

Preventive Health Assessment (PHA) FAQs

1. Why do we need to complete the Preventive Health Assessment?

The mission of Navy Medicine is Force Health Protection. The ability to keep Sailors and Marines healthy, medically ready, and fit to deploy is the key element of Force Health Protection. Each year, your medical treatment facility reviewed your medical record and documented any discrepancies. Although the medical records were marked, often times the member would never make it into medical. So year after year medical documented the discrepancies but often there was not a mechanism in place to ensure these discrepancies were resolved and many opportunities for prevention were missed. This has become evident recently as members geared up for deployment and needed to get the smallpox vaccine but were also delinquent for several other vaccinations, which could not be given at the same time. OPNAVINST 6120.3 establishes requirements for the Preventive Health Assessment, an annual face to face assessment for all active duty personnel which consolidates clinical preventive screening tests, immunizations, surveillance of occupational risks, medical record review, assessment of deployment readiness, and counseling that targets the individual member's risk factors and behaviors. With its emphasis on clinical preventive services, the PHA truly reinforces Navy Medicine's transition to a health care system based on prevention.

2. Is completion of the SF600 in the PRIMS system the same as a PHA?

No, the SF600 printed when a member answers the Physical Activity Risk Factor Questionnaire (PARFQ) only assesses a member's readiness to participate in physical conditioning or to take the Physical Fitness Assessment (PFA). The PHA process reviews this form but also reviews other issues such as clinical preventive services, mobilization readiness, and occupational exposures.

3. What areas are included in the Preventive Health Assessment?

The PHA assesses clinical preventive services (CPS) that are age and gender specific and evidence-based. CPS includes **screening tests** (blood pressure, body mass, colorectal cancer, cholesterol, and male and female-specific screening), **immunizations**, and **counseling**. Individualized counseling will be tailored to the member's risk factors and concerns. Members may complete a health risk appraisal (HRA) to help identify their risks. Counseling topics may include, but are not limited to, nutrition/folate, exercise, dental health, injury prevention, tobacco use, alcohol use, other substance/medication/supplement use, skin cancer, heat injury, physical or sexual abuse, stress, sexual health and family planning.

Other components of the PHA include assessment of medical readiness for deployment and review for occupational risk surveillance. Members of the health care team will also review the Physical Activity Risk Factor Questionnaire (PARFQ), assess the members' readiness to participate in physical conditioning or to take the Physical Fitness Assessment (PFA), and will sign and make a copy of the PARFQ and/or PRIMS SF600 for the member to bring back to their Command Fitness Leader.

4. Is the PHA required for line commands?

All active duty Navy and Marine Corps personnel are required to have an annual PHA whether they receive it from the shipboard medical staff or at a shore-based medical treatment facility.

5. *When are all members required to have completed their initial PHA?*

The Surgeon General of the Navy and the Assistant Commandant of the Marine Corps signed the PHA instruction in December 2001. Medical commands and clinics are in various stages of establishing their PHA processes. All members need to complete their initial PHA during calendar year 2003.

6. *Does the PHA eliminate the requirement for the five-year periodic physical exam or any other required specialty examination?*

No, the PHA does not replace or modify the requirement for the full periodic physical examination or any specialty examination required by the MANMED. However, it is possible to combine the PHA requirements at the same time a member is scheduled for their five-year physical or other prevention examination (i.e., female specific health screening).

7. *How do we document the PHA?*

- Use DD Form 2766 (Adult Preventive and Chronic Care Flow sheet) and the SF601 Immunization Record.
- Mark the date of the PHA on page 2, Section 7 (Screening Exams), subsection (1) Clinical Disease Prevention Evaluation/PHA (HEAR).
- Complete the various sections/subsections of the DD Form 2766 related to PHA requirements.
- MTFs that utilize overprinted SF600s to document preventive services must also complete the DD Form 2766.
- In addition, medical departments can document the PHA in SAMS. This documentation will enable the medical command, medical department or aid station to provide the commanding officers status updates of their personnel as per OPNAVINST 6120.3.

8. *How can we add the PHA to our SAMS Database?*

1. Start up SAMS.
2. Select "Modules" from the Index Bar.
3. Select "Master Tickler Icon" from Menu Bar.
4. Select "Physicals and Exams".
5. Select "Physical Exam Maintenance".
6. Select "Add".
7. Type "Preventive Health Assessment" and select "Save".

To run Inquiry/Print Report:

1. Select "Modules" from Index Bar.
2. Select "Master Tickler".
3. Select "Inquiry".
4. Select "Individual" or "Group Summary".
5. Select "Category-Exams".
6. Select "PHA".
7. Enter date.
8. Create report.

You can run specific reports, i.e., past due, missing records, by division/dept, etc. All report options are available for selection at the "Group Summary Screen".

9. Does a member need to complete the PHA even if they have answered “no” to all the questions on the Physical Activity Risk Factor Questionnaire (PARFQ)?

Yes, even if a member answers “no” to all the PARFQ questions, they still need to complete the PHA annually. Members of the health care team will review both the PARFQ and medical record for medical conditions that might affect the member’s ability to participate in physical conditioning.

10. How can a member be cleared for physical conditioning or a Physical Fitness Assessment (PFA) if the PHA is not yet available?

During 2003, members can still complete the PARFQ and be cleared by a medical officer if the PHA is not yet available. However, by January 2004 all members will need to be screened for physical conditioning/PFA through the PHA process.

11. If a member has answered “yes” to questions on the PARFQ or has identified risk factors for physical conditioning, who can authorize clearance to participate in command sponsored conditioning or the PFA?

Only credentialed medical providers can clear members with identified risk factors!

12. How can a member obtain PFA clearance if the Primary Care Manager (PCM) is an Air Force, Army, Coast Guard or civilian provider?

An Air Force, Army, Coast Guard or civilian provider can complete the annual PHA and clear the member for the PFA. The member will need to bring a copy of the PARFQ (and the SF-600 if the member has answered “yes” to any of the PARFQ questions) to the visit and may also want to bring a copy of OPNAVINST 6120.3 (http://nedb.nebt.daps.mil/Directives/6120_3.pdf) to assist the provider in completing the appropriate documentation on the DD Form 2766.

13. How should we code the PHA visit into CHCS?

ICD-9 code: **V70.5_2**

E&M code: **99211** (if the PHA is completed by a non-credentialed provider)

The question as to what E&M codes credentialed providers can use is being examined at this time. However, note that in order for credentialed providers to use E&M codes 99384 through 99397 (Preventive Medicine Services Exams), they must satisfy the documentation requirements for a higher-level, i.e., more complex, medical encounter. [Refer to your coding specialists for further guidance for a full description of these codes]

14. Who can I talk to if I need additional information?

Clinicians should consult their medical chain of command for questions and advice on PHA.

Additional consultants for information/guidance on the PHA, include: Environmental Health Center (NEHC): Steve Heaston at (757) 953-0962, DSN 377-0962, e-mail at heastons@nehc.med.navy.mil or HMC Christine Cardoza at (757) 953-0972, DSN 377-0962, e-mail at cardozac@nehc.med.navy.mil or CDR Sonja Pyle at the Bureau of Medicine and Surgery (BUMED), Health Promotion at (202) 762-3106, DSN 762-3106, e-mail at SMPyle@us.med.navy.mil.