

Uniform Data System

OMB Control No. 0915-0193

TABLE 6A: SELECTED DIAGNOSES AND SERVICES RENDERED

Calendar Year: January 1, 2025, through December 31, 2025

Line	Service Category	Applicable ICD-10-CM, CPT-4/I/PLA, HCPCS, or Value Set Object Identifier (OID)	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/ Screening/Preventive Services				
26c	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 HCPCS: S9075		
26c2	Tobacco use cessation pharmacotherapies	OID: 2.16.840.1.113883.3.526.3.1190		
26c3	Medications for opioid use disorder (MOUD)	OID: 2.16.840.1.113762.1.4.1046.269		
26d	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014		
26e	Childhood development screenings and evaluations	CPT-4: 96110, 96112, 96113, 96127 ICD-10: Z13.4-		
26f	Alzheimer's disease and related dementias (ADRD) screening	OID: 2.16.840.1.113883.3.526.3.1006		

TABLE 6B: QUALITY OF CARE MEASURES

Calendar Year: January 1, 2025, through December 31, 2025

Section N—Substance Use Disorder (SUD) Measures

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)	Number of Records Reviewed (b)	Number of Patients who Received SUD Treatment (c)
23a	MEASURE: Percentage of patients with a new SUD episode who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation			

PUBLIC BURDEN STATEMENT

The Uniform Data System (UDS) provides consistent information about health centers including patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0915-0193 and it is valid until 04/30/2026. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 238 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Health Resources and Services Administration (HRSA) Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

DISCLAIMER

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