

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 16.2
TITLE: CHRONIC FATIGUE SYNDROME

AUTHORITY: 38 USC 1713 and 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(g)(15)

TRICARE POLICY MANUAL: Chapter 1, Section 26.4

I. EFFECTIVE DATE

September 23, 1991

II. DESCRIPTION

Chronic fatigue syndrome (CFS) is defined as self-reported persistent or relapsing fatigue of 6 or more consecutive months. CFS is an illness characterized by prolonged, debilitating fatigue and multiple non-specific symptoms such as headaches, recurrent sore throats, muscle and joint pains and cognitive complaints. CFS is treated as a subset of prolonged fatigue. Prolonged fatigue is defined as self-reported, persistent fatigue of 1 month or longer. The presence of prolonged or chronic fatigue requires clinical evaluation to identify underlying or contributing conditions that require treatment. There is no known cure for CFS. Symptoms usually disappear within three to five years. CFS is also known in other countries as myalgic encephalomyelitis, postviral fatigue syndrome, and chronic fatigue and immune dysfunction syndrome.

Note: Some methodological problems with CFS research include inadequate sampling procedures, lack of controls, small sample size, short duration of treatment and follow-up considering the chronicity of the illness, poorly defined operational criteria, and the absence of accurate and reliable diagnostic and outcome indicators. The absence of objectivity response markers in the treatment of CFS has forced researchers to rely on highly subjective measures such as a reduction in the perception of fatigue. A great deal of controversy and speculation of the syndrome's heterogeneity, researchers argue against it being a discrete disease caused by one agent. Some researchers believe CFS represents a common set of symptoms triggered by different combinations of various infectious and noninfectious factors. Furthermore, little is known about the long-term treatment efficacy of this disorder, and there is no medical consensus regarding the treatment of CFS.

III. POLICY

A. Medically necessary benefits for otherwise covered services or diagnostic testing and supplies required to rule out other causes of protracted fatigue are covered.

B. Benefits are limited to relieving individual symptoms, such as prescribing analgesics for headache or muscle pains. In those cases where there are irregular lab findings, treatment is covered for the identified causes.

IV. EXCLUSIONS

A. Chronic fatigue syndrome (ICD-9-780.71), when listed as the sole diagnosis on the claim, is not covered.

B. The use of tests to diagnosis CFS since such tests are experimental/investigational and do not aid in diagnosis or management of CFS.

Note: Tests **should be** directed towards confirming or excluding other possible clinical conditions. Examples of such tests include: serologic tests for Epstein-Barr virus, enteroviruses, human herpesvirus 6 and Candida albicans; tests of immunologic function, (includes cell population and function studies), and imaging studies, (includes magnetic resonance imaging scans and radionuclide scans such as single-photon emission computed tomography and positron emission tomography).

END OF POLICY