

## A Summary of Chronic Fatigue Syndrome and Its Classification in the International Classification of Diseases

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This document provides a summary of the classification of Chronic Fatigue Syndrome in the International Classification of Diseases, ninth and tenth revisions, and their clinical modifications.

### **ICD-9**

The International Classification of Diseases, ninth revision (ICD-9), was published by the World Health Organization (WHO) in 1975. WHO did not make revisions to the classification between major updates, which usually occurred every ten years. The term “chronic fatigue syndrome” did not have a specific code in ICD-9 nor did the term appear in the alphabetic index of ICD-9. The only entry in the alphabetic index of the ICD-9 was “Syndrome, fatigue” and referenced code 300.5, Neurasthenia, a condition classified in Chapter V, Mental disorders.

The term “benign myalgic encephalomyelitis” appears in the alphabetic index and references code 323.9, Encephalitis of unspecified cause. The code 323.9 did not include reference to postviral syndrome. The term “postviral syndrome” was classified to code 780.7, Malaise and fatigue, in Chapter 16, Symptoms, signs and ill-defined conditions.

It should be noted that while many terms are listed in the alphabetic index, all of the terms may not appear in the tabular list of the classification. This is a standard convention of the ICD.

### **ICD-9-CM**

For morbidity data the United States uses the International Classification of Diseases, ninth revision, clinical modification (ICD-9-CM), a clinical modification of ICD-9. ICD-9-CM has been used in the United States since 1979 and has an annual update process that has been in place since 1985. The update process begins with the convening of the public forum, ICD-9-CM Coordination and Maintenance Committee. Proposals to modify the classification are presented and discussed during these public meetings. Information about future meetings of the ICD-9-CM Coordination and Maintenance Committee may be found on the NCHS website at <http://www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm>. In 1990, a recommendation to create a specific code for chronic fatigue syndrome was presented. At that time, there was no consensus about the etiology of the syndrome, which is needed to accurately classify a condition in the ICD. A new code could not be created because of this problem; however, a modification to the alphabetic index was made to direct users of the classification to code 780.7, Malaise and fatigue. This is the same code used to identify cases of postviral syndrome. This change became effective October 1, 1991.

In 1998, subcategory 780.7 was expanded to include new five-digit codes. The new codes created

included code 780.71, Chronic fatigue syndrome. The placement of this condition in this category was consistent with the WHO version of ICD-9 and with its placement within ICD-9-CM.

### **ICD-10**

WHO published ICD-10 in 1992 and included many modifications, among them relocation of some diagnoses to different chapters within the classification. WHO created a new category G93, Other disorders of brain, in Chapter VI, Diseases of the Nervous System, and created a new code G93.3, Postviral fatigue syndrome, a condition which was previously in the symptom chapter of ICD-9. WHO also moved benign myalgic encephalomyelitis to the new code G93.3. The alphabetic index contains other terms, such as chronic fatigue syndrome, that WHO considers synonymous or clinically similar.

Changes made in ICD-10 are unique to that version of the classification and not retrospectively applied to previous revisions of the ICD. Therefore, any changes in ICD-10 such as the creation of new categories or relocation of conditions from one chapter to another are not retroactively added to ICD-9 or ICD-9-CM.

### **ICD-10-CM**

In keeping with the placement in the ICD-10, chronic fatigue syndrome (and its synonymous terms) will remain at G93.3 in ICD-10-CM.

While it appears most appropriate to classify chronic fatigue syndrome in ICD-10-CM in the same way that it is classified in ICD-10, this placement is not without problems. The primary concern with the current WHO placement in ICD-10 has been that the abnormalities of the brain in chronic fatigue syndrome patients most often cited in the literature are not found in all chronic fatigue syndrome patients. While chronic fatigue syndrome may be a heterogeneous group of disorders, some but not all are neurological in nature. Likewise, not all patients have experienced a viral infection prior to being diagnosed with chronic fatigue syndrome, nor are immune system anomalies universally found. Also of potential concern is the similarity between the type of neurological findings in chronic fatigue syndrome and in depression, which is a psychiatric disorder. Involvement of multiple systems has complicated the classification of chronic fatigue syndrome.

It should be noted that issues related to reimbursement have not been a factor in deliberations regarding placement of chronic fatigue syndrome in ICD. Modifications to ICD-9-CM (the classification currently in use) and in ICD-10-CM, its intended replacement, are based on relevant clinical information and adherence to the structure and conventions of the ICD. The decision of third party payers regarding their coverage and reimbursement policies are independent of the decisions regarding modification of the classification.