Industry Overview Survey

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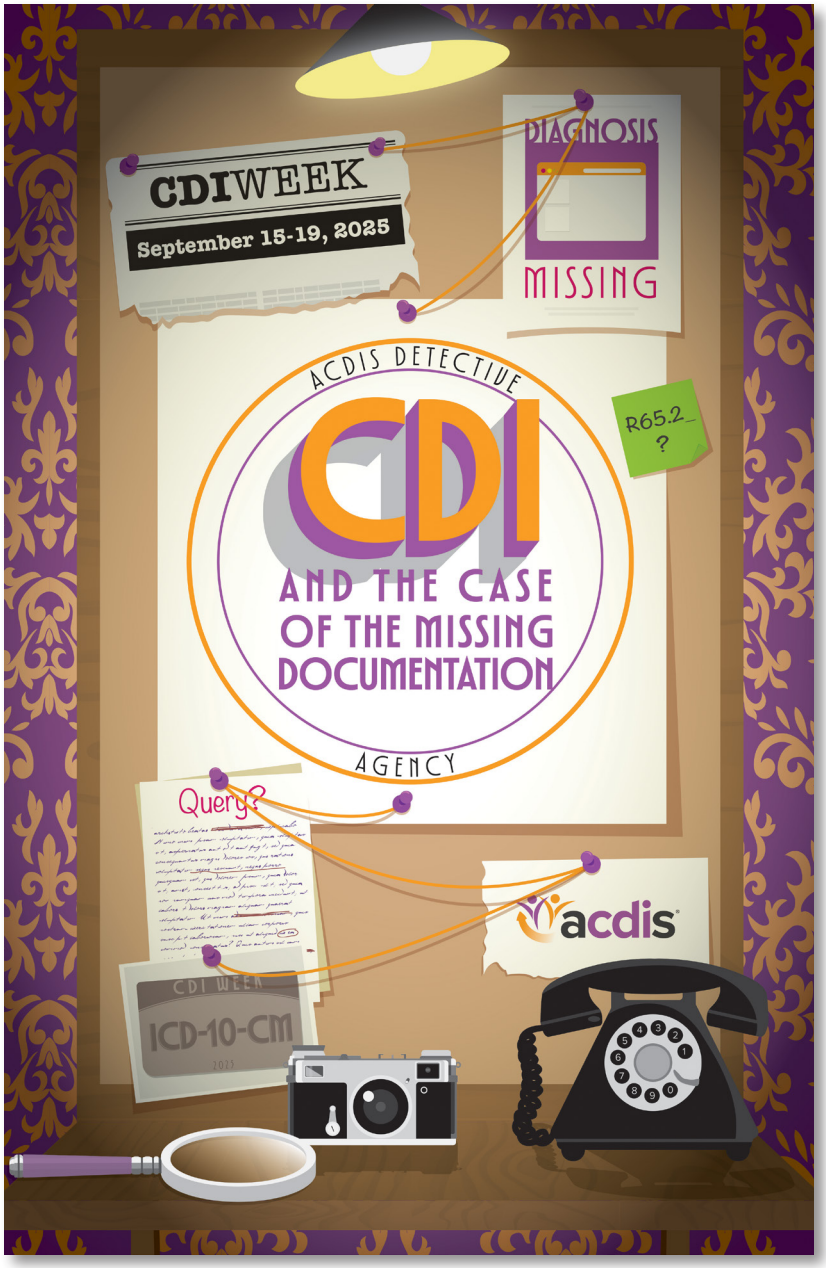

2025 CDI Week Industry Overview Survey

ACDIS celebrates CDI professionals annually with a full week of recognition for the profession through activities, education, and fun. This year's CDI Week theme is *CDI and The Case of The Missing Documentation*, commemorating how all CDI professionals are detectives in the medical field dedicated to uncovering and supporting the truth in every case of clinical documentation they review.

Each year leading up to CDI Week, ACDIS conducts a survey to gain insight into the state of the industry. This year's survey included questions about provider and staff engagement, productivity, denials management, outpatient and risk adjustment, and pediatrics and OB/GYN. It marks the 15th annual CDI Week Industry Survey, continuing a decade and a half of industry evaluation.

"The ACDIS CDI Week Industry Survey provides a comprehensive snapshot of the CDI landscape each year, allowing both individual professionals and entire programs to benchmark themselves against national trends," says **Sydni Johnson, BSN, RN, CCDS,** director of education for clinical documentation and denials at Banner Health in Tucson, Arizona. "For individual CDI specialists, it offers perspective on how their own experiences compare to those of their peers across the country. This can validate their efforts, highlight areas for growth, and inspire new approaches based on the data shared by others. For CDI programs, the survey can serve as a valuable tool for strategic planning. The aggregated data on staffing, physician engagement, credentialing, and technology adoption can be utilized by leaders to help identify gaps or opportunities for improvement. Over time, trends revealed by the survey—such as shifts in staffing levels, evolving roles of physician advisors, or emerging productivity metrics—can inform decisions about resource allocation, process updates, and staff development."

This year, 783 respondents took part in the survey. Although this report will not discuss every survey question in detail, readers can examine all the responses in table format beginning on p. 13.

Survey respondents were first asked their title and role to understand the field's current demographics and scope of positions. As in previous years, the role of CDI specialist was chosen by the largest number of respondents (29.44%), though this percentage has seen a general decline over the last five years, perhaps because of an increase of survey respondents who are in specialized and leadership positions. CDI manager was the next most popular title chosen (21.85%), followed by CDI director (15.60%). For the first time, CDI educator surpassed other leadership roles (such

About the 2025 CDI Week Industry Survey advisor

Sydni Johnson, BSN, RN, CCDS, iis the director of education for clinical documentation and denials at Banner Health in Tucson, Arizona, with over two decades of nursing experience and ten years of CDI education and leadership. She earned her CCDS credential in 2019 and is recognized for driving innovation in CDI audit processes, education, and provider engagement. Johnson has served on the ACDIS Advisory Board since 2023, is a published author in the ACDIS CDI Journal, and is a frequent speaker at the ACDIS national conference and local chapter events. She has also been featured in AHIMA roundtables. From 2020 to 2023, she co-chaired the Arizona ACDIS chapter. With a certification in Integrative Health Coaching, she incorporates motivational interviewing into her leadership and educational strategies.

as CDI lead or supervisor) by a small margin, chosen by 5.29% of respondents. As far as organization type, the percentage of respondents working in an acute care hospital continues to see a decrease year-over-year, chosen by 29.72% of respondents in 2025 in comparison to 36.13% in 2024. On the other hand, the percentage that are part of a healthcare system with multiple sites rose from 33.16% in 2024 to 38.26% in 2025, which may indicate an increased diversity of organizations offering CDI roles as well as the broader trend of stand-alone hospitals consolidating into healthcare systems. (See Figures 1 and 2.)

When asked about time in their current role, 62.28% of respondents said between zero and five years, and another 23.33% said between six and 10 years. These numbers indicate a slightly larger amount of CDI professionals in new roles compared to 2024. When asked about their time in the profession overall, however, the percentage of respondents who said between 11 and 20 years saw a small increase from 36.65% in 2024 to 40.30% in 2025, indicating that longevity in the profession is common. (See Figure 3.)

The number of facility beds reported by respondents remains stable year-over-year, with 26.05% of respondents reporting their facility has up to 400 beds, 32.56% reporting between 401 and 1,000 beds, and 17.10% reporting more than 1,000 beds. (See Figure 4.)

When asked for the total number of beds in their health system, numbers were generally consistent with previous years; the most common number of beds was 3,000 or more, chosen by 26.59% of respondents. Over 37% of respondents said that, on average, their organization saw 10,000 discharges annually. (See Figures 5 and 6.)

As the CDI profession grows, we thought it prudent to begin tracking the size of CDI departments as well. The majority of respondents said that their organization currently employs between 11 and 50 full-time-equivalent CDI staff (48.3%), though the most commonly selected answer by a narrow margin was 71 or more staff (16.96%). (See Figure 7.)

The CDI profession features a wide array of expertise and backgrounds, evident in the ever-growing list of credentials held by those within it. Consistent with previous years, most respondents noted that they hold an RN credential (73.68%). ACDIS' Certified Clinical Documentation Specialist (CCDS) credential was the second most popular credential, chosen by 69.61% of respondents. Of note, ACDIS' Certified Clinical Documentation Specialist—Outpatient (CCDS-O) credential saw a small increase, from 3.10% in 2024 to 6.24% in 2025. Otherwise, all other credential options stayed consistent with 2024 response rates. (See Figure 8.)

Regarding reporting structure, the number of respondents whose CDI department reports to revenue integrity/cycle has been the top answer since we introduced this question in 2021 and has seen a general increase over the years, with a significant rise from 34.58% to 41.79% this past year. In contrast, the number reporting to HIM/coding has generally decreased since 2021, and moved further down from 18.45% in 2024 to 14.93% in 2025. Finance (12.75%) and quality (10.31%) were two other common choices that departments report to. (See Figure 9.)

"Personally, I've found the survey to be a helpful reference for informing and advocating for advancements to our program," says Johnson. "Being able to point to national statistics and industry benchmarks has strengthened the case for additional resources or adjustments in workflow. Ultimately, the survey fosters a sense of community among CDI professionals, encourages the sharing of ideas, and equips programs with data-driven insights to continue advancing the field."

Provider and staff engagement

Now that the CDI profession is more established in the medical world, building basic awareness no longer has to be the primary objective for many programs. Transitioning to high engagement and promoting enthusiasm for clinical documentation best practices is a never-ending charge, however. Each year when ACDIS surveys membership and the general CDI community, provider engagement remains a pain point for their programs. Over time, the need to better engage and educate staff has been brought up more often as well. Considering how important individuals are in the overall strength of a program, this year ACDIS decided to include both providers and CDI staff in this section surveying engagement.

On the topic of perceived provider engagement, answer options were reworded this year with more specificity to provide fresh perspective. In first place, 57.12% of respondents said that providers are "somewhat engaged," meaning "they understand CDI concepts but inconsistently put them into practice or do so incorrectly." The next most common answer was "very engaged," selected by 32.16% of respondents who agreed their providers "understand the importance of CDI and actively participate in documentation integrity efforts." Only 6.61% said their providers are "hardly engaged," and 1.03% said "not at all engaged." (See Figure 10.)

"To move the needle from 'somewhat' to 'very' engaged medical staff, [our CDI program has] found that sustained engagement with provider leadership—including CMOs and other key stakeholders—is essential," says Johnson. "Our educational efforts focus on demonstrating how documentation directly impacts metrics such as case-mix index, mortality, and length of stay. By aligning these sessions with provider goals and broader organizational initiatives, we've been able to foster a deeper understanding of CDI's value and encourage more consistent documentation practices."

When asked how often they conduct physician education sessions, the number of respondents who reported monthly saw an increase year-over-year from 30.05% to 35.98%, while those who said they do so "as needed" decreased from 26.86% to 21.15%. (See Figure 11.)

After a temporary decrease in 2024, the use of a physician advisor was indicated by a notable number of respondents this year (71.22%), the highest percentage seen since this question has been routinely asked starting in 2022. This seems mostly due to a particular jump from 26.99% of respondents in 2024 having a full-time physician advisor to 34.70% indicating the same in 2025, though those who have a part-time physician advisor also increased a small amount year-over-year (34.44% to 36.52%). On the other hand, fewer respondents indicate having plans to engage either a part-time or a full-time physician advisor; this may suggest that those who had plans last year were able to successfully implement them, while those without plans have settled into their current organizational structure for now. (See Figure 12.)

A similar trend can be noted with physician champion involvement: In the past year, respondents with a full-time champion rose from 14.76% to 17.85%, and respondents with a part-time champion saw a greater increase from 21.94% to 26.52%. When comparing respondents who indicate having a physician advisor with those who do not, already having a physician advisor seems to increase the likelihood of having a physician champion by a large margin (44.04% compared to 18.59%). Also, advisors' and champions' full-time or part-time statuses tend to correlate: 41.71% of those with a full-time physician advisor also have a full-time champion, and 48.09% of those with a part-time physician advisor also have a part-time champion. (See Figure 13.)

"The benefits of having a physician advisor or champion include improved provider engagement through peer-to-peer education, faster resolution of documentation issues due to clinical insight, and stronger alignment with organizational goals, especially when advisors are involved in strategic planning," says Johnson. "The challenge, however, lies in ensuring their time is protected and their role is clearly defined. For organizations without a dedicated advisor, I recommend identifying physician champions within service lines who can advocate for CDI and serve as liaisons. Even part-time involvement can make a meaningful difference

when paired with strong CDI leadership and educator support."

The number of respondents who share their part-time physician advisors/champions with another department has seen a small rise again, from 38.96% in 2024 to 41.85% in 2025. In line with previous years, most respondents commented that their advisors/champions also were full-time or part-time practicing physicians or that they shared their advisors/champions with case management or utilization management. The most common way to measure the effectiveness of their CDI provider education program was improvement in CDI metrics (79.59%), followed by feedback from providers (53.45%) and reduction in documentation errors (35.39%). For the first time, decreased denials and increased denial overturn were added as answer options, selected by 27.17% and 8.37% of respondents, respectively. (See Figures 14 and 15.)

Turning to look at CDI staff engagement, questions regarding staff perceptions and opportunities for development were surveyed in a similar fashion as they were in 2023. Comparing the two, most answers either saw no change or a small increased percentage in the "strongly agree" category. For instance, 59.18% of respondents strongly agreed they feel valued and respected by their manager in comparison with 53.79% in 2023, and 43.91% strongly agreed they receive adequate feedback and recognition regarding their job performance in comparison with 37.38% in 2023. Even in regards to staffing, a greater number strongly agreed their CDI team is adequately staffed for the workload they have (from 22.71% in 2023 to 24.96%), indicating an overall positive trend in the efforts and development of CDI programs across the nation. (See Figure 16.)

Johnson has noted more organizations investing in staffing as awareness of CDI impact grows. "Our department experienced exponential growth last year and we increased our CDI team by about a third, including expansion to our leadership, educator, and auditor teams," she says. "I often remind the team that our work is more visible than ever. The outcomes of our reviews are being measured, tracked, and reported, and that visibility has brought increased demand for case coverage and more focused CDI reviews. […] With anticipated payer changes, I expect hospital budgets and resource allocations to shift. CDI programs will likely be asked to do more with less, [and because] staffing is tight, it forces CDI teams to be more strategic. My advice is to lean into technology and workflow efficiencies wherever possible: Automate what you can, streamline workflows and query processes, and use data to guide focus areas. It is also important to build resilience and encourage innovation within the team. When people feel supported and empowered, they are better equipped to manage the workload and maintain quality."

Since CEU financial assistance for staff was last surveyed in 2023, more encouraging trends can be noted. Overall, 79.74% of respondents indicated their organization provides them with some sort of assistance, whether that is through access to a platform with CEU-approved education, reimbursement for CEUs, organization-provided educational opportunities with CEUs, or a combination—an increase of more than 10 percentage points compared with 2023 (68.17%). Each category saw an increase of at least seven percentage points, which may also indicate that the number of CDI staff who receive more than one of these options from their organization has increased in recent years as well. (See Figure 17.)

Respondents were also asked about the CDI-specific certification their departments require, this year with RHIA, RHIT, and RN added to the answer options and specifications made about what type of roles they're required for. The RN credential was the most selected choice required for all staff (59.77%), though in the

comments multiple respondents said that those with a coding background or foreign physician degrees had different eligibility requirements. The CCDS credential was most often required for leadership (25.99%) as well as specialized roles (29.37%). (See Figure 18.)

Productivity

Answers in the CDI sphere are often complex, whether you are assigning principal and secondary diagnoses appropriately, choosing compliant language in a new query, or discussing how to increase impact. When it comes to CDI productivity, ACDIS has fielded many questions from CDI professionals and programs over the years all wondering the same thing: What are the magic numbers for success? Seasoned CDI professionals can attest to the importance of quality over quantity, and plenty of CDI programs have moved away from tracking certain CDI productivity rates altogether. Still, having access to current industry standards can be beneficial both for newer CDI programs who need to set expectations and for the general community to keep track of evolving trends.

"Expectations have evolved, and CDI reviews today require a much broader mix of skills and critical thinking than when I started," says Johnson. "CDI reviewers are expected to understand and impact DRG optimization, severity of illness, risk adjustment, length of stay, Hierarchical Condition Categories [HCC], hospital-acquired conditions [HAC], Patient Safety Indicators [PSI], clinical validation, and more. It's not just about identifying diagnoses anymore; it's about understanding clinical intent, payer expectations, and how documentation drives quality metrics and financial outcomes."

In the past year, the average number of inpatient reviews that respondents conduct in reality stayed relatively consistent, with six to 10 reviews being the most common number of new reviews completed (59.78%) as well as for re-reviews (35.05%). Many respondents stated in the comments that they do not keep track of new and subsequent reviews separately, and a few also mentioned that they conduct mortality reviews on top of this number. Comparatively, 53.36% said that the number of reviews their CDI program expects them to complete daily is six to 10, and 36.46% said they are expected to complete 11–15 re-reviews. In the comments, however, multiple respondents said their program does not expect a certain number, or that it can depend on factors such as discharge schedules, mortality and PSI volumes, or how long a reviewer has been in their role. (See Figures 19 and 20.)

"We utilize productivity dashboards that include metrics like initial and subsequent reviews, query rates, types of query impacts, DRG match rate, and query audit scores, [which] provides our team with objective, measurable performance data," says Johnson. "When team members know exactly what is expected, they can set goals and track progress in a meaningful way. However, productivity is not just about numbers; it is also about quality and sustainability. We offer flexible scheduling, allowing team members to choose between four 10-hour shifts or five 8-hour shifts. This helps our staff manage the workload while maintaining balance."

When asked about their personal average query rate, a 31%–40% rate was chosen the most by respondents (21.75%), though it was nearly tied with a 21%–30% rate (21.28%). Though just 4.82% said that they didn't track this metric last year, this year that percentage rose to 10.33%, indicating this metric may be yet another that CDI professionals are focusing less on in favor of other measures of success. For the first time, ACDIS also asked about the goal query rate set by CDI departments; a range from 21% to 40% was most common, chosen by 53.21% of respondents, while 15.18% said their department doesn't have a goal. (See Figures 21 and 22.)

The most common query response rate was 91% to 100%, chosen by 62.75% of respondents this year in line with the number from 2023, indicating 69.44% in 2024 was a temporary phenomenon. Otherwise, a larger percentage of respondents said that they don't track this metric—rising from 2.34% in 2024 to 7.20% in 2025, and higher than any year since the question started being asked in 2022. Respondents were also asked if their department has set a goal for their provider query response rate, and the majority said this was a 91%–100% rate as well (66.82%), indicating current rates are generally meeting expectations when it comes to getting providers to respond to queries. (See Figures 23 and 24.)

Whether providers agree with the query, however, is a separate metric. Almost 42% of respondents said that their query agreement rate is 91%–100%, and 25.2% said theirs is 81%–90%. In contrast, 38.50% said the goal their department has set for this metric is 91%–100% and 30.99% said theirs is 81%–90%, which indicates that most CDI reviewers are seeing rates that meet or exceed standards set by their program. (See Figures 25 and 26.)

"Having specific goals is especially helpful in remote environments where there is less direct oversight," says Johnson. "The goals need to be realistic and aligned with the complexity of the cases being reviewed. Productivity targets should support critical thinking, clinical validation, quality, and all the dimensions of CDI work. When expectations are clear, balanced, and tied to meaningful outcomes, they drive both performance and engagement across the team."

The percentage of respondents who reported having an escalation policy in place saw another small increase year-over-year from 87.72% to 89.20%. As in previous years, when respondents indicated having an escalation policy, there was a positive correlation with overall query response rate: 64.74% with such a policy reported they had a 91%–100% response rate, while 51.22% of those without an escalation policy had the same response rate. This also was reflected in physician query agree rates to a greater degree, as 44.39% of respondents with an escalation policy reported a 91%–100% agree rate versus 21.95% of those without a policy reporting the same. (See Figure 27.)

"Strong query escalation procedures correlate with improved provider response rates," says Johnson. "When providers know there's accountability, and when education is provided for nonresponses or suboptimal responses, providers are more likely to respond to queries thoughtfully and in a timely manner. Our program uses a formal escalation process for queries that go unanswered or receive inadequate responses. It's been effective in reinforcing the importance of documentation integrity and helping providers understand the impact of their responses. One of the biggest challenges, though, is empowering CDI team members to feel confident in using the escalation process. It can be intimidating, especially when navigating provider relationships. We've worked to address that by providing clear guidelines, support from leadership, and ongoing education around when and how to escalate. Success comes when there is an understanding that query escalation isn't punitive; it is about collaboration, education, and improving documentation quality."

When asked about what CDI software solutions their department uses to assist in such reviews, this year the most used solution was electronic grouper software (78.25%), surpassing chart prioritization (77.47%) and electronic querying (77.31%), with computer-assisted coding close behind (76.83%). As far as future software plans, computer-assisted physician documentation received the largest percentage (11.89%) of interest from respondents for the second year in a row. (See Figure 28.)

"Looking ahead, I think productivity expectations may start to level out some as organizations recognize the complexity of what we do," says Johnson. "But I also expect the metrics and measurements will continue to expand. We'll likely see more emphasis on quality indicators, clinical validation, and how CDI supports organizational goals like value-based care and compliance. For CDI professionals, that means staying adaptable, continuing to build clinical knowledge, and leaning into collaboration, especially with CDI educators and auditors who help reinforce standards and drive consistency. For leaders, it's about making sure teams have the tools, training, and support they need to meet these evolving expectations without burning out."

Denials management

The rise of medical denials in recent years has left many organizations wondering where to turn for help. The prevalence of CDI involvement in denials management remains, with 63.36% of CDI programs involved in some sort of denials management. Of those who said their CDI department is not involved in denials management at their organization, 19% did indicate they are planning to get involved in the near future. Most respondents involved in the process said they've been involved for three to four years (13.21%), followed by those involved for more than 10 years (10.06%) and those involved for five to six years (9.28%). (See Figure 29.)

Of the many individuals who can get involved in the denials management process, team leads and managers are the most common option, according to 45.40% of respondents. For the second year in a row, designated denials or appeals specialists were the second most common option; the percentage of respondents who chose this option rose from 29.17% in 2024 to 35.89% this year, an indication that this role might be growing more prevalent in recent times. Close behind, physician advisors/champions were chosen by 28.22% of respondents, and CDI second-level reviewers by 22.09% of respondents. (See Figure 30.)

"We work closely with the denials team to review denial trends and use that data to strengthen our concurrent documentation strategies," says Johnson. "We've also had a couple of CDI reviewers transition into denials roles, where they've been able to apply their clinical and coding expertise to support appeals, especially for DRG downgrades. Their background in CDI has been a huge asset in crafting strong, clinically sound appeal letters."

When asked what types of denials their CDI programs review, respondents continue to pick clinical validation denials; this option saw a small rise in its lead year-over-year, from 85.54% to 87.73%. Respondents who picked DRG validation also rose in number from 54.66% in 2024 to 64.11% in 2025. Coding-based denials were in third place again, though they did see a drop year-over-year from 36.27% in 2024 to 29.14%. (See Figure 31.)

"CDI involvement in DRG validation denials is becoming more common, and I think that's because of the unique skill set CDI professionals bring to the table, including clinical expertise paired with coding knowledge," says Johnson. "That combination is especially valuable when responding to DRG downgrades, where understanding both the clinical picture and coding guidelines is essential. When it comes to deciding which types of denials to focus on, I recommend using data to guide the strategy. Some programs may prioritize by volume, others by financial impact; either way, having visibility into denial trends helps CDI teams target their efforts where they'll have the most value."

Most respondents (75.15%) said they don't know how many of their inpatient claims result in a denial. About 19% said that their claims are denied 1%–20% of the time, however, which was an increase from 2024 (15.69%). This year, the percentage of respondents who reported that most of their denials are clinical validation denials dropped down to 21.78%, indicating the 2024 levels of over 45% were only a brief spike. Readmission

denials were also added as an answer option, chosen by 14.11% of respondents. (See Figures 32 and 33.)

Respondents continue to report that the majority of their denials originate from private payers (30.67%). Those whose denials originate most from Medicare Administrative Contractors did see a small increase this year, however, from 15.93% in 2024 to 20.55% in 2025. In order of most common, UnitedHealthcare, Humana, and Blue Cross Blue Shield have secured the top spots of denial-prone payers, judging from the free-text comments of this question; Aetna was close behind. (See Figure 34.)

Consistent with past years, when respondents were asked to choose their top five denied diagnoses, sepsis remained the reigning champion (included in 84.66% of respondents' top five), though respiratory failure has slowly been closing the gap, seeing another increase from 74.02% to 77.61% of respondents. Encephalopathy saw a notable increase as well, chosen by 57.36% of respondents in comparison to 48.77% in 2024 and taking third place from malnutrition (51.84%). (See Figure 35.)

"Any time an MS-DRG has a single CC or MCC, or when an APR-DRG has a secondary diagnosis driving the severity of illness, that case becomes more vulnerable to denial," says Johnson. "Principal diagnoses like sepsis are also frequently targeted because of the disconnect between how providers diagnose and treat sepsis versus the clinical criteria payers use to validate it. That gap creates a consistent challenge. I would agree that there has been an increase in denials for encephalopathy and respiratory failure. Part of that may be due to better documentation and capture of these conditions through CDI efforts, which naturally brings more attention to them. But I also think the lack of standardized criteria between hospitals and payers plays a big role."

Respondents were also asked about technology usage for denial-vulnerable chart identification this year. Almost 32% either said that they have a technology solution that checks at least 25% of charts, or indicated a more nuanced answer in the "Other" option (e.g., a solution that is prioritized to hit the top denied diagnoses). (See Figure 36.)

Clinically validating high-risk diagnoses concurrently is the most common denial mitigation tactic used by CDI departments (45.16%), followed by reviewing denials on a case-by-case basis upon request (37.77%). Providing education to providers based on denial trends is the next most common tactic, chosen by 31.86% of respondents. (See Figure 37.)

"Until there's more alignment on what constitutes clinical validity for these diagnoses, we'll likely continue to see increased denial volumes, which is why CDI teams must stay proactive with clinical validation reviews/queries and provider education," says Johnson. "It is essential that the documentation reflects the clinical reality while also standing up to payer scrutiny."

Outpatient and risk adjustment

VISION Clinical Validation Technology® was built with input from over 300 clinicians to change how CDI work gets done. We review 100% of charts—but we don't stop there. VISION blends GenAI, machine learning, and clinical logic to surface the encounters with the greatest opportunity, so CDI teams can focus where it matters most. The result is more accurate documentation, defensible DRG assignments, and measurable ROI—often in the first quarter. It's not about adding more to teams' workloads; it's about giving them a smarter, more transparent way to make an impact.

—John Wallace, CorroHealth President

While a smaller percentage of the CDI profession is involved in outpatient reviews, that number has slowly but steadily been growing. This year, the number of respondents who said they have a stand-alone outpatient CDI department with dedicated outpatient reviewers rose again from 25.93% to 30.59%. In contrast, those who indicate they don't have an outpatient CDI department but are planning to has steadily lowered over the years, most recently from 16.75% in 2024 to 12.83% in 2025. (See Figure 38.)

Of respondents whose program reviews outpatient records, physician practice/clinic/Part B services is the most common outpatient service/setting reviewed, chosen by 49.47%. Further behind, 20.53% of respondents said they conduct reviews for outpatient oncology, followed closely by the emergency department (19.47%) and ambulatory surgery (18.42%). The emergency department was also most likely to be in future plans for CDI programs to review, selected by 12.63% of respondents. Consistent with previous years, the main outpatient review focus was HCC capture, selected by 51.05% of respondents. (See Figures 39 and 40.)

The most popular time for outpatient reviews to be conducted continues to be prospectively (37.89%), or before the physician sees the patient, though only by a slim margin. Reviewing retrospectively, or after the appointment has already happened, returned back up to 2023 levels (36.84% of respondents), indicating 2024 was a temporary dip in the data. (See Figure 41.)

When comparing expected outpatient reviews per day and how many are reviewed in reality, 30% of respondents said that outpatient reviewers are expected to conduct more than 25 new reviews per day, and 38.10% said their daily average is also more than 25. On the other hand, 24.39% said that they're expected to conduct more than 25 re-reviews per day, but the largest percentage (25%) reported they conduct six to 10 daily on average. (See Figure 42.)

To monitor their outpatient CDI impact, programs are most likely to use HCC capture as a key performance indicator (55.41%), which saw a large increase from the last time the question was surveyed in 2023 (42.44%). Risk Adjustment Factor score also saw an increase from 37.79% in 2023 to 46.50% in 2025, and denial rate experienced a small bump from 5.23% to 8.92%. Of the 39.49% of respondents who chose the "Other" option, some commented that they do not track this separately from their inpatient metrics. (See Figure 43.)

In this same pool of respondents with outpatient departments or reviews conducted by their CDI program, risk adjustment trends were also surveyed. About 76% of these respondents said that risk adjustment is reviewed during chart reviews; broken down further, 42.63% said that their CDI program does so both in the inpatient and outpatient settings, 22.63% said that they do so just in the inpatient setting, and 11.05% said that they do so just in the outpatient setting. The most common risk adjustment methodology used by organizations was CMS-HCCs (77.08%), followed by Vizient's Risk Adjusted Index (56.25%) and the Elixhauser Comorbidity Index (52.08%), in line with previous years. (See Figures 44 and 45.)

In surveying all respondents about which CDI team members review mortalities for risk adjustment and severity of illness/rate of mortality (SOI/ROM) capture, the data showed CDI second-level reviewers are most often responsible for reviewing all mortalities (42.58%). For mortalities that have a SOI/ROM score below 4, team leads/managers are the most common (15.46%). (See Figure 46.)

"We have a team of senior CDI reviewers who complete both primary and secondary mortality reviews," says Johnson. "They use a mortality calculator alongside our coding software to identify opportunities to better align

the clinical picture with the coded data. This approach has helped improve our capture of relative expected mortality and positively impacted our mortality index. One of the biggest contributors to that success has been strong collaboration with our quality team, CMOs, and other key stakeholders. When everyone is aligned on the importance of accurate documentation and risk adjustment, it creates a more effective review process and better outcomes."

Pediatrics and OB/GYN

In CDI Week Industry Reports of years past, questions about pediatric CDI have occasionally been included. Last year, more questions were dedicated to the topic in the "nontraditional settings" section, as the buzz around pediatric CDI reviews has grown louder. Considering the steep learning curve and the smaller subset of the population surrounding pediatric CDI, there is plenty of data to gather from this niche setting still—and insight to gain for any CDI program either looking to expand into pediatric or OB/GYN reviews, or wanting to compare their program with general industry trends for the setting.

When asked about their involvement in pediatric CDI, 46.26% of respondents reported their CDI teams currently review pediatric cases in either the inpatient or outpatient setting, which was a small decrease from the 49.27% that indicated so last year. There was, however, a small increase in those who do not yet review pediatric cases but have plans to in the next 12 months, from 5.02% in 2024 to 7.48% in 2025. (See Figure 47.)

Of those whose CDI programs conduct these reviews, the most common setting or services were general pediatric inpatient admissions (85.45%), pediatric ICU (79.85%), and neonatal ICU (73.51%). Pediatric surgical services also saw a notable increase from 39.70% in 2024 to 51.12% in 2025. (See Figure 48.)

As far as what CDI departments are focusing on during their pediatric reviews, APR-DRG accuracy (78.36%) overtook ICD-10 coding accuracy (76.12%) in first place this year, followed by quality measures (53.36%). Using a modified version of the program's adult-specific CDI software was the most common way to track pediatric CDI impact, chosen by 37.69%. Similar to last year, the next most chosen answer by respondents was that they didn't have a way to track their impact (23.88%), though in comments made by those who chose "Other" (17.16%), respondents also said that they utilize vendor software not specific to pediatrics, or that they use their EHR software. (See Figures 49 and 50.)

Respondents with CDI programs conducting pediatric reviews also received a new question about the top three diagnoses queried for this population. Respiratory failure was the most common (66.79%), followed by respiratory distress syndrome (53.36%) and sepsis (47.01%). Of those who selected "Other," two commonly mentioned diagnoses in the comments were anemia and malnutrition. (See Figure 51.)

Last, all respondents were surveyed on whether they conduct OB/GYN or labor and delivery case reviews. Almost 38% of respondents said that their CDI program conducts reviews in one or both of these service lines. OB/GYN was more common than labor and delivery: 12.33% said they review all OB/GYN charts and another 12.33% said they do so for high-risk patients or certain conditions, while only 4.97% said they review all labor and delivery charts and 7.88% review them just for high-risk patients or certain conditions. (See Figure 52.) ■

2025 CDI Week Industry Overview Survey

Figure 1: Title/role, year-over-year

Answer Options	2020	2021	2022	2023	2024	2025
CDI specialist	49.32%	44.39%	43.32%	30.91%	35.87%	29.44%
CDI second-level reviewer	1.06%	1.06%	1.83%	1.42%	2.19%	2.99%
CDI lead	3.30%	4.13%	3.52%	4.42%	4.65%	3.66%
CDI supervisor	3.89%	3.28%	3.66%	5.21%	4.00%	4.34%
CDI manager	14.72%	17.37%	18.28%	21.29%	19.87%	21.85%
CDI director	10.60%	11.44%	12.66%	15.30%	14.71%	15.60%
CDI auditor	1.53%	2.01%	1.13%	1.10%	1.81%	2.04%
CDI educator	2.71%	3.07%	3.09%	4.73%	4.26%	5.29%
CDI physician educator	0.24%	0.64%	0.28%	0.79%	0.39%	0.41%
CDI informaticist/analyst	0.35%	0.53%	0.28%	0.79%	0.39%	0.27%
CDI-coding liaison	0.12%	0.42%	0.28%	0.16%	0.52%	0.27%
CDI quality specialist	0.71%	0.85%	1.13%	1.10%	0.52%	0.68%
CDI denials specialist	0.47%	0.42%	0.28%	0.16%	0.26%	0.41%
HIM/coding supervisor	0.12%	0.11%	0.28%	0.16%	0.26%	0%
HIM/coding manager	0.12%	0.74%	0.56%	0.47%	0.26%	0.81%
HIM/coding director	2.00%	1.17%	0.98%	1.26%	1.03%	1.36%
HIM/coding professional	0.82%	0.64%	0.14%	0.32%	0.77%	0.54%
Physician advisor/champion	0.47%	0.64%	0.84%	0.63%	0.77%	0.81%
Hospital executive	0.47%	0.95%	0.98%	0.79%	1.03%	1.36%
Consultant	1.53%	1.59%	1.69%	0.79%	1.29%	1.36%
Vendor Note: This option was not included on the 2020 or 2021 surveys	N/A	N/A	0.14%	0.00%	0.26%	0.41%
Other (please specify)	4.95%	4.56%	4.64%	8.20%	4.90%	6.11%

Selected "other" responses:

- CDI regional coordinator
- Senior clinical content analyst
- Physician advisor program director
- Inpatient consultant
- Revenue integrity analyst
- Denials review coder
- Inpatient denials coding nurse auditor
- Midcycle educator
- CDI auditor/educator
- CDI project manage

Figure 2: Organization type, year-over-year

Answer Options	2021	2022	2023	2024	2025
Acute care hospital	48.09%	45.29%	40.06%	36.13%	29.72%
Academic medical center/teaching hospital	16.53%	16.88%	18.45%	22.45%	20.76%
Healthcare system with multiple sites	26.27%	26.44%	33.28%	33.16%	38.26%
Outpatient/physician practice	1.59%	1.97%	1.26%	1.55%	1.36%
Children's hospital/pediatrics	0.64%	1.27%	1.10%	1.94%	2.04%
Critical access hospital/rural healthcare	0.21%	0.00%	0.16%	0.13%	0.14%
Rehab (inpatient or outpatient)	0.32%	0.00%	0.00%	0.00%	0%
Home health	0.00%	0.14%	0.16%	0.00%	0%
Long-term acute care	0.53%	0.14%	0.16%	0.13%	0%
Consulting firm	3.07%	3.09%	1.26%	1.55%	1.90%
Vendor organization Note: This option was not included on the 2021 survey	N/A	2.11%	1.58%	1.81%	3.39%
Other (please specify)	2.75%	2.67%	2.52%	1.16%	2.44%

Selected "other" responses:

- Revenue cycle company
- Accountable care organization

Figure 3: Time in role and profession

2024

	0–2 years	3–5 years	6–8 years	9–10 years	11–15 years	16–20 years	More than 20 years	Unsure
In profession	7.48%	11.74%	18.32%	15.10%	26.84%	9.81%	10.58%	0.13%
In current role	32.26%	25.94%	18.84%	8.13%	10.06%	3.35%	1.16%	0.26%
Intend to stay in role	3.61%	11.35%	9.42%	11.35%	14.58%	11.87%	22.45%	15.35%

2025

	0–2 years	3–5 years	6–8 years	9–10 years	11–15 years	16–20 years	More than 20 years	Unsure
In profession	5.43%	11.80%	16.15%	15.20%	29.04%	11.26%	10.99%	0.14%
In current role	31.89%	30.39%	15.60%	7.73%	10.31%	2.99%	0.95%	0.14%
Intend to stay in role	5.70%	9.91%	9.36%	11.26%	12.62%	12.48%	24.42%	14.25%

Figure 4: Number of facility beds, year-over-year

Answer Options	2022	2023	2024	2025
100 or less	4.50%	2.68%	2.19%	2.58%
101–200	8.72%	4.73%	7.35%	5.56%
201–300	12.94%	10.88%	8.52%	9.09%
301–400	9.00%	9.62%	9.03%	8.82%
401–500	9.70%	10.73%	9.68%	8.28%
501–600	7.45%	8.36%	9.03%	5.97%
601–700	4.50%	4.42%	5.81%	5.29%
701–800	5.91%	4.10%	4.13%	4.88%
801–900	3.66%	3.31%	5.03%	3.66%
901–1,000	3.66%	3.63%	3.35%	4.48%
1,001 or more	12.94%	18.30%	18.71%	17.10%
N/A	17.02%	19.24%	17.16%	24.29%

Figure 5: Number of systemwide beds, year-over-year

Answer Options	2022	2023	2024	2025
500 or less	12.66%	8.68%	9.29%	8.96%
501–600	3.52%	3.00%	4.77%	2.71%
601–700	3.09%	3.00%	3.87%	3.66%
701–800	4.36%	2.21%	3.74%	3.12%
801–900	3.94%	3.63%	3.10%	3.39%
901–1,000	4.36%	4.26%	5.29%	4.75%
1,001–1,500	9.99%	12.46%	11.74%	12.08%
1,501–2,000	6.89%	8.52%	9.55%	8.41%
2,001–2,500	3.38%	5.68%	4.65%	5.43%
2,501–3,000	4.78%	5.99%	5.81%	5.43%
3,001 or more	28.27%	29.18%	26.19%	26.59%
N/A; I don't work in a healthcare system	14.77%	13.41%	12.00%	15.47%

Figure 6: Average annual number of discharges at organization

Answer Options	2025
Under 500	1.36%
500–1,000	0.95%
1,001–2,000	0.68%
2,001–4,000	1.90%
4,001–6,000	1.76%
6,001–8,000	1.76%
8,001–10,000	1.36%
10,001 or more	37.31%
Unsure	46.00%
N/A	6.92%

Figure 7: Current number of FTE CDI staff at organization

Answer Options	Percentages
1–5	12.75%
6–10	11.53%
11–20	16.42%
21–30	16.28%
31–50	15.60%
51–70	8.01%
71 or more	16.96%
N/A	2.44%

Figure 8: Credentials held, year-over-year

Answer Options	2022	2023	2024	2025
Accredited Case Manager (ACM)	1.97%	1.10%	1.42%	1.22%
Certified Clinical Documentation Specialist (CCDS)	61.88%	66.09%	70.32%	69.61%
CCDS-Outpatient (CCDS-O)	2.95%	4.57%	3.10%	6.24%
Certified Case Manager (CCM)	3.23%	3.47%	2.71%	2.04%
Certified Coding Specialist (CCS)	16.88%	18.30%	15.48%	16.28%
Certified Professional Coder (CPC)	4.78%	5.21%	4.39%	4.75%
Certified Documentation Expert Outpatient (CDEO)	0.70%	1.42%	0.39%	0.95%
Clinical Documentation Improvement Practitioner (CDIP)	9.28%	13.09%	10.19%	11.26%
Certification in Healthcare Revenue Integrity (CHRI)	0.00%	0.00%	0.13%	0.14%
Certified Professional in Healthcare Quality (CPHQ)	1.55%	2.05%	2.45%	2.04%
Certified Risk Adjustment Coder (CRC)	3.52%	4.26%	3.48%	3.39%
Fellow of American College of Healthcare Executives (FACHE)	0.00%	0.00%	0.13%	0.14%
Licensed Practical Nurse (LPN)	0.84%	0.32%	0.39%	0.68%
Bachelor of Medicine, Bachelor of Surgery (MBBS)	1.13%	1.26%	0.52%	0.68%
Doctor of Medicine (MD)	3.23%	3.31%	4.00%	4.07%
Doctor of Osteopathic Medicine (DO) Note: This option was not included on the 2022 survey	N/A	0.00%	0.13%	0.14%
Master of Healthcare Administration (MHA)	3.94%	5.21%	4.65%	5.02%
Nurse Practitioner (NP)	0.98%	0.63%	0.52%	0.81%
Physician Assistant (PA)	0.00%	0.00%	0.26%	0.68%
Registered Health Information Administrator (RHIA)	5.63%	7.10%	5.94%	5.83%
Registered Health Information Technician (RHIT)	4.50%	4.73%	2.58%	2.71%
Registered Nurse (RN)	72.01%	74.13%	70.45%	73.68%
Registered Respiratory Therapist (RRT)	0.70%	0.16%	0.52%	0.54%
Other (please specify)	26.86%	28.23%	26.71%	25.37%

Selected "other" responses:

- CCRN
- CPN
- CNS
- CRCR
- CIC
- EMT
- CEN
- CTR
- CPMA
- CNL
- CHAA

Figure 9: Reporting structure, year-over-year

Answer Options	2021	2022	2023	2024	2025
Stand-alone CDI department	6.89%	7.88%	5.36%	7.48%	6.78%
HIM/coding	23.31%	21.38%	17.67%	18.45%	14.93%
Finance	14.19%	13.08%	13.88%	14.32%	12.75%
Revenue integrity/cycle	27.44%	30.24%	34.54%	34.58%	41.79%
Quality	11.65%	12.10%	14.20%	13.55%	10.31%
Nursing/clinical	1.38%	2.11%	1.58%	1.42%	2.17%
Case management	7.42%	5.34%	3.63%	3.74%	3.26%
Other (please specify)	7.73%	7.88%	9.15%	6.45%	8.01%

Selected "other" responses:

- Population health
- Education
- Chief of staff
- Clinical data management
- CMO
- Compliance
- Denials management
- Accountable care

Figure 10: Perceived provider engagement

Answer Options	Percentages
Very—They understand the importance of CDI and actively participate in documentation integrity efforts.	32.16%
Somewhat—They understand CDI concepts but inconsistently put them into practice or do so incorrectly.	57.12%
Hardly—They are only somewhat familiar with CDI concepts and may be unable to put them into practice.	6.61%
Not at all—They are totally unfamiliar with CDI concepts and/or are unwilling to put them into practice.	1.03%
Don't know	1.32%
Not applicable	1.76%

Figure 11: Frequency of physician education sessions, year-over-year

Answer Options	2024	2025
Weekly	7.05%	7.78%
Biweekly	2.66%	3.52%
Monthly	30.05%	35.98%
Quarterly	11.84%	10.87%
Annually	3.59%	3.52%
As needed	26.86%	21.15%
We do not conduct physician education sessions	9.04%	8.08%
Unsure	8.91%	9.10%

Figure 12: Physician advisor involvement, year-over-year

Answer Options	2022	2023	2024	2025
Yes, we have a full-time physician advisor	28.21%	27.76%	26.99%	34.70%
Yes, we have a part-time physician advisor	33.58%	36.28%	34.44%	36.52%
No, but we plan on engaging one in the near future	8.36%	11.51%	9.04%	6.36%
No, we have no plans to engage a physician advisor	17.16%	12.78%	15.16%	17.27%
Don't know	4.63%	2.52%	4.79%	5.15%

Selected "other" responses:

- We have PAs at some of our individual sites
- Some friendly physicians assist as able
- Shared with other departments
- We have a team of 10
- Yes, but very few hours of support per month
- Facility CMOs
- We haven't found a replacement yet

Figure 13: Physician champion involvement, year-over-year

Answer Options	2022	2023	2024	2025
Yes, we have a full-time champion	15.67%	15.93%	14.76%	17.85%
Yes, we have a part-time champion	23.88%	24.61%	21.94%	26.52%
No, but we plan on engaging one in the near future	9.40%	11.51%	9.71%	8.67%
No, we have no plans to engage a champion	31.94%	28.08%	30.19%	34.66%
Don't know	11.19%	8.52%	12.23%	12.31%

Selected "other" responses:

- Our champions are unofficial
- Some friendly physicians assist as able
- Unpaid and voluntary
- We have multiple
- CMO

Figure 14: Part-time physician advisor/champion sharing, year-over-year

Answer Options	2022	2023	2024	2025
Yes (please describe)	39.55%	44.01%	38.96%	41.85%
No	7.91%	7.73%	8.11%	12.78%
Don't know	17.61%	13.72%	18.75%	11.45%
N/A; we don't have a part-time advisor or champion	34.93%	34.54%	34.18%	33.92%

Part-time advisors/champions are shared with:

- Case management
- Internal medicine
- Utilization review/management
- Hospital service lines
- Quality
- Coding
- Denials
- Revenue cycle
- HIM
- UR/UM

Figure 15: Methods to measure CDI provider education program effectiveness

Answer Options	2024	2025
Pre- and post-education assessments	9.71%	11.16%
Improvement in CDI metrics (e.g., query response rate)	77.79%	79.59%
Feedback from providers	52.26%	53.45%
Reduction in documentation errors	34.84%	35.39%
Increased accuracy in coding and billing	28.72%	33.63%
Decreased denials Note: This option was not included on the 2024 survey	N/A	27.17%
Increased denial overturn Note: This option was not included on the 2024 survey	N/A	8.37%
Tracking participation rates	25.00%	23.05%
Other (please specify)	11.04%	11.16%

Selected "other" responses:

- We don't track this
- Decreased need for clarification
- Audit metrics
- Reduction in documentation errors or number of queries sent
- Vizient benchmarks for CMI

Figure 16: Staff development opportunities and perceptions

Answer Options	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I have received sufficient materials/training to perform my job well	1.17%	1.91%	7.34%	41.56%	48.02%
I feel valued and respected by my manager	2.64%	3.23%	6.75%	28.19%	59.18%
I feel valued and respected by the senior leadership team	2.20%	6.02%	14.83%	30.84%	46.11%
My CDI team is adequately staffed for the workload we have	5.58%	20.41%	15.57%	33.48%	24.96%
I am involved in decisions that affect our department functions & processes (such as software vendors, workflow processes, and departmental mission)	5.14%	12.04%	16.01%	32.45%	34.36%
I receive adequate feedback and recognition regarding my job performance	2.06%	7.34%	10.57%	36.12%	43.91%
I trust my compliance department to support me and protect my confidentiality if I reported a compliance concern	1.91%	3.38%	18.65%	34.80%	41.26%
I trust my HR department to support me if I reported any kind of concern	3.96%	7.64%	22.32%	31.13%	34.95%
My organization holds employees accountable for their actions/behaviors	3.38%	7.64%	17.91%	40.38%	30.69%

Figure 17: Financial assistance for earning CEUs

Answer options	2023	2025
Yes, via access to a platform that has CEU-approved education	37.54%	55.07%
Yes, via reimbursement for CEUs required to maintain my CDI/coding credential(s)	14.51%	22.32%
Yes, the organization provides educational opportunities with CEUs	35.33%	43.61%
No, staff are responsible for CEUs needed to maintain their CDI/coding credential(s) and receive no financial support	31.83%	20.26%

Figure 18: Departments with CDI-specific certification requirements

Answer options	Not required	Required for all staff	Required for leadership	Required for specialized roles
CCDS	39.79%	21.44%	25.99%	29.37%
CCDS-O	90.01%	1.62%	1.76%	7.78%
CDIP	84.73%	4.41%	4.85%	8.81%
CRC	90.60%	2.94%	1.03%	6.17%
CCS	80.18%	3.82%	3.08%	14.68%
RHIA	84.58%	3.38%	3.82%	9.40%
RHIT	85.90%	3.08%	2.79%	8.96%
RN	22.47%	59.77%	8.37%	19.24%

Selected responses:

- MD
- CPC
- CCM
- CPN
- CCS or RN
- CPMA
- CRCR
- Foreign providers must be ECFMG eligible
- PA
- BSN
- One CDI/HIM credential required within six months of eligibility to obtain
- Master's-level education for all leadership roles

Figure 19: Number of inpatient reviews per day in reality, year comparison

2024

	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	5.85%	60.23%	19.15%	3.22%	2.34%	0.73%	4.09%	4.39%
Re-reviews	7.31%	35.67%	31.87%	10.23%	2.63%	1.17%	5.56%	5.56%

2025

	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	7.04%	59.78%	18.94%	2.82%	2.03%	0.94%	4.69%	3.76%
Re-reviews	9.70%	35.05%	32.39%	8.92%	2.03%	1.88%	5.63%	4.38%

Selected comments:

- 18 per day total
- We just switched to a hybrid of 18–20 reviews (new/subsequent)
- 25 total
- Depends on the facility as retrospective quality reviews are also a big part of our program
- We do not separate by new and subsequent
- It varies greatly
- Plus mortality reviews
- Re-reviews are not counted, but the quality of the work and final reconciliation are looked at closely
- We use prioritization software, so we don't set follow-up reviews

Figure 20: Number of inpatient reviews per day expected

	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	3.91%	53.36%	23.00%	3.91%	2.50%	1.10%	4.38%	3.76%
Re-reviews	7.36%	28.01%	36.46%	8.29%	2.35%	1.72%	5.48%	4.38%

Selected comments:

- No productivity expectations
- Depends on what is scheduled for follow-up, discharges, and mismatch
- We simply require a total of 20 reviews per day
- Depends on how long you have been in the role
- Re-reviews are at your discretion
- Organization prefers a quality review as opposed to quantity
- Dependent on mortality and PSI volumes
- We expect no less than nine

Figure 21: Personal average query rate, year comparison

Answer Options	2024	2025
10% or less	1.32%	2.35%
11%–20%	8.77%	10.64%
21%–30%	20.61%	21.28%
31%–40%	26.90%	21.75%
41%–50%	13.16%	11.11%
More than 50%	12.13%	9.55%
Unsure	12.28%	12.99%
We don't track this metric	4.82%	10.33%

Figure 22: Goal query rate of CDI department

Answer Options	Percentages
10% or less	1.56%
11%–20%	6.57%
21%–30%	27.70%
31%–40%	25.51%
41%–50%	7.36%
More than 50%	4.69%
Unsure	11.42%
We don't track this metric	15.18%

Figure 23: Query response rate, year-over-year

Answer Options	2022	2023	2024	2025
0%–25%	1.34%	0.79%	0.73%	1.72%
26%–50%	2.24%	1.74%	0.88%	1.72%
51%–60%	1.64%	1.10%	0.58%	1.10%
61%–70%	1.34%	1.26%	0.73%	0.31%
71%–80%	4.78%	4.57%	3.07%	1.72%
81%–90%	18.36%	17.19%	12.43%	10.49%
91%–100%	55.97%	60.09%	69.44%	62.75%
Don't know	9.85%	10.57%	9.80%	12.99%
We don't track this metric	4.48%	2.68%	2.34%	7.20%

Figure 24: Goal query response rate of CDI department

Answer Options	Percentages
0%–25%	0.63%
26%–50%	0.16%
51%–60%	0.63%
61%–70%	0.31%
71%–80%	1.88%
81%–90%	12.68%
91%–100%	66.82%
Don't know	10.64%
We don't track this metric	6.26%

Figure 25: Query agreement rate, year-over-year

Answer Options	2022	2023	2024	2025
0%–25%	2.09%	1.74%	0.58%	0.94%
26%–50%	2.69%	2.52%	1.17%	0.63%
51%–60%	1.79%	0.95%	1.17%	0.31%
61%–70%	2.09%	1.26%	1.32%	0.63%
71%–80%	7.76%	7.41%	5.26%	4.85%
81%–90%	34.18%	31.70%	32.89%	25.2%
91%–100%	34.48%	38.49%	40.35%	41.94%
Don't know	10.45%	11.09%	12.72%	15.49%
We don't track this metric	4.48%	4.89%	4.53%	10.02%

Figure 26: Goal query agreement rate of CDI department

Answer Options	Percentages
0%–25%	0.63%
26%–50%	0.94%
51%–60%	0.63%
61%–70%	0.63%
71%–80%	3.29%
81%–90%	30.99%
91%–100%	38.50%
Don't know	12.99%
We don't track this metric	11.42%

Figure 27: Escalation policy use, year comparison

Answer Options	2023	2024	2025
We have an escalation policy	83.19%	87.72%	89.20%
We don't have an escalation policy	7.28%	7.75%	6.42%
Don't know	3.22%	2.49%	1.41%
Other	6.30%	2.05%	2.97%

Selected "other" responses:

- Dependent on the situation
- Yes for hospitalists, no for specialists
- We do, but we are not having good luck enforcing it today
- We have a query escalation process for inpatient CDI and coding and working to implement similar practice in our hospital OP CDI program
- This is handled by HIM
- We used to and stopped, but are revising the process
- Only for PSI/mortality queries
- Not a formal policy but we do have a process
- Our physician advisor was doing this, but it caused declining relationships with providers; we are trying to get Senior Leadership and medical department heads more involved

Figure 28: Utilizing CDI software solutions

Software solutions	No, we haven't implemented this solution and have no immediate plans to do so	No, we haven't implemented this solution, but we're planning to in 2025	Yes, we use this solution, and it's negatively impacted our performance	Yes, we use this solution, but it hasn't changed our performance noticeably	Yes, we use this solution, and it's improved our performance
Computer-assisted physician documentation (CAPD)	52.43%	11.89%	2.19%	19.25%	14.24%
Computer-assisted coding (CAC)	20.19%	2.97%	4.69%	23.47%	48.67%
Natural language processing (NLP)/ Natural language understanding (NLU)	30.52%	5.63%	2.66%	23.79%	37.40%
Electronic querying	18.15%	4.54%	2.66%	12.83%	61.82%
Electronic grouper	19.56%	2.19%	1.25%	19.25%	57.75%
Chart prioritization	17.06%	5.48%	8.14%	22.07%	47.26%
Quality database	35.68%	6.42%	2.03%	20.66%	35.21%
Some internally developed EHR modifications	37.56%	5.16%	3.13%	14.71%	39.44%

Selected "other" responses:

- Implemented CER rules that automatically capture conditions if clinical criteria is matched
- We just started prioritization this week
- Not sure about all categories
- AI solutions
- Smartphrase development

Figure 29: Length of time involved with denials management, year-over-year

Answer Options	2020	2022	2023	2024	2025
We're not involved in the denials management/appeals process	40.81%	32.09%	41.28%	35.83%	36.64%
We're not involved, but are planning to get involved in the near future Note: This option was not included before 2025	N/A	N/A	N/A	N/A	8.65%
Less than a year	8.42%	3.73%	5.23%	6.02%	3.77%
1–2 years	11.98%	10.45%	13.37%	9.10%	8.18%
3–4 years	15.18%	17.91%	9.88%	12.19%	13.21%
5–6 years	9.37%	11.19%	12.21%	13.36%	9.28%
7–8 years	3.91%	2.24%	4.07%	5.73%	7.70%
9–10 years	3.32%	6.72%	2.91%	4.55%	2.52%
More than 10 years	7.00%	15.67%	11.05%	13.22%	10.06%

Figure 30: Individuals involved in the denials management process, year-over-year

Answer Options	2022	2023	2024	2025
A group of CDI team members sit on a denials committee	10.79%	13.86%	9.07%	10.43%
A designated denials or appeals specialist in the CDI department	25.90%	24.75%	29.17%	35.89%
CDI second-level reviewers	13.67%	22.77%	21.08%	22.09%
CDI educators/auditors	20.14%	28.71%	16.18%	18.10%
Physician advisor/champion	17.27%	30.69%	22.06%	28.22%
The team leads/managers	39.57%	40.59%	41.67%	45.40%
Other (please specify)	26.62%	16.83%	19.85%	13.80%

Selected "other" responses:

- CDI does not handle these anymore
- All CDI staff
- We are currently hiring a team member to specifically do denials
- An outside vendor

Figure 31: Type of denials reviewed by CDI, year-over-year

Answer Options	2022	2023	2024	2025
Clinical validation	74.82%	83.17%	85.54%	87.73%
Coding-based denials	35.97%	39.60%	36.27%	29.14%
DRG validation	51.08%	66.34%	54.66%	64.11%
Readmission denials Note: This option was not included before 2025	N/A	N/A	N/A	9.82%
Medical necessity	23.74%	27.72%	21.32%	14.72%
Other (please specify)	13.67%	7.92%	6.37%	4.60%

Selected "other" responses:

- Unsure
- In 2025 they took this away from CDI being looped in
- Denials related to CDI queries
- Physician documentation–related denials

Figure 32: Percentage of inpatient claims resulting in a denial, year-over-year

Answer Options	2022	2023	2024	2025
1%–5%	11.51%	8.91%	5.64%	6.75%
6%–10%	6.47%	5.94%	5.88%	6.44%
11%–20%	5.76%	10.89%	4.17%	5.83%
21%–30%	0.72%	1.98%	2.70%	2.15%
31%–40%	1.44%	0.00%	0.98%	0.61%
41%–50%	1.44%	0.00%	0.25%	0.61%
51% or more	0.00%	0.00%	0.49%	0%
Don't know	66.19%	64.36%	78.43%	75.15%
Not applicable	6.47%	7.92%	1.47%	2.45%

Figure 33: Average percentage of denials in each category, year-over-year

Answer Options	Average Answer			
	2022	2023	2024	2025
Clinical validation	31.53%	33.16%	45.24%	21.78%
Coding-based	22.11%	19.26%	17.08%	19.63%
DRG validation	20.58%	17.08%	17.87%	19.63%
Medical necessity	17.21%	23.80%	18.03%	16.26%
Readmission denials Note: This option was not included before 2025	N/A	N/A	N/A	14.11%
Other	17.19%	12.69%	14.67%	9.82%

Figure 34: Denial origins, year-over-year

Answer Options	2020	2022	2023	2024	2025
Don't know Note: This option was not included on the 2020 survey	N/A	43.17%	34.65%	39.22%	38.34%
Medicare Administrative Contractors	4.11%	15.83%	13.86%	15.93%	20.55%
Recovery Auditors	4.11%	10.79%	12.87%	9.80%	10.43%
Private payers (please indicate which payer)	91.78%	30.22%	38.61%	35.05%	30.67%

Selected private payers mentioned:

- UnitedHealthcare
- Blue Cross Blue Shield
- Humana
- IBC
- Aetna
- Anthem
- State Medicaid and Advantage plans
- County Care
- Cigna
- Fidelis
- Kaiser
- Meridian
- Optum
- Local payer

Figure 35: Top denied diagnoses, year-over-year

Answer Options	2020	2022	2023	2024	2025
Congestive heart failure	13.74%	12.23%	10.89%	14.71%	11.66%
Sepsis	74.81%	69.78%	81.19%	85.29%	84.66%
Respiratory failure	66.67%	52.52%	62.38%	74.02%	77.61%
Malnutrition	54.96%	47.48%	50.50%	52.70%	51.84%
Kidney disease	16.54%	15.83%	29.70%	26.72%	27.91%
Acute blood loss anemia	13.99%	10.79%	9.90%	11.52%	14.11%
Pneumonia	16.28%	9.35%	13.86%	10.78%	13.80%
Altered mental status	3.31%	3.60%	1.98%	3.19%	4.60%
Encephalopathy	44.27%	39.57%	44.55%	48.77%	57.36%
Chronic obstructive pulmonary disease	2.04%	2.16%	3.96%	1.47%	1.23%
Acute myocardial infarction	8.40%	5.76%	16.83%	10.05%	11.96%
Other (please specify)	15.01%	28.06%	21.78%	15.69%	16.26%

Selected "other" responses:

- Don't know
- UTI
- Hyponatremia
- Fluid and Electrolytes
- Acidosis
- AKI
- Cerebral edema
- Diabetes
- Obesity
- Depression
- Newborn diagnoses
- AHRF
- Acute renal failure

Figure 36: Technology usage for denial-vulnerable chart identification

Answer Options	Percentages
Yes, it checks all charts	13.8%
Yes, it checks 50% of charts	2.15%
Yes, it checks 25% of charts	2.45%
No, we do not	68.1%
Other (please specify)	13.5%

Selected "other" responses:

- Don't know
- Outside contractor/vendor
- Will be implementing this year
- Part of our EHR
- Prioritized to hit the top denied diagnoses

Figure 37: Type of CDI involvement with denials management, year-over-year

Answer Options	2022	2023	2024	2025
We review denials on a case-by-case basis upon request	39.24%	40.69%	41.61%	37.77%
We review denials when the CDI team had previously reviewed the claim	17.53%	13.56%	12.73%	12.32%
Our physician advisor/champion works on the appeal letters	16.67%	16.25%	14.60%	18.23%
We help to write the appeal letters	23.09%	21.14%	24.69%	24.63%
We clinically validate high-risk diagnoses concurrently (e.g., malnutrition, sepsis, etc.)	46.88%	43.22%	42.55%	45.16%
We clinically validate high-risk diagnoses retrospectively	21.01%	22.56%	21.43%	22.82%
We conduct mortality reviews for denial defense	30.90%	31.23%	30.59%	31.03%
We work with other organizational stakeholders to develop organization-specific clinical criteria for high-risk diagnoses	14.58%	16.40%	16.93%	21.18%
We provide education to physicians based on denial trends	30.03%	26.97%	26.24%	31.86%
We work with our payer contracting team to review contracts	8.33%	9.62%	7.30%	11.17%
We collaborate cross-departmentally on denial defense (e.g., with the case management team on medical necessity denials)	18.75%	16.56%	10.87%	14.78%
None of the above	18.40%	17.67%	20.19%	21.02%
Other (please specify)	11.46%	14.04%	12.89%	10.84%

Selected "other" responses:

- Not sure
- CV and DRG downgrades are all reviewed by CDI
- We plan on doing many of these initiatives in the near future
- Discuss denial trends periodically with CDI team in staff meetings
- Contracted vendor
- We have not been able to get denials or contract information

Figure 38: Outpatient expansion, year-over-year

Answer options	2020	2021	2023	2024	2025
We have a stand-alone outpatient CDI department with dedicated outpatient reviewers	16.58%	20.61%	24.61%	25.93%	30.59%
Our inpatient reviewers also review some outpatient records or provide education	3.15%	3.60%	2.21%	1.13%	1.15%
We don't have an outpatient CDI department but are planning to	25.87%	21.85%	20.35%	16.75%	12.83%
We don't have an outpatient CDI department and have no plans to add one	46.27%	44.37%	42.90%	45.25%	47.37%
Don't know	4.15%	5.63%	4.73%	7.73%	8.06%

Figure 39: Outpatient settings/services reviewed, year-over-year

Answer options	Currently review	Plan to review in the next 12 months	Plan to review eventually, but not in the next 12 months	No plans to review	N/A
Ambulatory surgery	18.42%	2.63%	6.84%	29.47%	42.63%
Emergency department	19.47%	3.16%	9.47%	26.84%	41.05%
Medical necessity of admissions	10.00%	1.05%	4.21%	35.79%	48.95%
Observation stays	15.79%	2.11%	6.84%	30.00%	45.26%
Obstetrics/gynecology	15.26%	3.68%	3.68%	28.42%	48.95%
Outpatient oncology	20.53%	5.26%	3.68%	25.26%	45.26%
Outpatient pediatric care	13.16%	4.21%	2.63%	28.95%	51.05%
Outpatient psychiatry	11.58%	1.05%	2.63%	33.16%	51.58%
Outpatient rehabilitation	6.84%	2.63%	2.63%	38.42%	49.47%
Physician practice/clinics/ Part B services	49.47%	2.11%	2.11%	12.11%	34.21%

Selected comments:

- Unsure
- We review clinic visits based on payer
- Outpatient orthopedics
- Other specialties like cardiology, GI, pulmonary
- SNF reviews
- We review areas where provider needs to do a super-bill, expanding into revenue integrity projects for areas that are centrally coded

Figure 40: Outpatient review focus, year-over-year

Answer options	2022	2023	2024	2025
Hierarchical Condition Category (HCC) capture	58.52%	47.09%	48.11%	51.05%
Evaluation and management (E/M) coding	3.70%	4.65%	15.68%	4.74%
Denials prevention	3.70%	1.74%	11.35%	1.05%
Medical necessity/patient status	5.19%	4.65%	11.89%	2.11%
Coverage of drugs/devices/procedures (etc.)	1.48%	0.58%	3.78%	0%
Emergency department reviews/observation	2.96%	1.74%	7.57%	1.05%
Infusion injection stop times Note: This option was not included on the 2022 survey.	N/A	1.16%	4.86%	0%
Accuracy of Current Procedural Terminology (CPT®) codes for expensive surgeries/procedures	1.48%	1.74%	9.73%	0.53%
National and local coverage determinations *Note: This option was not included on the 2022 survey*	N/A	1.16%	4.86%	0%
Quality measures *Note: This option was not included on the 2022 survey*	N/A	0.58%	10.27%	1.05%
Risk adjustment generally (not necessarily tied to HCC capture) *Note: This option was not included on the 2022 survey*	N/A	4.65%	12.43%	3.68%
Don't know	11.11%	10.47%	19.46%	26.32%
Other (please specify)	11.85%	19.77%	41.08%	8.42%

Selected "other" responses:

- E/M or other procedural codes and documentation to support diagnoses
- CVA and MIs
- Revenue integrity
- Sufficient documentation for charge capture

Figure 41: Outpatient review timing, year-over-year

Answer options	2021	2022	2023	2024	2025
Prospectively—before the physician sees the patient	33.33%	40.74%	40.12%	32.43%	37.89%
Concurrently—while the patient is in the office	15.66%	12.59%	11.63%	9.73%	11.58%
Retrospectively—after the appointment has happened	30.92%	31.85%	38.37%	23.24%	36.84%
We don't perform chart reviews/focus is on education	5.22%	9.63%	7.56%	5.41%	3.68%
Don't know	31.73%	9.63%	11.05%	38.38%	33.16%
Other (please specify)	6.43%	14.81%	17.44%	10.81%	8.42%

Selected "other" responses:

- Project-based program: we analyze data, identify opportunities for improvement, implement solutions, monitor outcomes
- Retrospective process but moving to prospective process
- N/A

Figure 42: Number of outpatient reviews per day, expected vs. reality

Expected

	0–5	6–10	11–15	16–20	21–25	More than 25
New reviews	8.33%	15.00%	13.33%	15.00%	18.33%	30.00%
Re-reviews	19.51%	14.63%	21.95%	12.20%	7.32%	24.39%

In reality

	0–5	6–10	11–15	16–20	21–25	More than 25
New reviews	9.52%	11.11%	14.29%	12.70%	14.29%	38.10%
Re-reviews	4.09%	25.00%	9.09%	22.73%	13.64%	4.55%

Selected comments:

- 20 retrospective reviews daily, and 2 provider education sessions daily
- We do not have a set daily goal
- They would only do a re-review of a visit if they sent a query
- Prospective reviews only

Figure 43: Key performance indicators to monitor outpatient CDI impact, year comparison

Answer options	2023	2025
Risk Adjustment Factor (RAF) score year-over-year	37.79%	46.50%
Denial rate	5.23%	8.92%
HCC capture	42.44%	55.41%
CPT® code capture	4.65%	3.82%
E/M professional billing	9.88%	11.46%
Publicly reported quality scores	4.65%	8.92%
Other (please specify)	18.60%	39.49%

Selected “other” responses:

- Started department in January, will be doing all by end of year
- Improvement in scores and education opportunities
- We do not track this metric separately from our inpatient metrics
- Risk gap, query rates, agree rates
- Realized/potential RAF per ACO
- Review volumes, CC/MCC if patient was admitted after surgery

Figure 44: Reviewing for risk adjustment during chart reviews

Answer Options	Percentages
Yes, in both the inpatient and outpatient settings	42.63%
Yes, in just the inpatient setting	22.63%
Yes, in just the outpatient setting	11.05%
No, we don’t review for risk adjustment	15.79%
Unsure	7.89%

Figure 45: Risk adjustment methodologies used by organizations

Answer Options	2024	2025
CMS-HCCs	48.74%	77.08%
HHS-HCCs	12.30%	27.78%
Elixhauser Comorbidity Index	44.16%	52.08%
Vizient's Risk Adjusted Index	44.16%	56.25%
VERA	1.26%	0.69%
Chronic Illness and Disability Payment System (CDPS)	0.79%	3.47%
None of the above	16.56%	0.69%
Other (please specify)	8.20%	4.86%

Selected "other" responses:

- AHRQ
- Premier

Figure 46: CDI team members responsible for reviewing mortalities for risk adjustment and SOI/ROM capture

Answer Options	This group/individual reviews all mortalities	This group/individual reviews only mortalities that have SOI/ROM scores below a 4	This group/individual does not review mortalities
All CDI staff	30.93%	10.93%	58.15%
A group of CDI team members sit on a quality committee	26.92%	10.53%	62.55%
A designated quality specialist in the CDI department	32.60%	11.40%	56.00%
CDI second-level reviewers	42.58%	12.91%	44.51%
CDI educators/auditors	21.38%	9.57%	69.04%
Physician advisor/champion	19.13%	8.94%	71.93%
The team leads/managers	30.92%	15.46%	53.61%
The coding team, with occasional support from the CDI department	30.75%	11.00%	58.25%
The quality team, with occasional support from the CDI department	31.97%	12.09%	55.94%

Figure 47: Pediatric expansion, year comparison

Answer Options	2024	2025
Yes, we review inpatient pediatric cases only	46.84%	42.01%
Yes, we review outpatient pediatric cases only	0.32%	1.02%
Yes, we review both inpatient and outpatient pediatric cases	2.11%	3.23%
No, we don't review pediatric cases but have plans to in the next 12 months	5.02%	7.48%
No, we don't review pediatric cases and don't have plans to	45.71%	46.26%

Figure 48: Pediatric settings/services reviewed

Answer Options	2024	2025
General pediatric inpatient admissions	77.31%	85.45%
Pediatric ICU (PICU)	70.45%	79.85%
Neonatal ICU (NICU)	76.42%	73.51%
Outpatient pediatric psychiatry	1.49%	1.49%
Outpatient pediatric primary care	3.58%	5.97%
Pediatric surgical services	39.70%	51.12%
Other (please specify)	6.57%	7.09%

Selected "other" responses:

- Multiple subspecialty admissions
- Intermediate care nursery
- Trauma

Figure 49: Pediatric review focus, year comparison

Answer Options	2024	2025
APR-DRG accuracy	70.15%	78.36%
ICD-10 coding accuracy	74.63%	76.12%
Quality measures	45.07%	53.36%
Publicly reported quality rankings (e.g., U.S. News & World Report, etc.)	15.82%	20.90%
Denials management	22.39%	19.40%
Risk adjustment	26.27%	39.55%
Other (please specify)	5.37%	4.48%

Selected "other" responses:

- Medical necessity
- Cases that present as a high priority on our work list

Figure 50: Tracking pediatric CDI impact, year comparison

Answer Options	2024	2025
We use pediatric-specific CDI software	7.46%	5.97%
We use a modified version of our adult-specific CDI software	32.24%	37.69%
We track impact manually using a spreadsheet	8.36%	8.21%
We contract with an external company to monitor our performance	2.70%	5.60%
Our internal IT department created a tracking tool for us	7.16%	8.58%
N/A; we don't have a way to track our impact	21.49%	23.88%
Other (please specify)	2.99%	17.16%

Selected "other" responses:

- Vendor software not pediatric-specific
- EPIC is utilized to track impact
- It is included in the software by service line
- We use the same method as for our adult population

Figure 51: Top three queried diagnoses for pediatric reviews

Answer Options	Percentages
Sepsis	47.01%
Respiratory failure	66.79%
Hypoglycemia	22.01%
Respiratory Distress Syndrome	53.36%
Bronchopulmonary dysplasia	5.60%
Meconium Aspiration Syndrome	7.84%
Other (please specify)	21.64%

Selected "other" responses:

- Malnutrition
- Electrolyte dysfunction
- Trauma-related queries
- Shock
- Acute blood loss anemia
- Intellectual disability

Figure 52: OB/GYN, labor and delivery case reviews

Answer Options	Percentages
We review all OB/GYN charts	12.33%
We review only OB/GYN charts for high-risk patients or certain conditions	12.33%
We review all labor and delivery charts	4.97%
We review only labor and delivery charts for high-risk patients or certain conditions	7.88%
No, we do not review either OB/GYN or labor and delivery cases	63.18%
Unsure	4.28%

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