



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

12 JUN 2003

DASG-ZH

MEMORANDUM FOR Commanders, MEDCOM RMCs/MEDCENs/MEDDACs

SUBJECT: Post Deployment Health

1. It is requested that you disseminate this information to the military treatment facilities (MTFs) in your region. At a minimum, please ensure that this information reaches the individuals that will be involved in support of the post-deployment health initiative (i.e., Deputy Commander for Clinical Services, Deputy Commander for Administration, Chief, Patient Administration Division, Medical Records Administrator, Providers, Coders, etc.). It is imperative that all demobilization sites and MTF clinics have this information readily available to them.
2. Information to be disseminated includes directions for the proper medical coding of encounters for the active duty, activated reservists or civilian personnel presenting for completion of the DD Form 2796 (Post-Deployment Health Assessment). This information will also provide scenarios for differentiating individuals who present to clinics for post-deployment related problems. All personnel must follow the coding guidance provided in the attached scenarios to ensure the complete, accurate and timely collection of data quality.

Encl
as

JAMES K. GILMAN
Colonel, MC
Acting Assistant Surgeon General
for Force Projection

CF:
Commander, MEDCOM, ATTN: MCHO-CL-P (COL Halvorson), 2050 Worth Road,
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Director, Health Policy and Services, ATTN: DASG-HS (COL Arroyo), 5109 Leesburg
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Director, Operations Division, ATTN: DASG-HCZ (COL Fred Gerber), 5111 Leesburg
Pike, Suite 401, Falls Church, VA 22041
Deployment Health Clinical Center, Walter Reed AMC, ATTN: LTC Charles Engel,
6900 Georgia Ave NW, Bldg 2, Rm 6441, Washington, DC 20307-5001



THE AMEDD LINK TO QUALITY
INFORMATION FOR EFFECTIVE MANAGEMENT

**Patient
Administration
Systems and
Biostatistics
Activity
Post-Deployment
Guidance
June 2003**



DeMob Scenario 1:

Routine Evaluation: DD Form 2796 Completed on all returning members. Individual has no major complaints.

E&M: Preventive Medicine Counseling

Time of evaluation is the basis for selecting the appropriate level of service

- **99401:** approx 15 minutes
- **99402:** approx 30 minutes
- **99403:** approx 45 minutes
- **99404:** approx 60 minutes
- **99420:** PM counseling that doesn't meet any of the above (usually less than 15 minutes)

First Listed Dx: Health exam defined population for DoD Post-Deployment eval

- **V70.5__6**

De Mob Scenario 2:

Evaluation: DD Form 2796 Completed on all returning members. Individual has complaints associated with a deployment.

E&M: Office or Other Outpatient Services

Time is not a factor in selecting the appropriate level.

Three key components (history, exam, medical decision making) are basis for selection of level of service.

- **99201:**
 - Problem focused history
 - Problem focused exam
 - Straightforward medical decision making
- **99202:**
 - Expanded problem focused history
 - Expanded problem focused exam
 - Straightforward medical decision making
- **99203:**
 - Detailed history
 - Detailed exam
 - Medical decision making of low complexity
- **99204:**
 - Comprehensive history
 - Comprehensive exam
 - Medical decision making of moderate complexity
- **99205:**
 - Comprehensive history
 - Comprehensive exam
 - Medical decision making of high complexity

First Listed Dx: V70.5__6

Second or Subsequent Dx: Reason for visit; signs/symptoms or concrete diagnoses

MTF Scenario: ANY individual reporting with complaints of problems associated with a deployment.

DD Form 2796 is not completed on family members. Service members who have already completed DD Form 2796 at previous encounter for PDH Evaluation do not require another DD Form 2796.

E&M: Office or Other Outpatient Services

Time is not a factor in selecting the appropriate level

Three key components (history, exam, medical decision making) are basis for selection of level of service

	NEW PATIENT	ESTABLISHED PT	
9 9 2 0 1	* Problem focused history * Problem focused exam * Straightforward medical decision making		
9 9 2 0 2	* Expanded problem focused history * Expanded problem focused exam * Straightforward medical decision making	* Problem focused history * Problem focused exam * Straightforward medical decision making	9 9 2 1 2
9 9 2 0 3	* Detailed history * Detailed exam * Medical decision making of low complexity	* Expanded problem focused history * Expanded problem focused exam * Medical decision making of low complexity	9 9 2 1 3
9 9 2 0 4	* Comprehensive history * Comprehensive exam * Medical decision making of moderate complexity	* Detailed history * Detailed exam * Medical decision making of moderate complexity	9 9 2 1 4
9 9 2 0 5	* Comprehensive history * Comprehensive exam * Medical decision making of high complexity	* Comprehensive history * Comprehensive exam * Medical decision making of high complexity	9 9 2 1 5

First Listed Dx: V70.5__6

Second or Subsequent Dx:

Reason for visit; signs/symptoms or concrete diagnoses as applicable



Miscellaneous Notes

- Data Analysis indicators should also include the family member prefix (FMP) when the data pull is conducted to distinguish between family members. Current Procedural Terminology (CPT) procedural codes should be applied as indicated by the provider's services recorded.
 - Assistance with Data Analysis techniques can be directed to:
Dataanalysis-help@pasba2.amedd.army.mil
 - Assistance with Medical Coding can be directed to:
Patient Administration Systems and Biostatistics Activity (PASBA)
- Army Coding Consultant
(210) 221-0471
- Or visit us at www.pasba.amedd.army.mil
(please be patient while our site is undergoing some construction)