

TO: Meghan Shannon

RE: Codes Used for Adjudicating chronic Fatigue Syndrome (CFS) Cases, (Per Our Telephone discussion of January 31, 1995)

Per your request, I have listed below some of the diagnostic codes which have been used by various DDSs in adjudicating CFS cases; this is merely a sampling of the more prevalent codes appearing on our data printouts. As I explained to you, these codes should not be an issue for attorneys in representing persons with CFS. Because of the various manifestations which can occur in CFS, a variety of body systems can be impacted and it is up to the adjudicator to determine the closest adjudicative code to use in making entries on the disability determination form.

In addition to the diagnostic coding, we have instructed that DDSs enter a list code of 6SS on all cases containing any allegation or diagnosis of CFS. This is further explained in the POMS section I am enclosing. This coding allows for cases to be identified and tracked if needed.

Diagnostic Codes

0430 and 2790 -- Immune Deficiencies
2480 and 2460 -- Endocrine Disorders
3400 -- Multiple Sclerosis (fatigue issues, I would expect)
2960 -- Affective Disorders
3490 -- Nervous System Disorders

Enclosure

EVALUATION OF SPECIFIC ISSUES – MULTIPLE BODY SYSTEMS

24575.005 EVALUATION OF CHRONIC FATIGUE SYNDROME (CFS)

A. BACKGROUND

Chronic Fatigue Syndrome (CFS), previously known as Chronic Epstein-Barr Virus Syndrome, and also currently called Chronic Fatigue and Immune Dysfunction Syndrome, is a systemic disorder consisting of a complex of variable signs and symptoms which may vary in duration and severity. The etiology and pathology of the disorder have not been established. Although there are no generally accepted criteria for the diagnosis of cases of CFB, an operational concept is used by the medical community. There is no specific treatment, and manifestations of the syndrome are treated symptomatically.

B. POLICY

CFS is characterized by the presence of persistent unexplained fatigue and by the chronicity of other symptoms. The most prevalent symptoms include episodes of low-grade fever, myalgias, headache, painful lymph nodes, and problems with memory and concentration. These symptoms fluctuate in frequency and severity and may be seen to continue over a period of many months. Physical examination may be within normal limits.

Individual cases must be adjudicated on the basis of the totality of evidence, including the clinical course from the onset of the illness, symptoms, signs, and laboratory findings. Consideration should be given to onset, duration, severity and residual functional capacity following the sequential evaluation process.

C. PROCEDURE

Enter listing code 688 in item 26 of the Form SSA-S31-U3 and item 34 of Forms SSA-832-U3/833-U3 whenever the case involves an allegation or diagnosis of CFS.

24575.901 EVALUATION OF DOWN SYNDROME (DS)

A. BACKGROUND

Virtually all cases of Down Syndrome (DB) affect the mental/developmental, neurological, and skeletal systems, and often other body systems such as cardiac and gastrointestinal. Most DS infants are known to have moderate to severe neuromuscular abnormalities; e.g., hypotonia, postural reaction deficit and muscle weakness. Many others have associated conditions involving the cardiac, endocrine, gastrointestinal, and other body systems. Also, as a rule, interference with linear growth, which is a good indication of the severity of an impairment due to a specific disease process, is known to manifest its onset in early infancy in a high percentage of DB children. DB exists in mosaic and non-mosaic forms.

Children with non-mosaic forms of DS are disabled from birth under section 110.06 of the listings. Non-mosaic DS, the more

You should also include a statement of your opinion about what work-related activities the person can still do despite his/her impairment. Tell us your opinions about both physical and mental functions and, to the extent possible, the reasons for your opinions, such as the clinical findings and/or your observations of the person. These opinions should reflect the person's abilities to perform work-related activities on a sustained basis, i.e., 8 hours/day and 5 days/week. Your descriptions of any functional limitations you noted throughout the time you treated the patient are very important. Examples of work-related functions include:

Physical work-related functions: Walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, and handling.

Mental work-related functions: The ability to understand, remember, and carry out simple instructions, the ability to use appropriate judgment, and the ability to respond appropriately to supervision, co-workers, and usual work situations, including changes in a routine work setting.

We can pay a reasonable amount for reports (or copies) of medical evidence requested from physicians/psychologists, hospitals, and other non-Federal providers or medical services.

EVALUATING DISABILITY FOR PERSONS WITH CFS

Our adjudication team consists of a physician or psychologist and a specially trained disability examiner working in the disability determination services (DDS) in the State in which the claimant lives. In evaluating disability for persons with CFS, the team looks at all of the available evidence, including the clinical course from the onset of the illness, and considers the impact of the illness on each affected body system.

If the team believes there is not enough information to make a decision, they may call or write you to find out if you have the needed information. If you do not, they may ask you or, in some circumstances, an independent medical source, to provide the information by performing tests or an examination for a fee paid by the DDS.

Although you may reach a diagnosis of CFS on the basis of your patient's symptomatology (after ruling out other disorders), the Social Security law requires that a disabling impairment be documented by medically acceptable clinical and laboratory findings. Statements merely recounting the symptoms of the applicant or providing only a diagnosis will not establish a medical impairment for purposes of Social Security benefits. We must have reports documenting your objective clinical and laboratory findings. Thus, it is essential that you submit all objective findings available concerning your patient's condition, even if they relate to another disorder or establish that the person has a different condition



PROVIDING MEDICAL EVIDENCE TO THE SOCIAL SECURITY ADMINISTRATION FOR INDIVIDUALS WITH CHRONIC FATIGUE SYNDROME

A GUIDE FOR HEALTH PROFESSIONALS

When an individual with Chronic Fatigue Syndrome (CFS), also known as Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS), applies for Social Security disability benefits, we must decide whether he or she is disabled under the law. We base our decision on information you provide and other evidence, including information provided by the individual. The following guidelines will help you understand the kind of information we need to evaluate claims filed by individuals with CFS.

DEFINITION OF DISABILITY

Under Social Security law, an individual is considered disabled if he or she is:

- unable to do any substantial gainful work activity because of a medical condition (or conditions), that has lasted, or can be expected to last for at least 12 months, or that is expected to result in death;
- or, in the case of an individual under the age of 18, if he or she suffers from any medically determinable physical or mental impairment of comparable severity.

The medical condition(s) must be shown to exist by means of medically acceptable clinical and laboratory findings. Under the law, **symptoms alone cannot be the basis for a finding of disability, although the effects of symptoms may be an important factor in our decision whether a person is disabled.**

If the medical evidence alone shows that a person is clearly disabled or not disabled, we decide the case on that information. Otherwise, we go on to consider other factors, such as functional capacity in light of the person's impairment(s), age, education, and work background. For a child under age 18, we generally consider the child's ability to function independently, appropriately, and effectively in an age-appropriate manner.

WHAT WE NEED FROM YOU

We need information from you that will help us to determine the **existence, severity, and duration** of the person's impairment(s).

Your report should include a thorough medical history, and all pertinent clinical and laboratory findings (both positive and negative) from your examination of the person. Copies of laboratory results should be provided if available. Also, provide the results of any mental status examination, including any psychometric testing.

Longitudinal clinical records and detailed historical notes discussing the course of the disorder, including treatment and response, are very useful for us since we are interested in the impact of the illness over a period of time. Additionally, any information you are able to provide contrasting your patient's medical condition and functional capabilities since the onset of CFS with that of his or her prior status would be helpful.

You should also include a statement of your opinion about what work-related activities the person can still do despite his /her impairment. Tell us your opinions about both physical and mental functions and, to the extent possible, the reasons for your opinions, such as the clinical findings and/or your observations of the person. These opinions should reflect the person's abilities to perform work-related activities on a sustained basis, i.e., 8 hours/day and 5 days/week. Your descriptions of any functional limitations you noted throughout the time you treated the patient are very important. Examples of work-related functions include:

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