



# **Deployment Health Coding and Documentation**

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# Coding and Documentation

## *Objectives*



- ★ Identify coding and documentation imperative
- ★ Discuss ICD-9-CM deployment-related codes
- ★ Discuss E&M codes for post-deployment visits
- ★ Describe required forms and documentation procedures for post-deployment health care

# Coding Background



- ★ Important component of
  - Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
- ★ Transforms Gulf War Comprehensive Clinical Evaluation Program (CCEP)
  - "Gulf War Registry"
- ★ Expanded to cover
  - DD 2796 Post-Deployment Health Assessment (PDHA)
- ★ Important part of clinical medicine and electronic record-keeping

# Why Code?



- ★ If not coded...
  - Cannot be identified and tracked
  - Outcomes cannot be established
- ★ Documents beneficiary was asked and offered deployment-related care
- ★ Shows troops their concerns are taken seriously
  - Demonstrates military commitment to addressing health effects of deployment
  - Engenders trust in the military health system

# Why Code? (cont.)



- ★ Improved identification of deployment-related diagnoses
- ★ Health care tracking
- ★ Population registries
- ★ Clinical surveillance for emerging post-deployment health threats



# Two Types of Coding



## ★ ICD-9-CM Codes

- Documents diagnosis “why you did it”

## ★ Procedural Codes

- E & M = Evaluation and Management Codes
- HCPCS = Health Care Common Procedure Coding System
- CPT = Current Procedure Terminology
- Documents nature of visit “what you did”

## ★ Both codes important and required

# ICD-9-CM Codes



- ★ Standard diagnostic coding for health concerns
  - For example: 692.6 Contact dermatitis
- ★ Additional code for all deployment-related visits
  - V70.5 6 – Post-deployment health visit
  - V70.5 6 used in the primary position
- ★ Diagnosis code linked with V code
  - Electronically identifies deployment-related health concerns

# V70.5 6: *A Definition*



- ★ Visit to evaluate, clarify, educate or treat one or more patients on deployment-related health concerns
- ★ V70.5 6 does not establish or imply causality between a diagnosis and any particular deployment





# When to Use V70.5 6?



1. For every patient who responds positively to the military unique vital sign question:  
“ Is your health concern today related to a deployment?”
2. For every completed Post-Deployment Health Assessment (PDHA-DD Form 2796)

# Illness-Specific ICD-9-CM Codes



## ★ ICD-9-CM diagnostic codes

- Used in secondary coding position(s)
- Documents accompanying diseases or patient subgroups

## ★ Three types of PDH-CPG codes

- V65.5 - Asymptomatic Concerned
- Specific medical diagnosis code – same as usual care
- 799.8 - Medically Unexplained Physical Symptoms

# V65.5 Asymptomatic Concerned



- ★ Patients with no symptoms, illnesses or diseases
- ★ Patients have questions or need information
- ★ May answer “yes” or “maybe” to military-unique vital sign
  - Report ‘possible’ deployment health needs
  - May worry that information needs aren’t valid

# 799.8 Code Use



- ★ 799.8 – Ill-defined and unknown causes of morbidity
  - Used for patients with deployment-related medically unexplained physical symptoms
- ★ Only used after several visits
  - Appropriately thorough evaluations reveal no specific defined diagnosis or pathogenesis

# Specific Medical Diagnosis



- ★ Always coded in the secondary position
  - With the V70.5 6 in the primary position
- ★ Secondary position emphasizes
  - Patient perception that problem was deployment-related
- ★ Identify specific diagnostic disease code
  - Following a standard diagnostic approach
- ★ Electronic links of diagnosis and V70.5 6 provides
  - 'Registry' of deployment concerns
- ★ A change from original guideline instructions

# E & M Codes:

## *PDH-CPG*



- ★ PDH Guideline-based Primary Care Visit:
  - New Patient Visit: 99201-99205
  - Established Patient Visit: 99212-99214
- ★ Code decision is based on three components
  - History, exam, complexity of decision making
  - NOT on amount of time spent with the patient

# E & M Codes:

## *PDHA 1*



- ★ DD2796 Post-Deployment Health Assessment
- ★ Scenario 1
  - Completed by credentialed provider within 5 days of redeployment
  - May be done in-theater, at redeployment processing site, or home station
- ★ Preventive medicine counseling codes
  - 99401-99420
- ★ Code decision
  - Based on amount of time spent with patient
  - NOT on complexity of decision making

# E & M Codes:

## *PDHA 2*



### ★ PDHA Scenario 2

- Service member already completed Post-Deployment Health Assessment (DD 2796)
- BUT still has follow-on, associated deployment-related concerns

### ★ Use same codes as in MTF PDH-CPG visit

- New Patient- 99201-99205
- Coding decision based on three factors
  - History, exam, complexity of decision making
  - NOT on time spent with patient



# Where Do I Code?



## ★ In CHCS

- Use ICD-9-CM section of the ADM
  - Contact MTF CHCS technician to create customized pick list with V70.5 6 and V65.5 codes
  - Add to paper-based “super bill”
- E&M codes
  - Standard under E&M section of ADM in CHCS

# E & M Code References



- ★ ICD-9-CM and Coding Clinic
- ★ Additional references
  - Coding Clinic, 4<sup>th</sup> Quarter, page 86-87
  - Faye Brown's 2004 "ICD-9-CM Coding Handbook with Answers" in cooperation with the American Hospital Association

# Assistance With Medical Coding



- ★ Army – Patient Administration and Biostatistics Activity
  - PASBA Coding Consultant – 210-295-8936, DSN 421
  - <http://www.pasba.amedd.army.mil>
- ★ Navy Coding – Visit the websites
  - <https://bumed.med.navy.mil/pad> or
  - e-mail [codinghotline@us.med.navy.mil](mailto:codinghotline@us.med.navy.mil)
- ★ Air Force Coding
  - Consultant: 210-536-4080/4023/4123 DSN 240
- ★ UBU - DoD uniform guidance with annual updates
  - <http://tricare.osd.mil/org/pae/ubu/default.htm>
- ★ DHCC's Provider Helpline: 1-866-559-1627

# Why Document?



- ★ Documentation shows...
  - Care was provided
  - Military unique vital sign question was asked
  - Patient's concern was heard
  - Plan of care was established
  - Outcomes were established and measured



# Documentation in the MTF



- ★ Military unique vital sign
  - Placed on the SF600 – stamp or overprint
  - Documented/recorded by vital sign screener
- ★ “Yes” and “maybe” answers
  - Followed up with provider assessment
  - Documented on the SF600 in narrative form
- ★ Optional DD Form 2844 - Post Deployment Medical Assessment
  - May be used as alternate to SF600

# DD Form 2844



- ★ DD2844 - Post Deployment Medical Assessment
  - Optional but comprehensive form for documenting deployment health concerns
- ★ Patient fills out front
- ★ Self-report info reviewed by provider
- ★ Provider fills out the back
- ★ Original filed in permanent medical record
- ★ Use based on Service-specific and local MTF policy

# DD Form 2796



## ★ DD 2796 – Post-Deployment Health Assessment

- Mandatory upon redeployment
- Combined self report and credentialed provider assessment
- Completed during a face to face interview
- Original filed in permanent medical record
  - Temporarily filed in DD2766, Deployable Medical Record, pending return to home station
- Copy to AMSA for central data collection
- Can be completed electronically in MODS/MEDPROS
  - Hard copy still in medical record

# DD Form 2795



- ★ DD2796 - Post-Deployment Health Assessment is compared to
- ★ DD2795 - Pre-Deployment Health Assessment
  - Original DD2795 filed in the permanent medical record
  - Completed within 30 days pre-deployment
    - Copy filed in DD2766, Deployable Medical Record for comparison post-deployment
  - Copy to AMSA for central data collection
  - Can be completed electronically in MODS/MEDPROS
    - Hard copy still in medical record



# Army Medical Surveillance Activity



- ★ Army Medical Surveillance Activity (AMSA)
  - Building T-20, Room 213 (Attn: MCHB-TS-EDM)  
6900 Georgia Avenue, N.W.  
Washington, D.C. 20307-5001
  - **Phone:** (202) 782-0471 (DSN: 662)
  - **Fax:** (202) 782-0612 (DSN: 662)
  - **E-mail:** [amsa@amsa.army.mil](mailto:amsa@amsa.army.mil)
  
- ★ AMSA website:
  - <http://amsa.army.mil>

# DD Forms 2795 and 2796



- ★ DD2795 and DD2796 documentation
  - A record of service members' health status report before and after deployment
- ★ Both forms filed in permanent medical record
- ★ Both feed into Post-Deployment Health Clinical Practice Guideline for ongoing management of deployment-related health concerns

# SF 600 and the Military Unique Vital Sign



- ★ Military unique vital sign clinic stamp
  - Provided in the original PDH-CPG toolkits
  - Re-ordered by local MTF
- ★ Local MTFs may develop SF600 overprint
  - Question added to SF600 along with other vital signs
  - Check with your local MTF
  - Instructions available at [www.PDHealth.mil](http://www.PDHealth.mil)

# Where Do I Get These Forms?



- ★ DD 2795, DD 2796, and DD 2844 available on:
  - [www.PDHealth.mil](http://www.PDHealth.mil) under Library in Forms
  - <http://web1.whs.osd.mil/icdhome/forms.htm>
- ★ SF 600 available with local and Service Forms Library

# Conclusion



- ★ Coding and Documentation are **CRITICAL**
  - Documents quality care provided
  - Tracks deployment-related health concerns
  - Medical surveillance
  - OUR SERVICE MEMBERS DESERVE NO LESS!



# Questions, Information, Assistance



## **DoD Deployment Health Clinical Center**

**Walter Reed Army Medical Center**

**Building 2, Room 3G04**

**6900 Georgia Ave, NW**

**Washington, DC 20307-5001**

**E-mail: [pdhealth@na.amedd.army.mil](mailto:pdhealth@na.amedd.army.mil)**

**Website: [www.PDHealth.mil](http://www.PDHealth.mil)**

**202-782-6563**

**DSN:662**

**Provider Helpline**

**1-866-559-1627**

**Patient Helpline**

**1-800-796-9699**