

Long COVID Point of Care Guide



Long COVID

Long COVID is “an infection-associated chronic condition...that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.” Symptoms generally start within 3 months after the patient gets COVID-19 and can last for weeks, months, or even years. Symptoms can range from mild to incapacitating and can change over time. Long COVID isn’t uncommon. In fact, an estimated 6% of adults in Washington—about 380,000 people—have Long COVID right now.

Evaluation

Diagnosis for Long COVID is based on clinical evaluation. Symptoms often cluster and certain clusters more commonly co-occur. Symptoms frequently overlap with other conditions, so a thorough symptom history is helpful for differentiating Long COVID. You can also consider tests such as CBC, CMP, thyroid function, B12, ferritin, or cardiopulmonary imaging, if relevant.

Most Common Symptoms

- **General:** Fatigue, post-exertional malaise
- **Neurological:** brain fog, memory problems, headache, dizziness
- **Cardiovascular:** shortness of breath, chest pain, palpitations
- **Musculoskeletal:** muscle and joint pain
- **Psychological:** sleep disturbances, anxiety, depression, mood changes
- **Gastrointestinal:** diarrhea, nausea, loss of appetite
- Loss of taste or smell

Common Symptom Groups

- **Chronic physical decline:** fatigue, dyspnea, exercise intolerance, muscle pain, and chest pain
- **Neuropsychiatric symptoms:** neurological symptoms, insomnia, anxiety, and depression
- **Upper respiratory symptoms** resembling post-acute infection, loss of taste and smell, runny nose/nasal congestion, sneezing, and cough

Diagnostic Challenges

- No definitive diagnostic test for Long COVID
- Long COVID symptoms often overlap with other conditions
- Symptoms can fluctuate
- Long COVID can exacerbate symptoms of other chronic conditions

Symptom Management

Fatigue and Post-Exertional Malaise: Educate your patient on ways to conserve energy and avoid overexertion.

Cognitive Symptoms: Recommend that your patient use memory aids and structured routines.

Respiratory Symptoms: Encourage your patient to do diaphragmatic and pursed-lip breathing exercises.

Mental Health: Screen your patient regularly for anxiety, depression and PTSD.

Sleep Disturbances: Recommend that your patient follow sleep hygiene practices like having a regular sleeping schedule and limiting caffeine. Consider CPAP therapy, if appropriate.

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Symptom Management, Continued

Cardiovascular Symptoms: Recommend that your patient monitor their heart rate and blood pressure, and that they follow a graded return to activity. If your patient has POTS, educate them on appropriate salt and fluid intake.

Referrals

Because Long COVID can affect so many systems in the body, patients may benefit from a care team with multiple specializations. Based on your patient's symptoms, consider referrals for:

- Neurology
- Pulmonology
- Cardiology
- Behavioral health
- Rehabilitation/Physical therapy

Follow Up

Schedule regular follow-up appointments so that you can reassess your patient's symptoms and adjust their symptom management plan if needed. Having your patient fill out a symptom tracker between visits can be particularly helpful for this. Let patients know that, even with Long COVID, it is safe and recommended that they be up to date with the COVID-19 vaccine.

Social Supports

Patients can self-refer into care for social supports through contacting 211 and requesting care coordination. Through 211 patients can meet with a community health worker (CHW), who does a risk assessment and helps set up "pathways" to address unmet needs for food, housing and other social services.

Long COVID is a recognized disability, and patients may need your help with documentation so that they can receive the supports they need.

Coding Guidance

The primary code used to represent Long COVID is **U09.9 (post-COVID-19 Condition, unspecified)**. This code does not describe specific symptoms or severity. Instead, it signals that a patient has persistent health issues that began after the acute phase of COVID-19 and cannot be explained by another condition (Centers for Disease Control and Prevention [CDC], 2024). Using this code supports public health monitoring and helps programs understand how often Long COVID is being identified and documented in routine practice, even though it does not serve as a definitive measure of disease burden because coding patterns differ across regions and clinical settings.

Please use U09.9 to indicate that a patient has Long COVID symptoms and other codes as indicated.