

Nurse Visits for UDS Reporting

Visits must include three criteria in order to be reported in the UDS:

- The service must be documented.
- The service must include a real-time (face-to-face or virtual) contact between a patient and a licensed or credentialed provider.
- The provider must be exercising independent, professional judgment in the provision of services to the patient based on their unique training and skills.

Registered nurses may occasionally provide UDS-reportable services to patients. It is important that nurse visits:

- include the three criteria,
- are independent where the patient is not seen by another more advanced skilled medical provider on the date of service,
- are not among those services that are never reportable in the UDS (regardless of provider level) – see *Services and Persons Not Reported on the UDS Report* in the UDS Manual,
- are only counted when meeting the visit definitions, even if services are provided under standing orders of another medical provider, under specific instructions from a previous visit, or under the general supervision of a physician, nurse practitioner, physician assistant, or certified nurse.

The most common visit examples that nurses might count (again assuming all visit criteria is met and the patient is not seen by another provider at the same service delivery site on the same date of service) include:

- Triage
- Home health care where the patient is evaluated

Under no circumstances can the following be counted as nurse visits:

- Medication dispensing or administration including injections (e.g., flu shots, childhood vaccinations, Methadone, Depo-Provera, Coumadin)
- Screenings, tests, or laboratory services (e.g., PPD, HbA1c, pregnancy, blood pressure, COVID-19)
- Health status checks (e.g., wound care, health histories)
- Visits where the patient is then evaluated by another more advanced provider

UDS: UNIFORM DATA SYSTEM

The reference made in the manual of “*count visits charged and code as CPT 99211*” is to simply inform that the types of services that are most apt to be counted as nurse visits are those that are charged/billed using CPT code 99211 since the code is specifically for the evaluation and management of a patient's medical care.

There are instances when the health center does not charge for nurse visits. It is recommended that the health center track the countable, reportable visits using this code with either a zero charge or a fixed fee schedule charge with a corresponding sliding fee discount, if applicable, and/or bad debt write-off, based on the health center's policies and procedures.

Note: *Patients seen by a nurse for a reportable medical visit will be included in the UDS Report tables and corresponding medical metrics even if this is their only visit for the year. This means the visit will be included in the count of total medical visits and the patient will be included in all clinical quality care measures where they meet the age, sex, and/or disease criteria.*