



COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE

COMMISSIONED CORPS HEADQUARTERS

Rockville, MD 20852

Periodic Health Update (PHU)

Instructions for Primary Care Providers: Updated December 31, 2019

In order to better monitor the health status of officers and meet mission priorities, the Commissioned Corps of the U.S. Public Health Service (Corps) is adopting new requirements for annual health updates. The requirements better aligns with the annual requirement of the military services.

1. Medical History

The Corps officer has been instructed to complete a DD-2807-1, "Report of Medical History" or equivalent Department of Defense form and a PHS-7083, "Behavioral Health Survey" and give the completed forms to his/her provider at the time of the PHU visit.

- a) **DD-2807, "Report of Medical History"** – Please review, provide comments (if indicated), and sign.
- b) **PHS-7083, "Behavioral Health Survey"**
 - i. This survey contains 4 basic validated screening surveys to detect the possible presence of alcohol abuse, depression, anxiety, and post-traumatic stress disorder.
 - ii. Based on the literature, the threshold "positive" scores are as follows:
 - a. Audit-C Males ≥ 4 , Females ≥ 3
 - b. PHQ-2 ≥ 3
 - c. GAD-2 ≥ 3
 - d. PC-PTSD 5 ≥ 3

If the officer has any of the screens "positive", we ask that you address it in whichever way that you feel is professionally appropriate. Sign the form acknowledging that you have reviewed it, document your discussion with the officer (DD-2807), and document any recommended further evaluation or treatment (DD-2808).

2. Physical Examination

- a) The officer should provide to you a DD-2808, "Report of Medical Examination." A full physical examination and diagnostic tests are NOT required unless indicated based on your individual assessment of the officer or by screening recommendations of the United States Preventive Services Task Force (USPSTF). At a minimum, please complete and record a set of vital signs that include **blood pressure, heart rate and weight/height**. Please take into consideration, the officer's age, current medical conditions, past medical history, family history, deployment history, and environmental and occupational risks when determining the extent of the physical and laboratory examination. The reasons for obtaining all laboratory or other diagnostic testing must be documented on the DD-2808.
- b) Officers should receive screening tests based on USPSTF guidance for the following conditions and for any medical conditions receiving a USPSTF A or B recommendation:
 - i. Hypertension
 - ii. Type 2 Diabetes Mellitus
 - iii. Colorectal Cancer
 - iv. HIV
 - v. Breast Cancer (women only)
 - vi. Cervical Cancer (women only)

- vii. Osteoporosis (women only)
 - viii. Abdominal Aortic Aneurysm (men only)
 - c) Document all active and significant past health conditions on form DD-2808, Questions 77-78.
 - d) Document all current treatments and follow-up plans on form DD-2808, Question 79.
3. **PHU signature:** Only providers who can practice independently are authorized to sign the PHU forms.
4. **Suggested billing codes:**
- a) If the PHU is being completed as part of a follow up of current active medical problems, use the appropriate office visit CPT codes, or
 - b) If the officer has no current active medical problems that require follow up at the time of the PHU, it can be considered as a Tricare covered annual Health Promotion & Disease Prevention (HP & DP) examination with the use of the following CPT codes:
 - i. Ages 18-39 – 99385 (New patient) 99395 (Established patient)
 - ii. Ages 40-64 – 99386 (New patient) 99396 (Established patient)
 - iii. Ages > 65 – 99387 (New patient) 99397 (Established patient)

USPSTF Recommended Screening (this list is not meant to include all screening guidance):

All Adults:

Hypertension:

- Age 18-39 with no risk factor, every 3-5 years
- Age >40 or with risk factors, annually. Risk factors include high-normal BPs, obese, and African-Americans

Type 2 Diabetes Mellitus:

- Adults 40-70 years of age who are overweight or obese, but do not have obvious symptoms of diabetes.
- Persons who have a family history of diabetes, have a history of gestational diabetes or polycystic ovarian syndrome, or are members of certain racial/ethnic groups (that is, African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders) may be at increased risk for diabetes at a younger age or at a lower body mass index. Clinicians should consider screening earlier in persons with 1 or more of these characteristics.

Colorectal Cancer:

- Begin 50 years of age, Fetal Occult Blood Testing (FOBT), Fecal immunochemical test (FIT) annually, or Sigmoidoscopy every five years, or
- Sigmoidoscopy every 10 years plus FIT annually, or
- Colonoscopy every 10 years
- In general, discontinue at 75 years of age.
- Insufficient evidence to recommend for or against CT colonography or fecal DNA testing

Human Immunodeficiency Virus (HIV):

- One time screen in adolescents and adults, age 15-65 years of age with the interval for additional testing determined by individual risk

Women only:

Breast Cancer:

- Routine biennial (every two years) screening beginning at 50 years of age with discontinuation at 75 years of age.

Cervical Cancer:

- Women 21 to 29 years of age: Every three years with cytology alone
- Women 30 to 65 years of age: Every three years with cytology alone or every five years with Human Papilloma Virus (HPV) testing alone or every five years with combined cytology and HPV testing
- Discontinue after hysterectomy with removal of the cervix for benign indications and no history of Cervical Intraepithelial Neoplasia 2 or 3 or cervical cancer; or 65 years of age with adequate prior screening (negative recommended screening over previous 10 years)

Osteoporosis:

- Begin at 65 years of age with no recommended screening interval
- Postmenopausal women younger than 65 years with increased fracture risk as determined by a formal clinical risk assessment tool

Men only:

Abdominal Aortic Aneurysm:

- One-time screening for abdominal aortic aneurysm with ultrasonography in men ages 65 to 75 years who have ever smoked