

Heart Failure Classifications & Advanced HF Indicators

WHY THIS IS IMPORTANT

Accurate heart failure (HF) documentation drives:

- Correct code assignment and DRG capture
- Severity of illness (SOI) and risk of mortality (ROM)
- Support for medical necessity and denial prevention

Clinicians may describe heart failure using **NYHA functional class, ACC/AHA stage, or clinical descriptors of advanced HF**. CDI and Coding Specialists should recognize these terms and ensure they are clearly documented, clinically supported, and correctly reflected in coding.

Heart Failure Classification Systems Describes functional limitation related to symptoms:	
Class I	No limitation of physical activity
Class II	Slight limitation of physical activity
Class III	Marked limitation of physical activity
Class IV	Symptoms occur at rest or with any physical activity
CDI OPPORTUNITY	SNYHA class strengthens severity and should be explicitly documented by the provider when supported.

Source: New York Heart Association (NYHA) Functional Classification

ACC/AHA Heart Failure Staging Describes disease progression and structural involvement:	
Stage A	High risk for HF; no structural heart disease or symptoms
Stage B	Structural heart disease, no symptoms
Stage C	Structural heart disease with current or prior symptoms
Stage D	Refractory HF requiring specialized interventions
CDI OPPORTUNITY	Stages C and D indicate symptomatic HF and higher acuity. Stage D is often associated with and codes to end-stage HF.

Advanced Heart Failure: "I NEED HELP" Criteria
Clinical manifestations suggesting advanced or severe HF may be remembered using the "I NEED HELP" mnemonic:

I- INOTROPE THERAPY	Ongoing or required during hospitalization
N- NYHA CLASS III OR IV SYMPTOMS	OR severely elevated natriuretic peptide levels
E- END-ORGAN DYSFUNCTION	(Renal or hepatic dysfunction)
E- EJECTION FRACTION < 20%	Ejection fraction < 20%
D-DEFIBRILLATOR SHOCKS	For ventricular tachycardia or fibrillation
H - HOSPITALIZATION	More than one HF admission in the past 12 months
E - EDEMA	Or escalating diuretic requirements
L - LOW BLOOD PRESSURE	Systolic BP < 100 mmHg
P - PROGNOSTIC MEDICATION INTOLERANCE	Inability to escalate or need to discontinue HF guideline-directed therapy
CDI OPPORTUNITY	<p>Presence of multiple criteria should prompt:</p> <ul style="list-style-type: none"> • Clarification of HF severity (advanced, refractory, end-stage) • Review for Stage D HF • Consideration of physician advisor involvement

DOCUMENTATION & CODING TIPS- WATCH FOR THESE RED FLAGS

- NYHA class noted in cardiology consults but **missing from discharge summary**
- EF values documented without **HF type or severity**
- Recurrent admissions without clarification of **advanced HF**
- Escalating diuretic use or inotropes without HF acuity specified

PROVIDER EDUCATION TIPS- ENCOURAGE PROVIDERS TO DOCUMENT:

- **NYHA CLASS**
- **ACC/AHA HF STAGE**
- **HF ACUITY (ACUTE, CHRONIC, ACUTE ON CHRONIC)**
- **CLINICAL INDICATORS SUPPORTING ADVANCED HF**
- **RESPONSE TO THERAPY**

WHEN TO QUERY- CONSIDER A CLINICAL CLARIFICATION QUERY WHEN DOCUMENTATION SUPPORTS:

- NYHA CLASS III OR IV
- ACC/AHA STAGE C OR D
- ADVANCED, REFRACTORY, OR END-STAGE HF
- ACUTE ON CHRONIC HF WITH ADVANCED CLINICAL INDICATORS