

COVID-related “Never Miss” Comorbidity Checklist

Never miss an opportunity to accurately document the patient’s story with these major comorbidities routinely found in COVID-19 patients. Below are the key, clinical terminologies that must be documented to more fully capture acuity.

Use this checklist as a quick reference for the most common major comorbidities.

Respiratory-related conditions

- Acute respiratory failure (J96.00)
- Acute on Chronic resp failure (J96.20)
- Viral Pneumonia, Other (J12.89)
- Bacterial Pneumonia with COVID (J15.9)
- Acute Respiratory Distress Syndrome (ARDS) (J80)
- _____
- _____

Sepsis-related conditions

- Specified type of Sepsis, Other (most accurate code for COVID Sepsis) (A41.89)
- Sepsis, unspecified organism (A41.9)
- Severe sepsis w/o septic shock (R65.20)
- Severe sepsis w/septic shock (R65.21)
- _____
- _____

Cardiac-related conditions

- Myocardial infarction type 2 (I21.A1)
- Cardiac demand ischemia (I24.8)
- Cardiac arrest d/t cardiac condition (I46.2)
- Cardiac arrest d/t other condition (I46.8)
- Cardiac arrest, cause unspecified (I46.9)
- Ventricular fibrillation (I49.01)
- Ventricular flutter (I49.02)
- Cardiogenic shock (R57.0)
- _____
- _____

Other conditions

- Metabolic/Septic encephalopathy (G93.41)
- Coma unspecified cause (R40.20)
- Disseminated intravascular coagulation (DIC) (D65)
- _____
- _____

About Nuance Communications, Inc.

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Top 10 reasons to capture patient acuity in COVID-19 patients

The full capture of severity of illness (SOI) and risk of mortality (ROM) has never been more important for:

1. patient screening for field hospital vs. acute/critical care bed allocation;
2. patient screening for treatment option determinations, based on comorbidities;
3. patient management, using changes in acuity to decide how to alter or add treatment;
4. patient management with experimental, compassionate-use, and other therapies;
5. patient tracking in outpatient, inpatient, and post-discharge settings;
6. patient tracking to assess care efficacy, based on acuity (and demographics);
7. ethical decision-making for any care rationing/DNR status determinations;
8. post-hoc policymaking on any future care rationing/DNR status determinations;
9. epidemiological analysis/reporting for epidemic “next steps” recommendations; and
10. clinical/public health planning for an enduring pandemic or a future resurgence.

ICD-10 coding rules for documentation

- A** All major diagnoses have to be “clinically validated,” with clinical findings or clinical criteria that support that diagnosis, the first time you put that diagnosis in the record.
- B** If you are unsure about a diagnosis, you can still list a diagnosis as a “presumptive,” “probable,” “likely,” or “suspected,” as long as you also document a presumptive treatment or work-up plan. **Exception:** Coding for COVID-19 (U07.1) actually requires a positive viral test.
- C** You can always create a “differential diagnosis” list, as long as you designate one presumptive diagnosis which will be the only diagnosis that will be coded.
- D** Include all acute, chronic, and resolved diagnoses in the discharge summary, within 24 hours of discharge since the discharge summary is a key continuity-of-care document.
- E** Final death notes need to have all acute, chronic, and resolved diagnoses to aid in detailed follow-up to assess risk/severity adjusted mortality rates.



COVID-related Top 30+ Comorbidity List

In COVID-19 high risk patient groups it is crucial to capture the full patient acuity. Below are the key clinical terminologies of the most common comorbidities that need to be documented.

Cardiac-related conditions

- Unspecified systolic (congestive) heart failure (I50.20)
- Chronic systolic (congestive) heart failure (I50.22)
- Unspecified diastolic (congestive) heart failure (I50.30)
- Chronic diastolic (congestive) heart failure (I50.32)
- Unspecified combined systolic (congestive) and diastolic (congestive) heart failure (I50.40)
- Chronic combined systolic (congestive) and diastolic (congestive) heart failure (I50.42)
- Acute systolic (congestive) heart failure (I50.21)
- Acute on chronic systolic (congestive) heart failure (I50.23)
- Acute diastolic (congestive) heart failure (I50.31)
- Acute on chronic diastolic (congestive) heart failure (I50.33)
- Acute combined systolic (congestive) and diastolic (congestive) heart failure (I50.41)
- Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure (I50.43)
- _____
- _____

Diabetes-related conditions

(DM Type 1 = E10, Type 2 = E11, Drug/chemical = E9, Due to underlying condition = E8, Other specified = E13)

- Diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) (E9.00, E11.00, E13.00)
- Diabetes mellitus with hyperosmolarity with coma (E9.01, E11.01, E13.01)
- Diabetes mellitus with ketoacidosis without coma (E9.10, E10.10, E11.10, E13.10)
- Diabetes mellitus with ketoacidosis with coma (E8.11, E9.11, E10.11, E11.11, E13.11)
- Diabetes mellitus with hypoglycemia with coma (E8.641, E9.641, E10.641, E11.641, E13.641)
- _____
- _____

COVID-related Top 30+ Comorbidity List, continued

Chronic Lung Disease/Asthma conditions

- COPD with Acute Lower Respiratory Infection (J44)
- COPD with exacerbation (J44.1)
- Asthma with exacerbation (J45.901)
- Asthma with status asthmaticus (J45.902)
- _____
- _____

Immunocompromised-related conditions

- AIDS (HIV disease with a specific past or present AIDS defining condition) (B20)
- Various leukemias (specify type) (C90-C95)
- Various Immunodeficiency syndromes (specify type) (D80-D84)
- Antineoplastic chemotherapy induced pancytopenia (D61.810)
- Other drug-induced pancytopenia (D61.811)
- Other specified aplastic anemias and other bone marrow failure syndromes (D61.89)
- _____
- _____

Elderly/Homeless/Disability-related conditions

- Functional quadriplegia (permanently bedridden, due to 4-limb atrophy or contractures) (R53.2)
- Spastic quadriplegic cerebral palsy (G80)
- Quadriplegia, unspecified (G82.50)
- Quadriplegia, C1-C4 complete (G82.51) / incomplete (G82.52)
- Quadriplegia, C5-C7 complete (G82.53) / incomplete (G82.54)
- Malnutrition (unspecified severity) (E46) – seek dietician consultation for severity
- Mild Protein-Calorie malnutrition (E44) / Moderate (E44.1) / Severe (E43)
- _____
- _____