

## CHRONIC FATIGUE SYNDROME

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### I. DESCRIPTION

Chronic fatigue syndrome (CFS) is a currently popularized illness characterized by multiple symptoms, but few, if any, physical findings. CFS is characterized by debilitating fatigue, low-grade fever, migratory joint pain, muscle pain and weakness, recurrent sore throats with lymph node swelling, generalized headaches, sleep disturbances, forgetfulness, mental confusion and difficulty concentrating. There is no known cure for CFS. Symptoms usually disappear within three to five years. CFS is also known as chronic Epstein-Barr viral syndrome, chronic mononucleosis syndrome and myalgic encephalomyelitis.

There are no generally accepted standards for treatment of the syndrome as a defined entity and the treatment approaches have not consistently been shown to be efficacious. The use of magnesium sulfate, gamma globulin, Vitamins B-6, B-12 and C intramuscular injections, Calphosan, Naltrexone, homeopathic remedies or intravenous hydrogen peroxide for chronic fatigue syndrome are not approved or recognized indications for use by the Food & Drug Administration, nor are they in keeping with the generally accepted norms for medical practice in the United States. No valid scientifically controlled studies have been done establishing these pharmaceuticals as the treatment of choice.

### II. POLICY

Cost-sharing is excluded for CFS when the sole diagnosis on the claim is CFS.

### III. POLICY CONSIDERATIONS

Benefits for otherwise covered, separately diagnosed conditions should not be denied solely on the basis that they are described as CFS related, and can be cost-shared when medically necessary and appropriate treatment is rendered. Legitimate treatment for CFS is limited to relieving individual symptoms, such as prescribing analgesics for headache or muscle pains. In those cases where there are irregular lab findings, medical experts feel it is important to search for identifiable and treatable causes.

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