

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, lab reports, and/or electronic health record (EHR) data.

CHANGES:

- Addition of Line 4c: Novel coronavirus (SARS-CoV-2) disease.
- Addition of Line 6a: Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease.
- Addition of Line 20e: Human trafficking.
- Addition of Line 20f: Intimate partner violence.
- Addition of Line 21c: Novel coronavirus (SARS-CoV-2) diagnostic test.
- Addition of Line 21d: Novel coronavirus (SARS-CoV-2) antibody test.
- Addition of Line 21e: Pre-Exposure Prophylaxis (PrEP)-associated management of all PrEP patients.
- Updated with current codes. A list of updated codes can be found at <https://bphcdata.net/wp-content/uploads/2020/06/Table6AChanges.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 face-to-face or virtual UDS-reportable visits during the reporting year. A virtual visit is provided using interactive synchronous audio and/or video telecommunication systems that permit real-time communication between the provider and a patient.

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).
- Proportion of patients receiving tests or services of a selected age group (e.g., percent of women who receive contraceptive services of women age 15-44; percent of women receiving pap tests of women age 23-64).

For more detailed information see UDS Reporting Instructions for CY 2020 Health Center Data, pages 62-69.

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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.

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 1–20f) or service (Lines 21–34) indicated.
- Table 6A reports on services that were provided during a UDS-reportable visit only. Included in these are 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 1–20f):

- Report visits and patients regardless of whether 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 considered to be a part of the initial visit.
- **Novel coronavirus diagnosis (Lines 4c and 6a):**
 - Column A = Number of visits at which selected ICD-10 codes for COVID-19 have been coded.
 - Column B = Number of patients who have had one or more visits where COVID-19 has been coded.
 - Note: Coded regardless of primacy (e.g., if a patient has pneumonia confirmed due to COVID-19, both COVID-19 and pneumonia are documented in the medical record).

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■ Human Trafficking (Line 20e):

- Column A = Number of visits at which selected ICD-10 codes for human trafficking has been coded.
- Column B = Number of patients who have had one or more visits where human trafficking has been coded.

■ Intimate Partner Violence (Line 20f):

- Column A = Number of visits at which selected ICD-10 codes for intimate partner violence have been coded.
- Column B = Number of patients who have had one or more visits where intimate partner violence has been coded.

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).

■ Novel coronavirus test (Lines 21c and 21d):

- Column A = Number of visits at which COVID-19 testing occurred for health center patients.
- Column B = Number of patients who have had one or more visits where COVID-19 tests occurred.

■ Pre-Exposure Prophylaxis (PrEP) management (Line 21e):

- Column A = Number of visits for assessing and monitoring PrEP care to patients.
- Column B = Number of patients provided with one or more prescriptions for PrEP.

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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.

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED				
Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
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

CROSS TABLE CONSIDERATION EXAMPLE:

Table 6A, Line 9, Column B (see table above): Number of patients with diagnosis of diabetes in measurement year is 9,928.

Compare this to Table 7, Section C, Line i, Column 3a (see next page): Total patients ages 18-74 with diabetes. This number is only 8,905 because these are patients who meet all of the following criteria:

- Diagnosed with an active diagnosis of Type 1 or Type 2 diabetes.
- Had at least one medical visit (clinic or virtual) during the measurement year.
- Did **not** have secondary diabetes (e.g., gestational diabetes).

In other words, the number on Table 7 is smaller because Table 6A includes some patients in a different age group (younger than 18 or older than 74) and Table 6A also includes some patients with secondary diabetes, as well as some patients with diabetes that are excluded on Table 7 (e.g., patients who were in hospice care during the measurement period.)

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CROSS TABLE CONSIDERATION EXAMPLE: (CONTINUED)

TABLE 7 SECTION C: DIABETES: HEMOGLOBIN A1C POOR CONTROL

Line	Race and Ethnicity	Total Patients 18 through 84 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c >9% or No Test During the Year (3f)
HISPANIC OR LATINO/A				
1a	Asian	108	108	27
1b1	Native Hawaiian	24	24	7
1b2	Other Pacific Islander	17	17	3
1c	Black/African American	729	729	209
1d	American Indian/Alaska Native	26	26	5
1e	White	1,682	1,682	523
1f	More than One Race	94	94	28
1g	Unreported/Refused to Report Race	119	119	23
	<i>Subtotal Hispanic or Latino/a</i>	2,799	2,799	825
NON-HISPANIC OR LATINO/A				
2a	Asian	604	604	181
2b1	Native Hawaiian	84	84	25
2b2	Other Pacific Islander	50	50	10
2c	Black/African American	1,099	1,099	586
2d	American Indian/Alaska Native	101	101	20
2e	White	3,663	3,663	976
2f	More than One Race	210	210	52
2g	Unreported/Refused to Report Race	295	295	88
	<i>Subtotal Non-Hispanic or Latino/a</i>	6,106	6,106	1,938
UNREPORTED/REFUSED TO REPORT				
h	Unreported/Refused to Report Race and Ethnicity	414	414	111
i	Total	8,905	8,905	2,763

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