specific diagnosis (Lines 1–20) or service (Lines 21–34) indicated.

- Table 6A reports on services that were provided during a UDS-reportable visit only. Included in these services attendant to a reportable visit (e.g., vaccinations ordered by a provider and given on a different day).

- **Column b:** Unduplicated number of patients with diagnosis or having received service.

- If a patient is seen for multiple diagnoses in one visit, they must be reported once on each appropriate diagnosis line. Similarly, if a patient receives multiple services in one visit, they must be counted once on each appropriate service line.

SELECTED DIAGNOSES (LINES 1–20d):

- Report visits and patients regardless of whether or not the diagnosis is primary.

- Include follow-up services related to a countable visit. Thus, if a provider asks that a patient return in 30 days for a flu shot, when that patient presents, the shot is counted because it is legally considered to be a part of the initial visit.

SELECTED TESTS/SCREENINGS/PREVENTATIVE SERVICES (LINES 21–26d):

- Use ICD-10 or Current Procedural Technology (CPT) codes for each line.

- On several lines, CPT codes and ICD-10 codes are provided. Health centers may use **either** the CPT codes **or** the ICD-10 codes for any specific visit, **but not** both.

- A single visit may include multiple types of services (e.g., Pap test, mammogram, and family planning service) and would be reported once on each of the specified service lines.

- A visit is counted only once for any one service code even if multiple services are given (e.g., five vaccines or two fillings in one visit are counted only once).

UDS | UNIFORM DATA SYSTEM

UDS: UNIFORM DATA SYSTEM

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SELECTED CALCULATION:

Shown below, average number of Diabetes Mellitus (DM) diagnosis visits per patient per year = 30,090/9,928 = 3.0 DM visits/patient/year.

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED				
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic/ Asymptomatic HIV	B20, B97.35, O98.7, Z21	1,080	3,000
3.	Tuberculosis	A15- thru A19-, O98.0-	2	2
4.	Sexually transmitted infections	A50- thru A64- (Exclude A63.0), M02.3-	98	83
4a.	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-	15	13
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	1,643	125
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	10,383	6,143
6.	Chronic obstructive pulmonary diseases	J40- thru J44-, J47-	2,655	2,335
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, D49.3, N60-, N63-, R92-	148	118
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61-, R87.629, R87.810, R87.820	2,130	1,078
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	30,090	9,928

UDS | UNIFORM DATA SYSTEM

CROSS TABLE CONSIDERATION EXAMPLE:

Table 6A, Line 5, Column (b) (see table above): Number of patients with diagnosis of asthma in measurement year is 6,143.

Compare this to Table 6B, Section H, Line 16, Column (a): Total patients ages 5-65 with persistent asthma. This number is only 3,312 because these are patients who meet all of the following criteria:

- Diagnosed with <u>persistent</u> asthma;

- Last seen while between ages 5 and 64; and

- Had at least one medical visit in a (clinic or virtual) clinic during the measurement year.

In other words, the number on Table 6B is smaller because Table 6A includes some patients age 65 or older and some patients with intermittent asthma.

	TABLE 6B: QUALITY OF CARE INDICATORS			
Line	Use of Appropriate Medications for Asthma	Total Patients ages 5–64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	**MEASURE:** Percentage of patients ages 5 through 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Total Universe: n=3,312	3,312	

UDS | UNIFORM DATA SYSTEM