



Date: February 17, 2022

To: Oregon Health Plan (OHP) providers

From: Nathan Roberts, Traditional Programs manager
Medicaid Programs

Subject: OHP coverage of post-COVID (sometimes called “long COVID”) treatment

Effective October 22, 2021, the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) must cover all medically appropriate treatments for post-COVID conditions, including:

- Condition and treatment pairs below the funding line of [the Prioritized List of Health Services](#) and
- Other treatments that OHP would not otherwise cover (e.g., excluded services).

OHA and CCOs will determine coverage based on case-by-case review for medical appropriateness.

OHA is currently researching all fee-for-service (FFS) post-COVID claims denied on or after October 22, 2021. OHA will also update the Medicaid Management Information System (MMIS) to suspend FFS post-COVID claims for prepayment review. When this update is completed, we will let you know.

Why is this happening?

[The Centers for Medicare & Medicaid Services issued guidance October 22, 2021](#), clarifying that state Medicaid programs must cover medically necessary treatments and therapies for post-COVID conditions, sometimes called “long COVID.”

Medically necessary treatment determinations must be made on a case-by-case basis and consider the particular needs of the individual and the judgment of health care professionals.

What should you do?

First, [verify whether OHP covers the service](#).

When billing for post-COVID treatments, list ICD-10 code U09.9 (Post COVID-19 condition, unspecified) as a secondary diagnosis when the primary condition being treated arose from an earlier COVID-19 infection.

For services OHP already covers for post-COVID conditions, continue to provide treatment and bill OHP (OHA or the CCO). This includes treatments that pair above the funding line, such as treatments for covered lung, heart, or kidney disorders. These services will not require additional authorization.

For services not covered by OHP:

- **For treatments to CCO members**, contact the CCO for details about authorization and billing.
- **For treatments to members not enrolled in a CCO**, please provide treatment, but do not bill until OHA updates the MMIS to support prepayment review for all FFS post-COVID claims. OHA may request supporting documentation needed to make a medically necessary treatment determination.

Questions?

- **About COVID-19 treatment coverage for CCO members:** [Contact the CCO.](#)
- **About COVID-19 treatment coverage for members not enrolled in a CCO:** Contact the Provider Services Unit at 800-336-6016.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.