

Pain Management Coding Alert

ICD-10: Be Aware of What R53.82 Will - and Won't - Include for Chronic Fatigue Syndrome

Remember when to stop reporting associated signs and symptoms.

Chronic fatigue syndrome (CFS) is a mysterious condition for physicians, patients, and family members alike. The symptoms of CFS can mimic other health problems, making the condition difficult to officially diagnose. Physicians must rule out other illnesses such as sleep disorders, mental health issues, or other medical problems with associated fatigue (such as anemia or hypothyroidism) before diagnosing CFS.

Once you have confirmation of a diagnosis, the correct ICD-9 code is 780.71 (Chronic fatigue syndrome). ICD-9 lists several similar conditions that are excluded from 780.71, such as unspecified debility (799.3) and fatigue due to heat (992.6), pregnancy (646.8), or neurasthenia (300.5).

ICD-10 choice: You'll continue to have a single diagnosis code for CFS in ICD-10: R53.82 (Chronic fatigue, unspecified). This will include chronic fatigue syndrome NOS, but will exclude post-viral fatigue syndrome (which you'll report with G93.3).

Category explanation: Diagnosis R53.82 will be part of the R chapter of codes that represent "Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified." The more specific category will be R50-R69 (General symptoms and signs). R codes will represent symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions that cannot be classified by a more definitive diagnosis.

According to ICD-10 guidelines, the conditions and signs or symptoms included in categories R00-R94 consist of:

- Cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
- Signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
- Provisional diagnosis in a patient who failed to return for further investigation or care
- Cases referred elsewhere for investigation or treatment before the diagnosis was made
- Cases in which a more precise diagnosis was not available for any other reason
- Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

Coding tips: Remember that signs and symptoms that are routinely associated with a disease process should not be assigned as an additional diagnosis code unless coding guidelines instruct you otherwise. You might report signs and symptoms as the diagnosis when the physician initially sees the patient because he has not reached a firm diagnosis. Once he diagnoses the condition, however, you should report that code instead of the signs/symptoms codes.