

Nurse Visits for UDS Reporting

The definition of a visit must include three criteria in order to count in the UDS:

- service must be documented
- service includes face-to-face contact between a patient and a licensed or credentialed provider
- independent professional judgment is used in the provision of services to the patient

It is important that nurse visits:

- include these criteria and be unique to their training as a nurse,
- that the nurse saw the patient independently (not seen by another more advanced skilled provider after seen by the nurse),
- the service is not a continuation of a previous visit or follow-up of services, and
- is not a service that is never reportable in the UDS (regardless of provider level).

Some of the most common visit examples that nurses might count (again assuming all visit criteria is met) include:

- triage
- nurse evaluation of a patient's medical condition and the patient does not see another medical provider (e.g., patient seen for flu-like symptoms)
- home health care

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

- drug administration/shots (e.g., flu, vaccinations, Depo-Provera, Coumadin)
- tests or blood draws (e.g., PPD, HBA1c, pregnancy)
- or visits where the patient is then evaluated by another more advanced provider be reported as a nurse visit

The reference made in the manual of *'nurse visits must be charged'* 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 and it is recommended that health center's track the countable, reportable visits typically covered under this code which can be done by including the code with a zero charge.