BUMED NOTICE 6300

From: Chief, Bureau of Medicine and Surgery

Subj: SEPARATION HISTORY AND PHYSICAL EXAMINATIONS

Ref: (a) DoD Instruction 6040.46 of 14 April 2016
(b) CNO WASHINGTON DC 242121Z Aug 16 (NAVADMIN 187/16)
(c) NAVMED P-117
(d) DoD Instruction 1332.18 of 5 August 2014
(e) SECNAVINST 1850.4E
(f) MILPERSMAN 1910-120
(g) DoD Instruction 1332.14 of 27 January 2014
(h) ASD(HA) memo of 3 Nov 17 (NOTAL)

1. **Purpose.** To provide guidance for separation history and physical examination (SHPE) processes, to include applicability, required clinical components for completion, timing, and coding requirements for the use of new current procedural terminology (CPT) codes. The SHPE provides continuity of medical care and the evaluation of disability claims with Department of Veterans Affairs (VA).

2. **Scope.** This notice applies to all ships and stations having Medical Department personnel. It is applicable to all Navy Service members preparing for release from active duty. Per references (a) and (b), all Navy Service members, to include Reserve Component (RC) Service members, preparing for release from active duty must complete a comprehensive SHPE prior to their scheduled date of release. This also applies to Navy RC Service members in an active duty status for 180 days or more, RC members separating after 180 days or more of continuous service on active duty orders, or RC members separating with 31 days or more of continuous service on active duty orders in support of a contingency operation. Per reference (c), Manual of the Medical Department, chapter 15, article 15-20, Service members separating after serving 30 or fewer consecutive days on active duty, will utilize a different separation process.

3. **Background.** The SHPE is a complete health history and review of bodily systems as documented on DD Form 2807-1 Report of Medical History, and a physical examination as defined and documented on DD Form 2808 Report of Medical Examination.

4. **Requirements**

   a. Service members will not require a SHPE if they are separating or retiring after being found unfit for continued military service in the Disability Evaluation System (DES) process.
and have completed the examinations in that process, per references (d) and (e). Per references (d) and (e), credentialed healthcare providers must address any changes to any Service members health status and per reference (b) document the clinical diagnoses in the members treatment record. Service members transitioning from the Active Component (AC) directly to RC must be fit for full duty on the SHPE or have a medical waiver for any unfitting condition(s).

b. Medical providers must exercise appropriate caution to ensure due consideration is given for referral to the DES. Service members with conditions that interfere with the performance of duty and amount to a disability may be referred to the DES process. Service members with conditions that interfere with the performance of duty that do not amount to a disability as outlined in references (f), sections 1910-120 and 1910-122, may be eligible for administrative separation per reference (g). All administrative separations for conditions not amounting to a disability must be endorsed by a medical treatment facility’s (MTF) convening authority, who is defined in reference (c), chapter 18. Service members disqualified from special duty who have a potentially disabling condition should be considered for DES referral, particularly if a financial obligation is incurred.

c. If the Service member does not wish to file a disability claim with the VA before separation, refer to references (a) and (b) for the required medical components (lab tests, occupational health exam, other exams) of a SHPE conducted by a Department of Defense (DoD) credentialed provider. However, if the Service member files a claim with the VA before separation, the VA must provide a copy of the exam report to the appropriate DoD MTF per the 2013 VA/DoD Memorandum of Agreement. A DoD credentialed provider with visibility of the VA exam report may complete the SHPE requirements per reference (a). If no confirmation is received, the Service member will be required to complete a SHPE as previously outlined.

d. All SHPEs must be coded per reference (c), using DoD unique diagnosis code, DOD0222, “Separation/Termination/Retirement Exam: Examination performed at the end of employment and for retirement or separation” as the documented primary diagnosis. The DoD unique diagnosis code, DOD0222 will not be used for any other documentation purposes and must be accompanied by an appropriate CPT code as supported by the level of exam and documentation.

(1) A basic SHPE would use the CPT code 96160, “Patient-focused health risk screening,” to document the administrative and review process. The CPT code 96160 has replaced the use of code 99420.

(2) Only operational commands that have not had the technical refresh or have not yet been authorized by higher authority to convert to International Classification of Disease (ICD)-10-clinical modification (CM) will use the ICD-9-CM Diagnosis V-Code, V70.5_9, “Separation/
Termination/Retirement Exam: Examination performed at the end of employment and for retirement or separation” as the documented primary diagnosis. No other ICD-9-CM Diagnosis V-Code is authorized for SHPE documentation.

5. Responsibilities

a. Navy Medicine Regional Commanders must:

   (1) Ensure MTF compliance with the requirements of this notice.

   (2) Designate a point of contact for programmatic oversight and subject matter expertise to the MTFs.

b. MTF Commanding Officers, MTF Officers in Charge, and Fleet Senior Medical Department Representatives (SMDR) must:

   (1) Designate a credentialed provider as the command point of contact responsible for liaising with all command providers conducting SHPEs to ensure standardization and proper documentation within the appropriate electronic health record through the use of the DoD unique diagnosis code, DOD0222.

   (2) Operational command SMDRs capable of conducting SHPEs that have not converted to ICD-10-CM will ensure appropriate use of ICD-9-CM Diagnosis V-Code as listed in subparagraph 4d(2) of this notice.

   (3) Ensure that SHPEs conducted by DoD meet the required components and timelines per this notice and references (a) and (b).

6. Reporting

a. Reference (h) established fiscal year 2018 benchmarks for the Services. For AC Service members, MTF’s will meet or exceed 85 percent completion of separation assessments. For RC Service members, MTF’s will meet or exceed 75 percent completion of separation assessments.

b. SHPE compliance is determined quarterly by the Defense Health Agency via data query through the comparison of separations and the occurrence of a SHPE for separating Service members, as determined by the presence of a visit coded per subparagraphs 5b(1) and 5b(2) of this notice.

c. Commands that do not have a credentialed healthcare provider will utilize local MTF or local MTF Operational Forces Medical Liaison Services office to coordinate scheduling their Service members’ SHPE.
d. Service members serving in remote locations or isolated duty stations will rely on their assigned command SMDR to coordinate scheduling and validate completion of SHPE within required timeframe.

7. Records Management. Records created as a result of this notice, regardless of media and format, must be managed per the Secretary of the Navy Manual 5210.1 of January 2012.

8. Forms and Information Management Control


   (1) DD Form 2807-1 Report of Medical History

   (2) DD Form 2808 Report of Medical Examination

b. Information Management Control. The reports required in subparagraph 4b and paragraph 6 are exempt from reports control per the Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7k.

 C. FORREST FAISON III

Releaseability and distribution:
This notice is cleared for public release and is available electronically only via Navy Medicine Web site: http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx.