Quick Tips for Providers:

Toxic Exposure Medical Evaluation

Military and other uniformed service members may have had toxic exposures on active duty while deployed or in-garrison. These quick tips provide points of emphasis for the medical evaluation of conditions, illnesses, complaints or concerns thought to be related to toxic exposures.

DOCUMENT THE EXPOSURE(S), BUT DON'T FORGET TO TREAT THE PATIENT.

The toxic exposure medical evaluation should be approached no differently than a medical evaluation for any other patient complaint or concern. Providers should understand that there will be uncertainties related to exposures, possible health effects, diagnostic confidence, health management options, and prognosis. This evaluation should be documented in MHS GENESIS (MHS GEN) following the SOAP (Subjective, Objective, Assessment, Plan) note format.

SUBJECTIVE:

OVERVIEW: Exposure history may impact treatment and management of related medical conditions or problems. In addition, exposure history documented in MHS GEN may also be considered by the Department of Veterans Affairs (VA) in adjudicating disability claims.

ACTIVE-DUTY EXPOSURE HISTORY: In addition to a history of present illness for the patient's chief complaint(s) or concern(s), relevant active-duty exposure history should be documented in MHS GEN within the body of the note in the subjective section. This should include but not be limited to responses to the following questions:

- What was the exposure (suspected or known)?
- When did it occur?
- What was the duration and frequency?
- Where did it occur (geographic location, in-garrison, deployed, etc.)?
- What was the amount of the exposure (suspected or known)?
- What was exposure route (airborne, dermal, ingestion, etc.)?
- What was military occupation at time of exposure?

INDIVIDUAL LONGITUDINAL EXPOSURE RECORD (ILER): Additional exposure information is available in the ILER. MHS GENESIS has an ILER link that will produce an individualized exposure summary report for the patient being seen. Instructions on how to use this link are available on the MHS GENESIS ILER tip sheet at Individual-Longitudinal-Exposure-Data-(ILER)-Summary-in-MHS-GENESIS-Tip-Sheet.pdf. For additional questions, contact the MHS GENESIS help desk. Providers can also obtain an ILER account at https://iler.csd.disa.mil/iler. ILER must be accessed every 30 days for the account to remain active, but an ILER account is not needed to use the ILER link in MHS GENESIS.

The ILER exposure summary report generated through the MHS GENESIS link cannot be directly saved in MHS GEN as part of the encounter note. As such, relevant ILER exposure information needs to be manually documented in the encounter note. Documentation methods include cutting and pasting relevant information from the ILER summary into the body of the encounter note or creating a PDF of the summary and attaching to the encounter note. It should be noted that ILER information cannot be updated by the provider if a patient feels the ILER reporting is incorrect or incomplete.

OTHER EXPOSURE HISTORY: Identify, document and consider toxic exposures that a patient may have had when not on active duty. This includes but is not limited to those exposures related to civilian occupations, hobbies, and non-active-duty travel.

CURRENT OR PAST MEDICAL PROBLEMS: The patient's medical history should be reviewed as per routine with a focus on identifying medical problems that might be related to a toxic exposure. Examples include but are not limited to respiratory problems after an airborne exposure or skin problems after a dermal exposure.

PRESUMPTIVE PACT ACT DIAGNOSES: The patient's medical history should be reviewed as per routine with a focus on identifying medical conditions that might be a presumptive diagnosis or condition that is eligible for compensation under the PACT Act. This includes: brain cancer, gastrointestinal cancer of any type, glioblastoma, head cancer of any type, kidney cancer, lymphatic cancer of any type, lymphoma of any type, melanoma, neck cancer of any type, pancreatic cancer, reproductive cancer of any type, respiratory (breathing related) cancer of any type, asthma that was diagnosed after service, chronic bronchitis, chronic obstructive pulmonary disease (COPD), chronic rhinitis, chronic sinusitis, constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease (ILD), pleuritis, pulmonary fibrosis, and sarcoidosis.

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OBJECTIVE:

PHYSICAL EXAMINATION: A focused physical examination should be performed based on symptoms, medical history, and the characteristics of possible toxic exposure(s). If there are no specific areas of concern, a general examination should be done covering the major organ systems (i.e. cardiovascular, pulmonary, neurologic, dermatologic).

ASSESSMENT:

PRESUMPTIVE DIAGNOSES/CONDITIONS: Ensure that possible presumptive PACT Act diagnoses or conditions are clearly identified as such in the body of the note in the assessment section.

SERVICE CONNECTION: Service connection determinations are made by adjudicators at the VA. There are no requirements or guidance for DHA MHS providers to opine on service connection, however it is recommended that DHA MHS providers refrain from opining on service connection. It is acceptable to document that a patient believes a service connection exists between an exposure and a diagnosis or condition.

PLAN:

TREAT THE PATIENT: Develop or continue treatment plans as indicated for active medical problems. For newly identified medical problems, work up the problem like any new medical problem.

ANCILLARY TESTS OR IMAGING: No specific testing or imaging is required. Testing and imaging should be clinically indicated. Examples include but are not limited to pulmonary function testing or chest X-ray for respiratory problems after an airborne exposure.

DIAGNOSTIC CODES

When conducting the medical exam, it is highly recommended that providers annotate the clinical record with the following:

- Use the following International Classification of Disease (ICD) 10 code:
  - Z77.128: Exposure to environmental contaminants
- Use the following Preventive Medicine Evaluation and Management (E&M) codes as applicable:
  - 99385 Initial Comp Preventive Med 18 to 39 years New
  - 99386 Initial Comp Preventive Med 40 to 64 years New
  - 99387 Initial Comp Preventive Med 65+ years New
  - 99395 Periodic Comp Preventive Med 18 to 39 years Est
  - 99396 Periodic Comp Preventive Med 40 to 64 years Est
  - 99397 Periodic Comp Preventive Med 65+ years Est
- Any additional applicable diagnostic or symptom codes

Refer patients for specialty consultation (i.e. Pulmonologist, Allergist, Cardiologist, Dermatologist) as per routine based on clinical indications and need for specialist evaluation. For those patients with complex, difficult-to-diagnose health concerns associated with toxic exposures, consider referral to Occupational and Environmental Medicine for further evaluation and treatment recommendations.

TRAINING AND RESOURCES

- Go to https://jkodirect.jten.mil to search for and enroll in the DHA-US035 Airborne Hazards and Open Burn Pit Registry Overview training course for providers.
- Go to Health.mil/AHBurnPitRegistry to access multiple provider resources including the DoD Healthcare Provider Clinical Toolbox.
- Providers can access patient information in the Individual Longitudinal Exposure Record (ILER) at https://iler.csd.disa.mil/iler. There is also a link within MHS GENESIS that will generate a summary ILER sheet for the member.
  - Access ILER training at https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf and you can also access an ILER fact sheet at (https://health.mil/Reference-Center/Fact-Sheets/2023/07/24/ILER).
- Go to Airborne Hazards and Burn Pit Exposures - Public Health for a current list of presumptive conditions for airborne hazards and burn pit exposures.
- Go to the War Related Illness and Injury Study Center (WRIISC) at https://www.warrelatedillness.va.gov for specific topic areas and for their factsheets visit https://www.warrelatedillness.va.gov/education/factsheets.asp