2025 CDI SALARY SURVEY

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CDI salaries increase, budgets remain intact

Last year's ACDIS CDI Salary Survey detailed notable gains for CDI professionals in the industry. This year, CDI specialists and their colleagues continued to increase financial gains and ward off unwanted budgetary restrictions.

As *noted last year*, though many hospitals are struggling due to higher denials and reduced reimbursement, CDI departments have faced fewer and fewer budgetary restrictions in the years since the COVID-19 pandemic. This, on top of increasing salaries, suggests that organizations continue to recognize the critical importance of CDI departments as far as fiscal, clinical, and quality concerns go.

This year, 842 CDI professionals responded to the Salary Survey. Although this report will not discuss every survey question in detail, it will highlight some of the most interesting data points. All of the findings can be viewed in the tables beginning available to download by *clicking here*.

Salary growth and career opportunities

In terms of CDI job titles, this year's survey garnered fewer responses from CDI specialists (individuals whose primary roles are record reviews) than last year. In 2024, 34.71% of survey respondents identified as CDI specialists; however, this year, that number decreased to 29.92%—a drop of almost five percentage points. The shifts in responses for other CDI titles show overall increased job title diversification in the profession.

In 2024, the CDI job titles with the highest number of respondents were CDI specialists (34.71%), followed by CDI managers (21.13%), CDI directors (14.64%), and CDI team leads/CDI educators (tied with 5.08% each). In 2025, these titles largely remained in the top positions, with CDI specialists occupying the highest percentage, followed by CDI managers (21.76%), CDI directors (13.99%), and CDI supervisors (6.35%). (See Figure 2.)

As far as CDI salaries are concerned, the majority of CDI specialists (66.23%) found themselves in the $80,000–$109,999 brackets, an increase of seven percentage points from last year's figure. In 2024, 31.29% of CDI specialists were in the brackets of $89,999 and below; however, this year, this number shifted down to 25.98%. This was a further improvement from 2023, when nearly half of CDI specialists (47.36%) found themselves in those salary brackets. (See Figure 3.)

Overall, these developments suggest that CDI specialists earned higher levels of compensation this year.

In terms of CDI manager compensation, 67.26% of managers landed salaries between $100,000 and $139,999, with the highest percentage (19.64%) in the $120,000–$129,999 bracket. This extends last year's previous positive financial trend for CDI managers, when 73.20% found themselves earning at least $110,000.

For CDI supervisors, the vast majority (73.46%) found themselves in the $80,000–$119,999 brackets; moreover, the most populated bracket for supervisors was $110,000–$119,999 (36.73%). By comparison, last year, 77.14% of CDI supervisors were in the $80,000–$119,999 salary brackets; however, CDI supervisors did not lose compensation gains as the above statistic suggests. In 2024, 22.86% of CDI supervisors made $120,000 or more; however, in 2025, that number increased to 26.52%, suggesting that supervisors have increased in overall compensation this year.

For CDI director compensation, last year, 76.61% of directors made $140,000 and above; in 2025, this percentage increased to 83.34%, indexing a remarkable financial year for CDI directors.

Respondents were also asked to indicate which roles they had in their CDI department, a question introduced in the 2024 survey. This data will ideally help CDI professionals understand their potential career growth opportunities and help CDI leaders understand what roles may be becoming standard within departments nationwide.

The most common role was, unsurprisingly, CDI specialist (74.61%), followed by CDI second-level reviewer (44.04%), CDI lead (37.69%), CDI manager (32.90%), and CDI auditor (30.83%). Selected "other" responses included mortality reviewer, CDI assistant director, compliance specialist, physician consultant, risk adjustment coders, and clinical validation auditor. (See Figure 4.)

For reference, last year, the most common roles cited were CDI specialist (73.20%), followed by CDI manager (39.67%), CDI director (32.47%), CDI educator (30.22%), CDI second-level reviewer (27.51%), CDI lead (23.73%), and physician advisor (20.54%).

Professional backgrounds and certifications

In 2024, as in 2023, the most popular degrees and credentials were the Registered Nurse (RN) at 69.66%, the Certified Clinical Documentation Specialist (CCDS) at 64.58%, the Certified Coding Specialist (CCS) at 14.88%, and the Certified Documentation Improvement Practitioner (CDIP) at 10.15%.

In 2025, these responses varied slightly but retained their overall character. The most populated degrees and credentials in 2025 were the CCDS (67.10%), followed by the Bachelor of Nursing (BSN) (55.44%), the RN (50.00%), and the CCS (15.03%). Other notable responses included the Certified Documentation Improvement Practitioner (CDIP) (11.14%) and the Master of Nursing (MSN) (14.51%). (See Figure 5.)

(Note that previous surveys asked purely about credentials and thus did not include BSN or MSN as response options as they are technically degrees. They were added to the list and the question reworded slightly in 2025 as a result of member feedback.)

In terms of compensation, certain degrees and credentials fared very well this year: 65.19% of BSN respondents, 63.73% of RNs, and 56.95% of CCDS holders were in the $80,000–$129,999 brackets. It is also worth noting that those possessing the CCS certification fell into two financial pockets: 25.86% of CCS holders were in the $100,000–$119,999 brackets, and 32.76% were in the $160,000–$200,000+ brackets. (See Figure 6.)

By contrast, in 2024, 41.70% of RN respondents fell into the $80,000–$109,999 brackets and 53.22% fell into brackets of $110,000 or more; 32.72% of CCDS holders fell into the $80,000–$109,999 brackets and 63.44% fell into higher brackets. Similarly, in 2024, 76.74% of CDIP holders in 2024 landed in brackets of $110,000 or more.

This year, those coming from a health information management (HIM) background—i.e., respondents holding a Registered Health Information Administrator (RHIA) or Registered Health Information Technician (RHIT) credential—also saw some marked salary improvements.

In 2024, 20.00% of RHIA holders and 40.00% of RHIT holders fell into the $80,000–$109,999 brackets, and 74.00% of RHIA holders and 36.00% of RHIT holders fell into brackets above that range. On the lower end of the salary spectrum, however, RHIT holders were most likely to fall into brackets below $80,000 (20.00%), followed by RHIA holders (6%) and RN holders (4.41%).

However, this year, nearly half of all RHIA holders (47.73%) found themselves in the $80,000–$119,999 salary brackets, with the remainder dispersed among the $120,000–$200,000+ brackets. Similarly, 42.11%

COMMENTS FROM THE FIELD

- **I retired from a supervisor position and have been working part time since.**
- **Our staff was pulled from the CDI team to another area without a replacement, which has caused an increase in daily metric expectations.**
- **When I transferred from inpatient bedside to CDI, I took a 10% pay cut.**
- **We moved directly under a bigger department, so we are expecting less budget cuts!**
- **The CDI department did not get the hour rate adjustment that the rest of the nurses working in the hospital received: The explanation they gave us was that we don't do patient care.**
- **We need to be paid more. A lot of my colleagues have either considered, or are considering, a second job just to pay the bills. No one with our level of education and training should ever have to contemplate that just to make ends meet.**
- **Our CDI nurses are $10–$20/hour lower than bedside colleagues in the same area/facility.**
- **We are required to go into the hospital two times a year for meetings.**
- **While I feel I make enough for a single person, the current economic situation does make me wonder about the future family I may have.**
- **We did not receive a cost-of-living increase. I am currently unable to live independently and support a family on an RN CDI salary.**
- **I have worked for the same company for 35 years and have been in CDI for seven years. At first, I took a pay cut, but then they did a**

of those possessing the RHIT credential were located in the $80,000–$119,999 salary brackets, with most holders (52.64%) in salary ranges of $120,000 or more.

In terms of highest-paying degrees and certifications—i.e., those falling in the $200,000+ bracket—the top four in 2025 were Doctor of Medicine (46.88%), followed by the Accredited Case Manager (ACM) at 25.00%, the Certified Professional in Healthcare Quality (CPHQ) at 23.08%, and the Master of Business Administration (MBA) (20.75%).

These figures were a slight alteration from last year's findings: In 2024, the top-paying degrees/certifications were the Fellow of American College of Healthcare Executives (FACHE) (100%), CPHQ (44.44%), MD (44.12%), and the Master of Healthcare Administration (MHA) (31.25%).

In terms of top-paying degrees and credentials for CDI specialists only, MD, MBA, CCS, and CCDS ranked the highest. This year, 50% of CDI specialists possessing an MD credential were in the $160,000–$200,000+ brackets; 28.58% of specialists possessing an MBA were in the $150,000–$199,999 brackets; 15.78% of specialists possessing a CCS credential were in the $150,000–$200,000+ brackets; and 10.61% of specialists with a CCDS credential found themselves in the $140,000–$199,999 brackets. (See Figure 7.)

As far as reporting structure is concerned, the most popular categories respondents selected were revenue cycle/integrity (38.24%), followed by HIM/coding (16.16%), finance (13.27%), and quality (12.75%). (See Figure 8.) These results mirror those of last year, though it's clear there is an industrywide trend toward placing CDI departments underneath revenue integrity.

Education, experience level

In 2025, as in 2024, the most popular education level attained among all respondents was the bachelor's degree (46.63%), followed by the master's degree at 26.42%, some graduate work at 7.51%, and the doctorate at 5.83%. By contrast, last year, the bachelor's degree stood at 45.81% and the associate's degree was the third most popular education level (13.22%). (See Figure 9.)

For CDI specialists only, the most popular education level by far was the bachelor's degree (55.41%), followed by the master's degree (18.61%), the associate's degree (11.69%), and some graduate work (7.36%). While these figures did not differ dramatically from last year's, they were still different in some notable respects.

Last year, the percentage of CDI specialists who selected bachelor's degree was 52.72%, followed by the associate's degree (22.11%), the master's (13.61%), and the doctorate (3.06%). As one can note, this year, the bachelor's degree remained the most popular response, but the master's degree increased somewhat in popularity while the associate's degree dramatically fell by over 10 percentage points.

For CDI managers, the most popular education level was the bachelor's degree (42.86%), followed by the master's degree at 30.95%, some graduate work at 10.71%, and the associate's degree at 7.14%. Compared to last year, the number of CDI managers with their master's degree went down by approximately two percentage points, while the number of managers with their associate's degree decreased by over three.

job value assessment, and I got a large raise to catch up with the market.

- **Wages have stagnated and cost of living has increased exponentially.**
- **We are working far less than in other places and we do far more than many. We all work 50–60 hours a week without compensation.**
- **Our organization already told us we have one of the highest salaries in the organization and it is, therefore, unlikely that we would get a raise.**
- **CDI professionals are grossly underpaid for their knowledge and skills.**
- **California is expensive, and I've worked at several hospitals, but the CDI pay is still low versus the cost of living.**
- **There is an annual opportunity for an incentive bonus if all three of our departments meet/exceed annual targets/metrics (financial targets, quality metrics, denial prevention, etc.). We usually exceed our goals and have received the mid-December bonus for the past several years.**
- **Salary has not kept pace with the cost of living.**
- **We received annual merit-based bonuses.**
- **Managers and above also receive a bonus at the end of the year, usually around 10% of our salary.**
- **We really appreciate having this report as a transparent way to view the CDI salaries across the board.**
- **We have noticed a $20 or more difference in union RN pay.**
- **Wage disparity between floor RN and CDI increased drastically during/after COVID. CDI has not caught up and is way behind.**

Last year, among CDI directors, 41.94% held a master's degree, followed by 34.68% who held a bachelor's degree; this year, however, both degrees increased in popularity. In 2025, 45.37% of CDI directors held a master's degree, followed by 36.11% who held a bachelor's degree—increases of approximately 3.5 and 1.5 percentage points, respectively. The doctorate declined in popularity from 5.65% last year to 4.63% this year.

As far as compensation and education levels are concerned, the associate's degree saw a significant financial bump from last year's figures. Last year, 58.92% of those possessing an associate's degree landed in the $80,000–$109,999 salary brackets; however, this year, only 45.33% of those with an associate's degree found themselves in these brackets, with 38.67% finding themselves in the $100,000–$119,999 salary brackets. (See Figure 10.)

Salaries continued to improve for those possessing their bachelor's degree: Last year, 50.77% of those holding a bachelor's degree landed in the $90,000–$119,999 brackets; however, this year, that number increased to 51.39%. Furthermore, a full 34.44% of bachelor's degree respondents were distributed relatively evenly throughout the $120,000–$199,999 salary brackets.

The vast majority of respondents possessing their master's found themselves in the $90,000–$149,999 salary brackets (61.26%), with nearly 30% in the $160,000–$200,000+ brackets (29.9%). In terms of those with their doctorate, the majority (51.11%) found themselves in the $150,000–$200,000+ salary brackets.

This year, as in last year, the most popular response for years of experience in the CDI field was 11–15 years (28.10%), followed by 6–8 years at 19.53% and 3–5 years at 15.44%. These categories and their order remained the same as they were in the year prior. (See Figure 11.)

In terms of length of time at their current position, most respondents selected 0–2 years (37.15%), followed by 3–5 years (28.73%) and 6–8 years (16.30%). These figures were consistent with last year's data.

This year, for CDI specialists only, 26.55% noted having been in the profession for 3–5 years, followed by 0–2 years at 22.12% and 6–8 years at 16.81%. Last year, most reported being in the profession for 11–15 years (23.61%), followed by 6–8 years (18.40%) and 3–5 years (17.92%).

Moreover, according to the data, most CDI professionals have chosen to stay at their current organization for more than 20 years (22.21%). The next most populated answers were 0–2 years (17.66%) and 3–5 years (15.72%). Last year, these figures were 21.17%, 17.62%, and 16.48%, respectively.

Raises and reductions

According to this year's data, the vast majority of CDI professionals received a raise this year (83.84%), up slightly from last year (80.10%). (See Figure 12.)

This year, as in 2024, the most popular raise percentages were 3% (43.55%), followed by 2% (19.97%), 4% (13.99%), and 5% (6.29%). (See Figure 13.)

Among those who received a raise outside of the last 12 months, 43.09% of respondents received one within 13–18 months, followed by 2–3 years (21.95%) and 19–23 months (11.38%). These numbers were

- **Our organization has the CDI educator at a lower tier than the other nurse educators, resulting in a lower salary range. I was offered a CDI educator position, and the offer was for <$3/hour more than a CDI specialist.**
- **The expectation in my organization is that we maintain all memberships and credentials, including CEUs, without compensation. This is an expense many on my team cannot afford to maintain.**
- **Times are tough for healthcare organizations, and our organization's margins are better than most.**
- **My facility does not reimburse for the required certification or for CEUs.**
- **One of our biggest challenges is providing adequate benefit coverage for out-of-state employees. They often pay higher premiums because their insurance option is an insurance company that notoriously charges more.**
- **We had three market adjustments last year when we started to lose people to a competitor. It is important to advocate for your team.**

quite different than last year's. In 2024, the most popular brackets selected were 13–18 months ago (33.18%), followed by other (24.88%) and 2–3 years ago (15.67%). (See Figure 14.)

For respondents receiving a raise outside the 12-month time frame, the most popular raise percentages were 3% (31.71%), followed by 2% (30.89%) and 1% or less (16.26%). (See Figure 15.)

In terms of the reason for the raise, the majority of respondents selected performance-based (51.73%), followed by cost-of-living increase (34.59%), other (13.21%), and promotion to a higher title (12.58%). Selected "other" responses included annual raises, blanket raises for all staff, change in title/role, and union contract. (See Figure 16.) Most notably, the percentage of respondents citing performance-based raises was nearly seven percentage points higher than in 2024 (44.93%).

The percentage of respondents who received a promotion in the last 12 months (18.00%) remained almost exactly the same as it was last year. (See Figure 17.) Moreover, 8.54% of respondents noted that they made a lateral move to a new position in the last 12 months, a figure virtually indiscernible from last year's (8.56%). (See Figure 18.)

Last year, the 2024 Salary Survey included a new question about the non-salary benefits offered to employees. In that survey, the most commonly reported benefit was health coverage (85.84%), followed by retirement plan match (73.38%), tuition reimbursement (65.45%), certification reimbursement (56.17%), and membership to professional organizations (47.01%).

In 2025, the order of these categories did not change, and their percentages did not vary much. This year, the most popular non-salary benefits offered to CDI staff were health coverage (88.06%), followed by retirement plan match (77.59%), tuition reimbursement (68.30%), certification reimbursement (56.90%), and membership to professional organizations (52.65%). (See Figure 19.)

Positively, the number of CDI departments who haven't experienced any reductions in hours, salary, or benefits increased from 68.99% last year to 69.36% this year. However, the number of departments who experienced reductions in the travel budget increased from 12.33% to 12.60%, while those cutting back on meals/entertainment increased from 7.81% to 8.62%. (See Figure 20.)

These figures suggest that CDI departments continue to be valued among the C-suite despite increasing financial overhead, administrative costs, and denials.

In terms of CDI professional salary satisfaction, this year saw a notable improvement, with nearly half of respondents saying their salary has kept pace with the cost of living (47.31%). This figure was approximately 5.5 percentage points higher than last year's. (See Figure 21.)

(Figures 22 and 23 cover hours worked per week and overtime compensation, neither of which changed notably since 2024's survey.)

Organization size and type

According to this year's data, the vast majority of CDI professionals (76.17%) worked at some type of healthcare system, a trend continued from the year prior. The second most populated response, as in prior years, was the stand-alone acute care hospital (8.94%). (See Figure 24.)

In terms of facility beds, the most popular response was 1,001 or more beds (12.31%), 201–300 beds (11.40%), and 301–400 beds (11.14%). For the number of beds systemwide, the most populated response was 3,001 or more beds (26.30%), followed by 1,001–1,500 beds (10.36%). (See Figures 25 and 26.)

These numbers were a moderate departure from last year's: In 2024, the highest number of respondents stated their facility had 101–600 beds (45.33%), followed by those whose facility had 1,001 or more beds (12.51%). This year, however, the number of respondents who selected somewhere between 101 and 600 beds was 49.23%, an increase of approximately four percentage points.

Moreover, the number of respondents who worked in a system with 1,001–2,000 beds was 19.82%, an increase of approximately 1.5 percentage points when compared with last year's data (18.41%). As with last year, respondents who selected below 1,000 beds were relatively evenly distributed among each category (approximately 3.5% per 100 beds); the only exception was 500 or fewer beds, which stood at 9.33%.

For site reviews, the clear majority of respondents said they reviewed records across multiple sites (66.84%) as opposed to a single site (28.24%). This was a continuation of last year's trend, when 63.52% of respondents noted that they reviewed records at multiple sites. (See Figure 27.)

In terms of settings/service lines reviewed, the most popular responses were inpatient short-term acute care (83.94%), inpatient surgery (73.19%), oncology (56.74%), and trauma (52.07%). These figures differed only marginally from last year's; however, it is interesting to note that pediatrics increased by approximately three percentage points from 29.96% to 33.16%. (See Figure 28.)

According to this year's compensation data, 46.37% of those working in a stand-alone acute care hospital made $90,000–$119,999 (there was another noteworthy pocket of 15.94% at $160,000–$199,999, as well). Last year, only 23.26% of respondents working at acute care hospitals noted salaries of $90,000–$119,999. (See Figure 29.)

Moreover, and unsurprisingly, respondents working in a health system with multiple sites noted higher salaries than their counterparts at stand-alone hospitals: 42.86% of those working in a healthcare system with multiple sites found themselves making $100,000–$129,999.

(Note that this year, there was no data from respondents working in home health, long-term acute care, or skilled nursing facilities.)

On the whole, respondents in working in facilities with larger numbers of beds tended to have higher salaries. For instance, in the $80,000–$119,999 salary brackets, respondents from stand-alone hospitals selecting 201–300 beds, 301–400 beds, and 401–500 beds had percentages of 68.18%, 51.16%, and 49.27% respectively; by contrast, respondents with 801–900 beds, 901–1,000 beds, and 1,001+ beds had percentages of 60.00%, 76.19%, and 61.06%—all in the $120,000–$200,000+ salary brackets. (See Figures 30 and 31).

Remote work

In terms of remote work, 36.79% of respondents said they worked 100% remotely but reviewed for an organization inside their state of residence. This figure was followed by those who said they worked 100% remotely and reviewed for an organization outside their state of residence (17.21%) and those who worked partially remotely but worked a set number of days per week on-site (14.19%). (See Figure 32.)

Overall, the 2025 figures did not differ significantly from 2024's data. The number of out-of-state remote workers increased by approximately 3.5 percentage points this year, and the number of partially remote workers with a set number of days on-site decreased by approximately three percentage points. Additionally, CDI professionals working 100% remote increased from 57.77% last year to 63.07% this year.

In terms of a compensation breakdown for remote and on-site professionals, those working remotely out-of-state tended to fare better than those working in-state. For example, while 12.98% of remote out-of-state professionals found themselves in the $160,000–$199,999 salary bracket, only 6.07% of in-state workers were in that same category. As far as remote versus on-site working is concerned, on-site workers fared the best financially, with 29.63% earning salaries of $160,000–$200,000+. In the same salary brackets, the next best-faring work arrangements were partially remote with a set number of days per week on-site (25%) and 100% on-site (23.71%). (See Figure 33.)

For CDI specialists only, across all work arrangements, the vast majority found themselves making $80,000–$109,999. (See Figure 34.)

Most CDI professionals reviewing records at single sites or multiple sites noted that they worked 100% remotely but reviewed for an organization inside the state of residence: These figures stood at 36.57% and 37.28%, respectively. While the numbers for CDI professionals working 100% remote out-of-state didn't vary greatly between single-site versus multiple-site reviewers (16.67% versus 18.34%), the figures varied greatly for those who reviewed both in-state and out-of-state records (1.85% versus 11.44%). (See Figure 35.)

Program staffing

In terms of the number of CDI staff at facilities, the most popular response was 0–5 staff members to a department (19.82%), followed by 6–10 (17.75%) and 16–20 (10.62%). (See Figure 36.)

In some respects, these numbers were similar to last year's, though they differed in notable ways. In 2024, 21.49% of respondents said they had 0–5 members working in their department, followed by those who had 6–10 members (15.58%) or 11–15 members (13.34%). Note that the category of 16–20 CDI staff surpassed 11–15 members for third place this year.

The most drastic changes can be seen in terms of staffing at healthcare systems, however: Last year, 21.95% of respondents had 6–20 staff members, followed by those with 21–35 staff members (20.54%) and those with more than 100 staff members (10.04%). In 2025, the most populated category was greater than 100 (10.88%), followed by 21–25 (8.16%). Tied for third place were 16–20 and 31–35 staff (7.25% each).

In 2024, the Salary Survey included a new question about the number of discharges that respondents' organizations see annually. According to this year's results, most respondents' organizations saw more than 10,000 annual discharges (36.53%), followed by 8,001–10,000 (2.98%) and 2,001–4,000 (2.59%). (See Figure 37.)

Last year, most respondents' organizations saw more than 10,000 discharges annually, followed distantly by 2.24% who reported their organization saw 2,001–4,000 annual discharges, and 2.13% who reported 4,001–6,000 discharges or 8,001–10,000 discharges annually.

There wasn't a clear relationship in our data between discharges and facility staffing. The vast majority of the discharge categories across the board had between 0–20 staff. For instance, 100% of facilities with 500–1,000 discharges and 63.63% of facilities with 6,001–8,000 discharges possessed 0–20 staff. This trend did not continue with health systems; instead, while systems with 500–6,000 discharges mostly had 0–20 staff, most systems with 6,001–10,001+ discharges had 21–40 staff. (See Figures 38 and 39.)

(For a breakdown of staffing numbers by facility and systemwide bed count, see Figures 40 and 41.)

Approximately half of all respondents said they were planning on hiring CDI staff within the next 12 months or so; 26.04% of respondents said they were not planning on hiring staff, leaving 23.45% who were unsure. These numbers were largely the same as 2024's results; however, the number of respondents who said they would not be hiring in the coming year increased by approximately two percentage points. (See Figure 42.)

Of those who were hiring, the vast majority of respondents indicated that they intended to hire a CDI specialist (88.97%). This was followed by those who selected CDI second-level reviewer (21.54%) or CDI educator (20.00%). (See Figure 43.)

According to this year's data, 5.83% of respondents indicated that they were involved in some type of union. This was a modest increase from last year's figure, which stood at 5.31%. (See Figure 44.)

In terms of salaries, those possessing a union job had a clear financial advantage.

Whereas approximately 44% of unionized respondents made $160,000 or more (44.45%), only about 15% of non-unionized respondents found themselves in the same category. These results were largely the same as they were in 2024. (See Figure 45.)

Some of the correlation between union status and higher salaries could also be correlated to the fact that more unionized respondents reported living in regions with a higher cost of living. To that point, most unionized respondents were located somewhere in the Northeast or Pacific regions (both at 37.78%), and most non-unionized respondents resided in the Southeast region (22.35%) or the North Central region (21.93%). (See Figure 46.)

Though the 2024 survey did include a question about required credentials in CDI job descriptions, this year's survey segmented the question into required credentials for all staff, leadership roles only, and specialized roles only. According to the findings, 78.50% said they required a clinical credential for all staff members, followed by 26.81% who required a CDI-specific credential for all staff members. (See Figure 47.)

When it comes to leadership and specialized roles, CDI-specific credentials were most often required (24.48% and 29.79%, respectively), showing that demonstrating professional expertise by earning a CDI-specific credential can open up further career advancement opportunities at many organizations.

If respondents reported coding credential requirements for any role, it was most commonly a requirement for specialized CDI roles (17.36%).

This year's survey asked about the impact of artificial intelligence (AI) technology of CDI practices for the first time. Approximately 40% of respondents indicated that their department has employed some type of AI technology for tasks that were previously performed by CDI professionals; selected responses included second-level reviews, chart prioritization, computer-assisted coding, and discharge reviews. (See Figure 48.)

In terms of impact of AI on staffing, the clear majority of respondents indicated that their full-time staff needs were not affected by the use of AI technology (58.10%), followed by those who said they do not use AI tools (19.54%). Only 1.80% said that their CDI staffing needs decreased due to AI impact. (See Figure 49.)

To further illustrate that point, when looking at only respondents who indicated they use AI tools for CDI tasks, 100% said their program plans to hire in the next 12 months.

Respondent demographics

As in last year, the vast majority of CDI professionals were women (91.84%) followed by men (7.38%). (See Figure 50.)

In terms of salaries, however, gender mattered greatly this year. Whereas the majority of women found themselves in the $90,000–$129,999 range (54.44%), men found themselves concentrated among the higher salary brackets. For example, a full 40.35% of male respondents possessed salaries of $160,000 or more. (See Figure 51.)

In terms of racial identity, CDI continues to be predominantly a Caucasian/white field, with 80.31% of respondents selecting this category. This was followed by respondents who were African American/Black (4.66%), Hispanics/Latinos (3.50%), and South Asians (3.37%). These figures were largely the same as last year's. (See Figure 52.)

Regarding compensation across races, East Asian respondents fared the best financially, with a full 62.50% falling in salary brackets of $150,000 or more; this was followed by South Asian respondents at 42.03%, African American/Black respondents at 33.34%, and Caucasian/white respondents at 18.39%. Hispanic/Latino respondents found themselves on the lower end of the spectrum this year, with 40.74% making $80,000–$109,999. (See Figure 53.)

These numbers differed substantially from last year. In 2024, 62.96% of Latino respondents reported falling into salary brackets of $100,000–$139,999, and 70.82% of South Asian respondents reported making $80,000–$149,999. Similarly, 40.80% of African American/Black CDI professionals reported making $90,000–$129,999, and 46.40% of their Caucasian counterparts reported making $90,000–$119,999.

In terms of age, the most populated categories were 50–59 (34.59%), followed by 40–49 (33.03%) and 60–69 (18.01%). Last year, these categories, and their sequencing, remained the same with figures of 36.84%, 27.98%, and 17.95%, respectively. (See Figure 54.)

(See Figure 55 for a breakdown of racial background and title.)

Regional considerations

According to this year's survey, most CDI professionals lived either in the North Central region of the country (IA, IL, IN, MI, MN, ND, NE, OH, SD, WI) or the Southeast (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV) (both at 21.29%). These were followed by respondents who lived in South Central (AR, KS, LA, MO, OK, TX) (13.93%) or the Middle Atlantic (DE, MD, NJ, PA, DC) (13.40%). (See Figure 56.)

In terms of organizational setting, 64.26% of respondents worked in an urban setting, followed by those working in suburban settings (57.69%) and those working in rural settings (40.87%). These figures did not differ substantially from 2024's data. Last year, a strong majority of CDI professionals worked for organizations in urban areas (65.62%), followed by suburban areas (53.92%) and rural areas (38.60%). (See Figure 57.)

As far as salaries are concerned, unsurprisingly, CDI professionals with highest salaries tended to live in urban areas with a higher cost of living. This was followed by those living in suburban areas and then rural areas. For instance, approximately 21% of those living in urban areas made $160,000 or more, while only 16.40% of suburbanites landed in those salary brackets. Moreover, 54.34% of rural households found themselves making between $80,000 and $119,999. (See Figure 58.)

These results continued a trend from last year. In 2024, 66.86% of those working in rural areas, and 63.75% of those working in suburban areas, made between $80,000 and $129,999. Meanwhile, 61.03% of those working in urban areas made between $90,000 and $139,999.

(See Figure 59 for a breakdown of CDI salaries by geographic region.)

Click **here** to view all the figures for this year's Salary Survey!