Periodic Health Update (PHU) 2024

Instructions for Healthcare Providers: Updated December 11, 2023

On January 1, 2020, the U.S. Public Health Service (USPHS) Commissioned Corps adopted new requirements for annual health updates to better protect the health of Public Health Service officers and meet mission priorities. These requirements align with the annual requirement of the military services.

1. **Medical History**

   The officer will complete a DD-2807-1, "Report of Medical History" or equivalent Department of Defense form and a PHS-7083, "Behavioral Health Survey" prior to the PHU visit and give the completed forms to you, the provider, either prior to, or at the time of the PHU visit.

   a) **DD-2807, "Report of Medical History"** – Updated medical history from last PHU only. Please review the affirmative answers, provide comments (if indicated), and sign.

   b) **PHS-7083, "Behavioral Health Survey"**

      i. This survey contains four 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 any of the screens are "positive", we ask that you address it with the officer as you professionally deem appropriate. Sign the form acknowledging that you have reviewed it, then document your discussion with the officer on the DD-2807, and any recommended evaluations or treatments on the DD-2808.

2. **Physical Examination**

   a) The officer will provide to you a DD-2808, "Report of Medical Examination." A full physical examination and diagnostic testing is 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). 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. If laboratory studies are used to monitor an officer's active medical conditions, the last set of results within the last year should be provided to the officer to be included in their PHU submission.

   - **Examples** include
     - Lipid panel
     - Thyroid function tests
     - Complete blood count
     - Viral levels and CD4 counts
     - Hemoglobin A1C level
     - Viral levels and Liver function tests

At a minimum, complete and record a set of vital signs that include **blood pressure, heart rate, and weight/height [Body Mass Index (BMI)]**.

If the officer's BMI exceeds 27.5 kg/m^2, complete (and sign) form PHS-7044-1, "Verified Weight Report" (see Page 3 instructions) to determine the officer's estimated percent body fat. This is not a requirement for officers who have a current Pregnancy Waiver. If the officer's BMI is below 19.0 kg/m^2, you must provide the officer's historical weights, if available, and a statement regarding any known medical or mental health issues contributing to the officer's low weight.

b) Based on USPSTF guidance and the officer's health history, the following screening tests should be performed, as well as other medical conditions screening receiving a USPSTF A or B recommendation:
   i. Hypertension
   ii. Prediabetes and 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 the form DD-2808, Questions 77-78.

d) Document all current treatments and follow-up plans on the form DD-2808, Question 79.

3. **PHU signature:** Only providers who can practice independently based on their state licensure or healthcare facility (e.g. Military Treatment Facility) rules are authorized to sign the PHU forms. Nurse practitioners and Physician Assistants who cannot practice independently, must have the PHU forms countersigned by their supervising provider.

4. **Suggested billing codes**:
   a) If the PHU is being completed as part of a follow up related to current active medical problems, use the appropriate office visit CPT codes, or
   b) If the officer has no active medical problems that require follow up at the time of the PHU visit, 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):

Note that most USPSTF recommendations are based on data driven by the subjects' biologic or anatomic sexes. It is recommended that if necessary, the provider discuss with the officer which recommendation

best applies to them considering their sex at birth, current anatomy, or gender identity.

1. Females and Males.

    a. Hypertension. Adults 18 years or older.

    b. Prediabetes and Type 2 Diabetes Mellitus. Women and men 35-70 years of age who are overweight or obese (BMI > 25 kg/m^2).

    c. Colorectal Cancer. Begin at 45 years of age and continue until age 75 years.

    d. Human Immunodeficiency Virus (HIV).

        (1) Screen individuals 15 to 65 years-old and older adults at increased risk. Repeat screening at intervals may be based on individual risk assessments.

        (2) Screen all pregnant persons.

    e. Hepatitis C Virus (HCV). Screen asymptomatic adults (including pregnant persons) aged 18 to 79 years without know liver disease at least once. Periodically screen persons with continued risk for HCV.

2. Females only.

    a. Breast Cancer. Routine biennial (every two years) screening beginning at 50 years of age with discontinuation at 74 years of age.

    b. Cervical Cancer.

        (1) Every three years with cytology alone for women 21 to 29 years of age.

        (2) Every three years with cytology alone, every five years with high-risk HPV testing alone, or every five years with combined cytology and high-risk HPV testing in women 30 to 65 years of age.

        (3) Discontinue after hysterectomy with removal of the cervix for benign indications and no history of cervical intraepithelial neoplasia (CIN) 2 or CIN 3 or cervical cancer; or 65 years of age with adequate prior screening (negative recommended screening over previous 10 years, with the most recent test occurring within 5 years).

    c. Osteoporosis.

        (1) Begin at 65 years of age with no recommended screening interval.

        (2) Postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.

3. Males only.

    a. Abdominal Aortic Aneurysm.

        (1) Screen once with ultrasonography in men 65 to 75 years of age if they have ever

smoked.

(2) Clinicians should selectively offer screening with ultrasonography in men aged 65 to 75 years old who have never smoked depending on individual circumstances.

Determination of Percent Body Fat by "Taping"

"Taping" is the only method accepted by the USPHS Commissioned Corps for estimating percent body fat (PBF). Results of the measurements must be entered on form PHS-7044-1, "Verified Weight Report" (https://dcp.psc.gov/ccmis/PDF_docs/PHS-7044-1.pdf) and can be performed by you or your designate (medical staff). Follow the directions below for proper taping techniques then sign the form when completed.

1. Tape Measure Specifications.

   a. Use a tape measure made of non-stretchable material, preferably fiberglass. Do not use cloth or steel tape measures. The preferred tape is one that is self-retracting, with locking capability, which can accurately measure circumference in both 1/16 inch and millimeter increments and should be 1/ 4 inch – 3/8 inch wide.
   b. The tape measure should be calibrated by comparing it with a yardstick or metal ruler, aligning the tape measure with the quarter inch markings on the ruler.

2. Measurement Guidelines.

   a. Males must be measured at the neck and abdomen, and females must be measured at the neck, waist, and hips.
   b. All measurements for men and women must be taken on the right side of the body with the tape parallel to the floor.
   c. When measuring circumferences, apply the tape measure so that it makes contact with the skin, conforms to the body surface being measured, and does not compress the underlying soft tissues.
   d. All circumference measurements must be taken two times, sequentially and recorded to the nearest 1/2 inch. If one of the two measurements differ by more than one inch, take an additional measurement and compute a mathematical average of the two closest measurements to the nearest 1/2 inch and record this value.
   e. Each set of measurements must be completed sequentially to discourage assumption of repeated measurement readings. Do not, for example, complete two neck circumferences followed by two abdomen circumferences. Continue the process until both sets of measurements have been taken (e.g., for a woman measure the neck, then the waist, then the hips, and then repeat the series of measurements: neck, waist, hips).

3. Procedures for Men.

   a. Circumference measurements for men must be taken at the neck and abdomen. Neck measurements must be taken on bare skin, at the point just below the larynx (Adam's Apple) and perpendicular to the long axis of the neck. Do not place the tape measure over the larynx. The officer should look straight ahead during measurement with shoulders down and relaxed (not hunched).
   b. The tape must be as close to horizontal as anatomically feasible (the tape line in the front of the neck should be at the same height as the tape line in the back of the neck).

c. Care should be taken so as not to involve the shoulder/neck muscles (trapezius) in the measurement.

d. Round the neck measurement up to the nearest 1/2 inch and record (e.g., round 16¼ inches to 16½ inches).

e. The abdominal measurement must be taken on bare skin, across the naval (belly button) and with the officer's arms down at the sides. If redness and lines in the skin are observed, turn the officer away for 72 hours. This is an indication that officer has attempted to alter the PBF circumference measurement.

(1) Take measurements at the end of officer's normal, relaxed exhalation. Discourage the officer from holding his breath by taking the measurement after several exhales.

(2) Round the abdominal measurement down to nearest 1/2 inch and record (e.g., round 34¾ inches to 34½ inches).

4. Procedures for Women

a. Circumference measurements for women must be taken at the neck, natural waist, and hips. Neck measurements must be taken on bare skin, at a point just below the larynx and perpendicular to the long axis of the neck.

b. The Officer should look straight ahead during measurement, with shoulders down and relaxed (not hunched).

c. Round neck measurement up to the nearest 1/2 inch and record (e.g., round 13 3/8 inches to 13½ inches).

d. Natural Waist measurements must be taken on bare skin, at point of minimal abdominal circumference, usually located about halfway between the navel and the lower end of the sternum (breastbone).

(1) When this site is not easily observed, take several measurements at probable sites and use smallest value.

(2) Ensure the tape is level and parallel to the floor and make sure the officer's arms are at her sides. Take measurements at the end of officer's normal, relaxed exhalation. Round natural waist measurement down and record to nearest ½ inch and record (e.g., round 28 5/8 inches to 28½ inches).

e. Hip measurements must be taken over the shorts only. Control-top panty hose, spandex tights, and other "shaping" garments are not allowed to be worn during measurements. The USPHS Commissioned Corps also prohibits tight-fitting rubberized foundation garments or exercise belts at least 30 minutes prior to measurement.

(1) Measure hip circumference while facing officer's right side by placing the tape around the hips so that it passes over the greatest protrusion of the gluteus muscles (buttocks) as viewed from the side.

(2) Make sure the tape is level and parallel to the floor. Apply sufficient tension on the tape to minimize effect of clothing.

(3) Round hip measurement down to nearest 1/2 inch and record (e.g., round 44 3/8 inches to 44 inches).