

PUBLIC COMMENT TEMPLATE

This is a template for a comment in support of the post-exertional malaise ICD-10-CM code.

INSTRUCTIONS FOR HOW TO SUBMIT A COMMENT:

Personalize your comment by filling in the yellow highlight.

Comments must be submitted by email to nchsicd10CM@cdc.gov .

Deadline to submit public comment is **November 15, 2023**

Resources

- Proposed [tabular modifications](#)
- A [Q&A](#) on the code

TEMPLATE

To: nchsicd10CM@cdc.gov .

Subject: Support for ICD-10-CM Proposal for R68.85, Post-Exertional Malaise

To Whom It May Concern,

I am writing **in support of the proposal of [adding a R68.85 code for “post-exertional malaise.”](#)** with inclusion terms “post-exertional symptom exacerbation,” “PEM,” and “PESE” to the ICD-10-CM, which is a key symptom of Long COVID.

I support the addition of this code because:

- **[include any you agree with / add your own]**
- **Documenting PEM/PESE will impact treatment recommendations:** If a patient experiences PEM/PESE, the [CDC](#), the [American Academy of Physical Medicine and Rehabilitation](#), and [World Physiotherapy](#), among others, caution against exercise programs that provoke the symptom. Additionally, [a recent study](#) evaluating PEM in people with Long COVID compared to ME/CFS stated that “asking about PEM in people that have lingering symptoms following COVID-19 is **essential** to mitigate progression and possible development of ME/CFS.” It is critical for providers to 1) be educated on the symptom, which a code will facilitate, and 2) have a way to document the symptom in a patient’s charts in a standardized way.
- **Including PEM/PESE in electronic health records research will result in more accurate, faster research into Long COVID and associated conditions:** Numerous Long COVID studies, including those in NIH’s RECOVER Initiative and by the CDC, are now using electronic health records to identify important sequelae of an acute SARS CoV-2 infection. PEM/PESE is virtually invisible in these studies, which is leading to incomplete phenotype analysis, subsequently leading to inadequate biomarker and therapeutic discovery. Adding a PEM/PESE ICD code will ensure that these studies are comprehensive and more accurately portray conditions that experience it.
- **Listing PEM/PESE on medical charts will support patients’ disability claims:** When Long COVID patients apply for disability insurance and accommodations, they are [often](#)

[denied](#) despite being significantly impaired. PEM/PESE is one of the most common and most disabling features of Long COVID, yet the organizations that review disability claims rely on medical charts that cannot be coded for PEM/PESE. As a result, the organizations can argue that the evidence of disability in applicants' medical charts is insufficient. A PEM/PESE code will allow medical charts to better represent patients' conditions and make it more likely that they receive the support they need.

[add any other personal experience with experiencing PEM yourself / doing research / seeing PEM in clinical practice]

[optional] I support the proposed tabular modifications with the exception of the Code First and Use Additional Code options on G93.39 and G93.31. I recommend removing these due to a lack of evidence of PEM in these conditions.

Sincerely,

[your name]

[any organization/affiliation/patient, caregiver, provider, or researcher status]