

June 7, 2022

Dear Colleague,

Long COVID is an important and emerging clinical and public health issue. Addressing long COVID will be critical to individual and community health and our collective recovery from the pandemic. More than two million people in New York City (NYC) have been reported to have COVID-19 with over 40% of them being infected in the winter Omicron wave. Local survey data suggests up to 30% of people who have had COVID-19 may experience some form of long COVID.¹

Long COVID comprises a wide range of new, returning, or ongoing symptoms people can experience four or more weeks after contracting COVID-19.² Patients with long COVID commonly present with fatigue, cognitive dysfunction (brain fog), and cardiopulmonary, gastrointestinal, and mental health symptoms. Studies demonstrate that symptoms of long COVID, like other post-viral conditions, can be far-reaching, involving multiple organ systems and exacerbating preexisting conditions. Symptoms can vary in severity, be disruptive to activities of daily living, and present without positive findings on diagnostic testing.

While there is still much to learn about optimal diagnosis and treatment of long COVID, it is critical that providers learn more about how to comprehensively assess their patients for long COVID so that they can offer treatment and connect patients to specialty care and resources. This is particularly important for patients living in communities that bear a disproportionate burden of COVID-19, compounding long-standing injustices resulting from racism and other forces that exclude and marginalize.

- Consider long COVID in your differential diagnosis if your patients report any symptoms or you observe signs consistent with long COVID.
- Facilitate a thorough diagnostic evaluation if a person has signs or symptoms suggestive of long COVID.
 - Ask about history of COVID-19 infection, vaccination, and hospitalization, regardless of whether they had symptomatic illness or a positive laboratory test.
 - Include other typical long COVID symptoms in your review of systems.
 - Refer patients who need additional diagnostic or treatment services to specialty care, including mental health services, or a post-COVID clinic <u>here</u>.
 - Assess and support your patients' resource needs that may be a direct or indirect result of having COVID-19.
 - Ask your patients about resource needs such as food, housing, insurance, or help paying for medications or public transportation.
 - Refer patients to the NYC Health and Hospitals After Care program for Long COVID:
 - Telephone: Patients can call 212-COVID19 (212-268-4319) and press 4 to speak to an AfterCare navigator, seven days a week (interpretation available in multiple languages).
 - Website: Patients can visit <u>nyc.gov/aftercare</u> to learn more about long COVID and to receive a customized list of resources.
- Determine if your patients have limitations for which they might need temporary or long-term disability accommodations and provide documentation as needed (see <u>Guidance on "Long COVID" as a Disability Under</u> the Americans with Disabilities Act).
- Avoid minimizing or dismissing symptoms and affirm your patient's experiences.
 - Like other post-viral conditions, it is not uncommon for laboratory and diagnostic testing to be within normal limits.
 - Be aware that the different ways patients convey their symptoms and clinicians interpret these symptoms can result in inadvertent diagnostic bias, which may lead to missed diagnoses and possible stigma.

- Use frequent check-ins to strengthen your therapeutic relationship, especially when definitive answers may not be available.
- Document your patients' diagnosis so that future providers will have their full history, to provide a means of documentation for patients' accommodation and disability requests, and to assist with ongoing research in understanding the phenotypes and trajectory of long COVID using electronic health records.
 - List the reason for the visit.
 - Add the specific ICD-10 codes associated with the symptoms or conditions related to long COVID (e.g., loss of smell or taste, R43.8; pulmonary embolism, I26 –; shortness of breath, R06.02).
 - Report ICD-10 code U09.9 (post-COVID condition, unspecified), as secondary to the specific condition codes.
 - See <u>ICD-10</u> and <u>CMS</u> coding guidance for more details.

The best way to prevent long COVID remains preventing COVID-19. Remind your patients of the importance of staying <u>up to date</u> with COVID-19 vaccines and of taking other prevention measures, such as wearing a high-quality mask (N95 respirators, KN95 or KF94 masks, or a well fitted surgical mask using a brace or cloth mask on top) when in indoor public places, especially during times of <u>high community transmission</u> such as now.

For more information about long COVID, visit <u>nyc.gov/health</u> and refer to these learning resources:

- <u>New York State Department of Health (NYS DOH) Consortium on Long COVID</u>
- <u>NYS DOH Medical Grand Rounds: The Use of Multidisciplinary Approaches to Long COVID Care</u>
- Long COVID or Post-COVID Conditions (Centers for Disease Control and Prevention [CDC])
- <u>COVID-19 Real-Time Learning Network</u> (Infectious Diseases Society of America and CDC)

Ensuring that all New Yorkers have access to health care when they need it is a top priority of the NYC Department of Health and Mental Hygiene. Refer your patients to get free enrollment assistance and sign up for a low- or no-cost health insurance plan. Have them 1) call 311; 2) text "CoveredNYC" ("SeguroNYC" for Spanish) to 877-877; or 3) visit <u>https://nyc.gov/getcoverednyc</u>.

Thank you for your commitment to protecting the health of New Yorkers.

Sincerely,

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References

1. NYC Department of Health and Mental Hygiene. 2021 Community Health Survey and April 2022 Health Opinion Poll, unpublished data.

2. Centers for Disease Control and Prevention. Long COVID or Post-COVID Conditions. Updated May 5, 2022. Accessed June 3, 2022. <u>www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html</u>