Clinical Documentation Integrity Week

Industry Overview Survey

Association of Clinical Documentation Integrity Specialists | *www.acdis.org*

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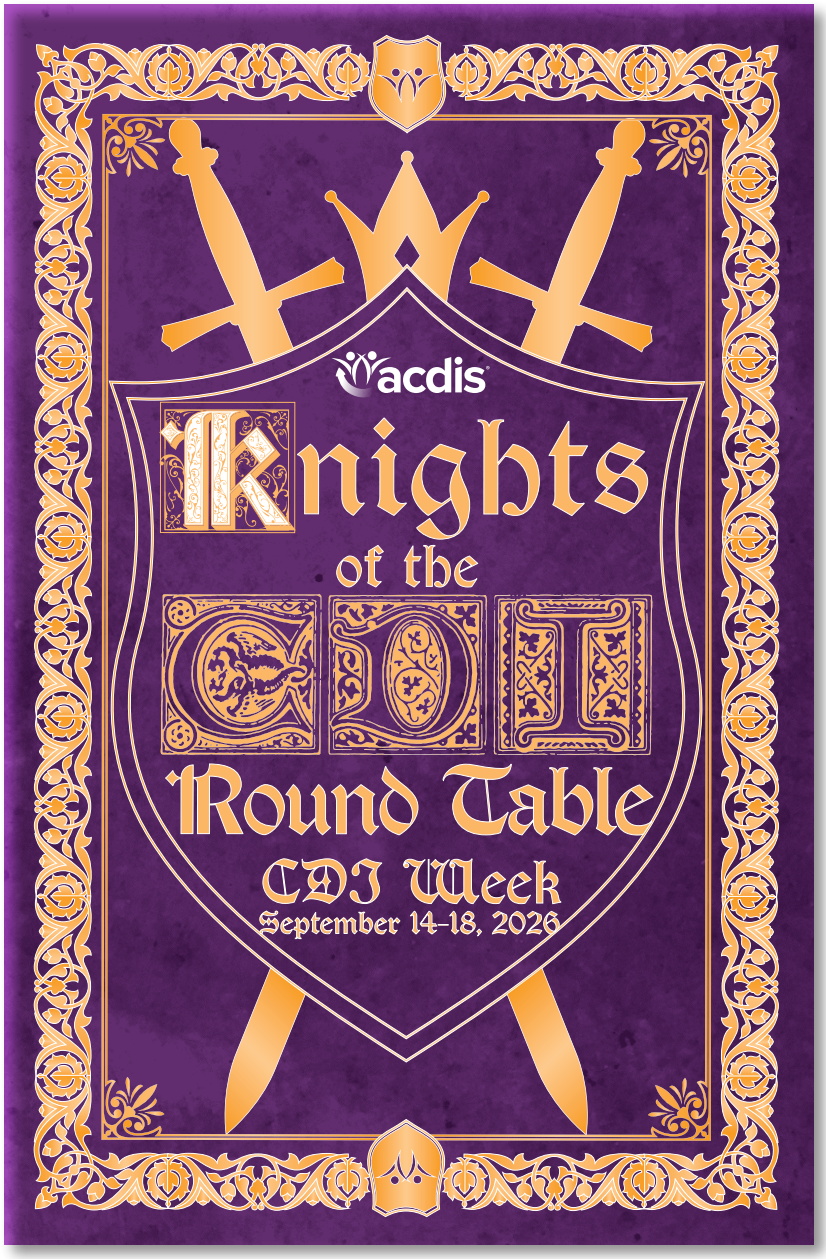


2026 CDI Week Industry Overview Survey

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 Knights of the CDI Round Table, celebrating the magic in everything CDI professionals do as they brave new documentation adventures, fight inaccuracy, and unite the healthcare community at round tables that intersect quality, coding, and clinical practices.

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 engagement and education, query practice and compliance, denials mitigation and CDI involvement, outpatient and risk adjustment, and pediatrics and neonatal CDI. It marks the 16th annual CDI Week Industry Survey, continuing more than a decade and a half of industry evaluation.

"CDI programs often need the CDI Week Industry Survey to serve as a benchmark for their program and their organizations. We can check, 'Are there areas where we are weaker than our peers? What is our physician engagement like? Are we doing better than expected or worse?' " says **Okemena Ewoterai, BSN, MA, CCDS, CDIP, CCS**, director of CDI at Montefiore Medical Center in Bronx, New York. "It may serve to help us course-correct or adjust not only our workflows, but our expectations. The same would apply to individual CDI specialists, as some of us track our own metrics and perhaps we can surface issues to our leaders that we've been wanting to address, this time with better evidence. For a new CDI professional, understanding the industry you're entering can also be very informative."

This year, 874 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. X.

Survey respondents were first asked their title and role to understand the field's current demographics and scope of positions. In line with previous years, the role of CDI specialist was chosen by the largest number of respondents (29.96%), followed by CDI manager (20.10%) and CDI director (14.03%). For the second year in a row, CDI educator maintained its spot in fourth place over other leadership roles (such as CDI lead or supervisor) by a small margin, chosen by 5.69% of respondents. CDI lead did see a small increase, however, from 3.66% in 2025 to 5.56% in 2026. (See Figure 1.)

This year, there are some changes to highlight regarding respondents' organization type. The percentage of respondents working in an acute care hospital has continually decreased year-over-year since the first time this question was asked in 2021, chosen by 26.04% of

About the 2026 CDI Week Industry Survey advisor

Okemena Ewoterai, BSN, MA, CCDS, CDIP, CCS, is the director of CDI at Montefiore Medical Center in Bronx, New York, with more than 14 years of CDI experience and more than 20 years of nursing experience. Currently, she oversees a diverse staff that includes foreign medical graduates, registered nurses of various backgrounds, a coder, and a physician assistant. As part of her CDI experience, she has educated nurses and providers on clinical documentation techniques and workflows, engaged in software selection, and participated in quality review processes (PSI, Elixhauser, and HCCs). Ewoterai has worked on practice briefs and white papers with ACDIS and AHIMA, including coauthoring *Clinical Validation: the Next Level of CDI* in January 2019, and the ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice* in February 2019 and August 2026. She has been an officer in the Greater New York ACDIS local chapter, is currently a member of the ACDIS Diversity and Inclusion Committee, and serves on the ACDIS Advisory Board. She has also been a guest on the *ACDIS Podcast*.

respondents in 2026 in comparison to 29.72% in 2025. Conversely, there has been a slow increase in the number of respondents who are a part of a healthcare system with multiple sites, but in 2026 the number jumped a notable eight percentage points over the previous year, for a total of 46.27%. These trends speak to the broader trend of stand-alone hospitals consolidating into healthcare systems, an increase that shows no sign of slowing. (See Figure 2.)

When asked about time in their current role, 34.01% of respondents said between zero and two years, slightly higher than in 2025 (31.89%), while 28.45% said between three to five years, compared to 31.39% in 2025. Overall, these numbers stayed largely consistent with previous years, showing only a small uptick that coincides with the trend of more CDI professionals in newer roles. When asked about their time in the profession overall, the percentage of respondents who said between 11 and 20 years continued to see a small year-over-year increase, from 40.30% in 2025 to 42.85% in 2026, indicating that longevity in the profession is common. (See Figure 3.)

When asked for their number of facility beds, respondents generally gave numbers that were consistent with previous years; 23.38% of respondents reported their facility has up to 400 beds, 31.86% reported between 401 and 1,000 beds, and 19.47% reported more than 1,000 beds. (See Figure 4.)

The total number of health system beds reported by respondents remains stable year-over-year. The most common number of beds was 3,001 or more, chosen by 28.95% of respondents. Consistent with the previous year, 37.42% of respondents said that, on average, their organization saw 10,000 discharges or more annually. (See Figures 5 and 6.)

Since 2025, we have also included a question regarding the size of CDI departments. Answers were spread across the board, though more than half of respondents said that their organization currently employs between 11 and 50 full-time-equivalent CDI staff (53.86%). This year, "101 or more" was added as an answer option and selected by 9.23% of respondents. (See Figure 7.)

Given that a variety of professionals are involved in CDI efforts, we continue to expand the list of credentials for respondents to select from. For the first time, the survey included the following credentials: Bachelor of Science in Nursing (chosen by 51.20%), Master of Business Administration (6.07%), and Master of Science in Nursing (13.40%). ACDIS' Certified Clinical Documentation Specialist (CCDS) credential was the most popular credential, chosen by 65.99% of respondents, though this was a small drop from 69.61% in 2025. The number of respondents who noted that they hold an RN credential fell from 73.68% in 2025 to 52.34% in 2026. Otherwise, all other credential options saw little change from 2025 response rates. (See Figure 8.)

The reporting structure of CDI departments has fluctuated many times since the questions was first asked in 2021. The number of respondents whose CDI department reports to revenue integrity/cycle has been the top answer since this question was first asked, but it has seen a general increase over the years, with yet another notable rise from 41.79% to 44.88% this past year. On the other hand, reporting to HIM/coding—the second most popular option—has seen a steady decline, though it stayed mostly consistent this year at 14.66% (compared to 14.93% in 2025). Reporting to finance, the third most popular option, has also seen a decline, from 12.75% in 2025 to 10.24% in 2026. For a time, reporting to quality had grown in popularity and even surpassed finance in 2023, but its year-over-year trend of late has shown a steady decrease (8.98% in 2026 compared to 10.31% in 2025). (See Figure 9.)

Provider engagement and education

Provider engagement fails when a query arrives without context. Providers confirm findings faster, and trust them more, when they can see the specific documentation behind a request rather than a confidence score alone. Transparency builds the trust that turns compliance into collaboration, curiosity, and stronger documentation.

Education compounds the effect. Individual queries close single charts; group-level trends, recurring specificity gaps, patterns tied to visit type, change documentation behavior going forward. Programs pairing real-time performance visibility with clear next steps see providers engage with feedback while it can still shape the next encounter.

In prospective risk adjustment, technology alone is not enough. Reveleer combines explainable queries, engagement tracking, and provider education in one workflow so CDI teams see where providers struggle most.

— Jerry Hagan, EVP, GM of clinical intelligence, Reveleer

One of the core responsibilities of a CDI specialist is to educate and communicate with providers on basic clinical documentation concepts—it's one of the prerequisites for ACDIS' CCDS credential for a reason. Given the ever-increasing demands placed on providers, however, finding new tactics to educate and engage them in documentation integrity efforts remains paramount to CDI work. Data related to these efforts has been tracked in nearly every CDI Week Industry Survey, and in 2026 ACDIS decided to examine the importance of both engagement and education with providers.

"When people were on-site, we had educational lunches and breakfasts, tip sheets, cards, etc. Over the years, it's become about ease of communication," says Ewoterai. "What apps do we have that would allow our [providers] to see our queries easier? It's not about sending an email or calling them; it's about reaching them wherever they are. Some MDs, because they like to be competitive, like seeing their 'report cards.' Providers are under a great deal of stress to see as many patients as possible. I think the biggest factor influencing providers [in their drive to stay] engaged and educated is competing priorities. If their job is to keep their patients alive and to keep seeing more patients, their other external factor is burnout."

ACDIS has asked about respondents' perception of provider engagement at their organization many times over the years. Since the answer options were reworded in 2025 to provide fresh perspective, however, there have been notable changes in the data. First, 50.35% of respondents reported their medical staff are "somewhat" engaged, meaning "they understand CDI concepts but inconsistently put them into practice or do so incorrectly," a notable decrease from the 57.12% who reported the same in 2025. This seems to indicate a positive trend, however, given that 42.70% reported their medical staff is "very" engaged in CDI, meaning "they understand the importance of CDI and actively participate in documentation integrity efforts," a large jump up from 32.16% in 2025. The percentage that said their providers are "hardly engaged" dropped from 6.61% to 3.89%. (See Figure 10.)

"A concerted effort from medical [and] organizational leadership is one of the best methods to move the needle from 'somewhat' to 'very' engaged," says Ewoterai. "I think most providers understand the importance of a query. We can beat the drum endlessly about it; however, it becomes more important if their executive and organizational leadership say, 'You should respond to this.' We have providers who are very engaged and respond pretty quickly to most of our queries. I would say that, as a mature CDI program, this has come with a lot of work on the part of our CDI specialists, CDI managers, our medical director, and her physician colleagues, as well as executive leadership."

When asked how frequently they conduct physician education sessions, there were few changes year-over-year; 33.52% of respondents reported they conduct education monthly, in line with 2025 (35.98%), while almost 14% said they do so quarterly, a small increase from last year (10.87%). (See Figure 11.)

Since ACDIS began routinely asking respondents about the use of a physician advisor in 2022, the percentage of respondents who reported having a full-time physician advisor stayed below 30% year-over-year—that is, until last year, when it jumped up almost eight percentage points to 34.70%. Further evidence was needed to indicate whether this was only a brief spike in the data, however. This year, 33.90% indicated their program has a full-time physician advisor, which is less than a percentage point difference from 2025 and a further sign that there may indeed be a growing number of full-time physician advisors assisting CDI programs. Yet having a part-time physician advisor still remains the most common answer, and many respondents left comments noting that their physician advisor has very limited time allocated to CDI. Otherwise, the percentage that indicated their program doesn't have plans to engage a physician advisor at all fell from 17.27% in 2025 to 12.62% in 2026. (See Figure 12.)

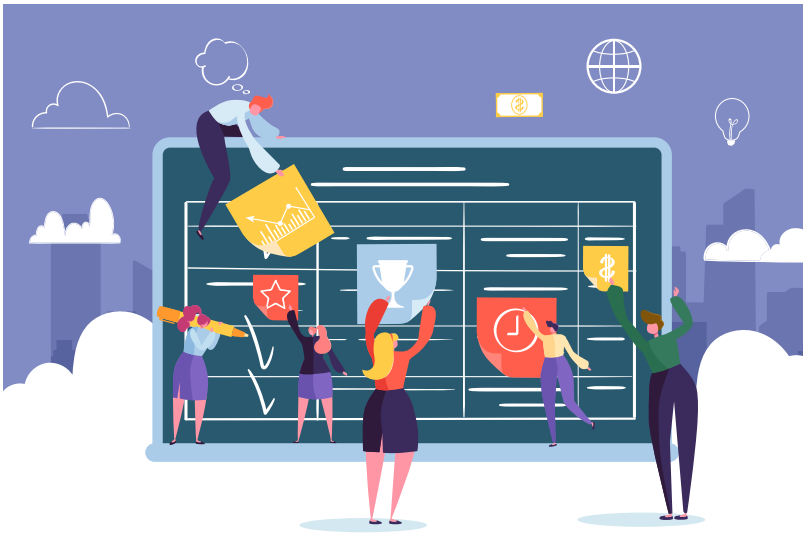
When it comes to physician champion involvement, 2026 built even further on the increase from the previous year; 45.21% of respondents reported having either a part-time or full-time physician champion, compared to 44.37% in 2025. Having a physician advisor seems to increase the likelihood of having a physician champion (54.57% compared to 25.36%). A positive trend also can

be noted when it comes to provider engagement and having either a physician advisor or champion; of those with a physician advisor, for instance, 46.73% reported their medical staff were very engaged, while among those without one, just 28% cited that level of engagement. Similarly, 50.56% of those with a physician champion reported high engagement, compared to 31.14% without a champion. (See Figure 13.)

After a brief increase, the number of respondents who share their part-time physician advisors/champions with another department returned closer to 2024 levels, from 41.85% in 2025 to 39.22% in 2026. Hospital service lines, utilization review/management, quality, and case management were the top departments mentioned in the comments whom CDI programs shared their advisor or champion with. (See Figure 14.)

Similar to 2025, seeing improvement in CDI metrics was the most commonly reported way to measure the effectiveness of a CDI provider education program (76.50%), followed by feedback from providers (51.88%) and reduction in documentation errors (35.61%). For the first time, changes in query rates was added as an answer option; it immediately surpassed the remaining options, selected by 35.05% of respondents. Some respondents also left comments describing other methods they use to measure provider education effectiveness, like usage of documentation tools, external vendor audits, and quality metrics. (See Figure 15.)

Since ACDIS started asking about personal physician query response rates, 91%–100% is the rate most respondents indicate each year, though in the past year the percentage decreased from 62.75% to 57.30%. In line with this, the percentage of CDI departments with a 91%–100% goal response rate fell from 66.82% to 58.97%. A notable increase was seen again in the percentage of those who don't track query response rate at all (7.20% in 2025 compared to 10.85% in 2026), indicating last year's increase was not a temporary spike in the data, though it's uncertain whether this is due to CDI programs not tracking it or CDI professionals simply not tracking their own personal rate. Also, 9.18% of respondents reported a 0%–50% response rate; while still very much in the minority, that is a higher percentage than any previous year (3.58% in 2022 being the previous record) and something to keep an eye on in the future. Interestingly, having a physician advisor/champion or a highly engaged



medical staff did not seem to affect query response rates, indicating there may be outside factors influencing how often a provider responds. (See Figures 16 and 17.)

When it comes to how often a provider agrees, CDI programs have a bit more variation in their goals. Almost 42% said their department's goal is 91%–100% for this metric, while 29.76% said theirs is 81%–90%. In comparison, 41.03% of respondents said their query agreement rate is 91%–100%, and 23.23% said theirs is 81%–90%, showing that most CDI professionals are coming quite close if not always hitting the mark for their program's standards. (See Figures 18 and 19.)

Ewoterai notes that agree rate aspirations should be tempered by a focus on compliance. "We do have an agree rate goal; we did our research from ACDIS and multiple software companies' benchmarks and created our goal from that. In order to get to said goal (90%), we perform frequent audits of our queries, educate our staff, [and] educate our providers, especially if they have a very high disagree rate," says Ewoterai. "We must always remember, though, that a physician is allowed to disagree. Given the current economic climate in healthcare, the pressure to get to as high an agree rate as possible can be tempting, but at what cost? A 100% agree rate, or something that is very close to 100%, makes me wonder how compliant the query process is and why all or nearly all queries are being agreed [with]."

Query practices and compliance

The medical query is the backbone of CDI's day-to-day responsibilities. With the ever-changing landscape of

healthcare—especially in light of emerging technologies—the construction, delivery method, and contents of the query must be regularly revisited, however. Besides the 2026 update of the ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice* recently published, ACDIS decided that the 2026 CDI Week Industry Survey would include questions to keep track of trends surrounding current query practices and methods for compliance.

Since last year, the average number of daily inpatient reviews showed a few minor changes; six to 10 reviews remains the most common number of both new reviews and re-reviews completed per day, though both increased two percentage points year-over-year (59.78% to 62.50% for new reviews, and 35.05% to 37.65% for re-reviews). In the comments, some respondents mentioned that they don't track new reviews and re-reviews separately, and others said they are more focused on quality over quantity. Regarding the number of daily reviews expected by their CDI program, 57.87% of respondents said they are expected to complete six to 10 new reviews daily, an increase from 53.36% in 2025. The number of daily expected re-reviews showed a slight shift: 34.10% of respondents are expected to conduct 11 to 15 re-reviews, and 30.86% are expected to conduct six to 10 re-reviews (compared to 36.46% and 28.01% in 2025, respectively). (See Figures 20 and 21.)

For the first time, ACDIS included a question about what types of queries respondents send on a weekly basis. The three most popular types selected by respondents were clinical validation (88.89%), any clarification of documentation required (83.18%), and uncertain diagnoses (70.52%), though conflicting documentation and risk adjustment queries were also mentioned by many respondents in the free responses section. Even the least popular answer choice, problem list verification, was selected by 20.22% of respondents, indicating that most respondents are regularly sending a wide variety of queries. (See Figure 22.)

At Ewoterai's organization, these trends ring true. "We tend to focus on clarification of documentation. We are a teaching hospital and have medical students and interns, so clinical validation would be needed if something seems vague or unsupported," she says. "We also have a team that primarily focuses on quality measures and queries related to that."

When asked about their personal average query rate, 20.85% of respondents said that they send a query for 31%–40% of their reviews, though this answer choice has seen a steady decrease year-over-year; in contrast, the percentage of respondents saying that they don't track this metric has continuously increased since ACDIS started asking the question in 2024. Meanwhile, the most common query rate goal for CDI departments was 21%–30% in 2025 (chosen by 27.70% of respondents), but this year it moved up to 31%–40% of reviews (chosen by 27.32% in 2026). (See Figures 23 and 24.)

Every year, the number of respondents who indicate their CDI program has some kind of escalation policy has risen, and 2026 is no exception—though the increase was slight, from 89.20% in 2025 to 90.12% in 2026. Another 2.47% of respondents wrote that they have an escalation policy only for certain specialties or circumstances (like mortality or PSI cases), that they are currently developing such a policy, or that they have one but it is ineffective, indicating that there may be more nuance to explore on this topic in future surveys. This year, ACDIS also asked which role was at the top of the query escalation process. A physician advisor was the most common answer (34.57%), followed by senior leadership/C-suite (27.01%). (See Figures 25 and 26.)

To safeguard query compliance and assess staff competency, many CDI programs have implemented a staff auditing process over the years. Nearly 85% of respondents indicated their department has at least one auditing process; the most common type involved using their department's CDI educators (46.76%), followed by using their department's leadership team (41.51%) and a peer-to-peer staff auditing process (20.37%). When asked how often such audits are conducted, a monthly rate and quarterly rate were nearly tied, chosen by 27.78% and 26.23% of respondents, respectively. Among the 10.96% that selected "Other," respondents commented that the rate can change depending on the experience level and/or past performance of a CDI specialist, as well as depending on the staff audit type. (See Figures 27 and 28.)

"I would recommend creating a process that is manageable for your educator and specialists," says Ewoterai. "Start quarterly with a subset of accounts and spread them out over time. For example, if you want your staff to audit each other, I would set the bar for 10 cases a

month and then have them start auditing at the beginning of the month; by the end, they would have easily gotten to 10 accounts."

This year, the most-used CDI software solution by respondents was computer-assisted coding (79.10%), surpassing chart prioritization (74.09%) and electronic grouper software (73.06%). As far as future software plans, chart prioritization received the most interest from respondents (23.92%), followed by computer-assisted physician documentation (11.11%) and machine learning (8.64%), a new answer option included this year. (See Figure 29.)

"Computer-assisted coding has become almost expected in a CDI specialist's workflow. However, chart prioritization is also very common, as evidenced by [these] survey results," says Ewoterai. "The biggest growth in popularity is using AI algorithms and software to surface query opportunities. The key is that, while using AI to suggest opportunities, not only must one validate the opportunities; we must learn to think above the machine/algorithm to find new opportunities and not solely rely on what the software suggests. I think the use of AI for query alerts, query building, and workflows have caused increased concern about compliance. Some of this can be due to hallucinations, or the lack of validation and trusting AI to perfect the art of building a query. We need to consider guardrails on the application of AI."

Denials mitigation and CDI involvement

Denials management starts long before the appeal. It begins with capturing the complete clinical story before a claim is ever submitted. VISION Clinical Validation Technology® was built with input from over 350 clinicians to change how CDI work gets done, using advanced machine learning, GenAI, and clinically led algorithms to ensure medical records are accurate, defensible, and tell the patient's full story. By analyzing the entire chart, VISION flags DRG downgrade risks, documentation gaps, and coding issues early, right when it matters most, upstream. The result is better documentation, stronger compliance, and clinically led technology that supports health systems to reclaim revenue, ensuring every dollar earned is every dollar collected.

- John Wallace, president, CorroHealth

Amid rising costs and increasing demands on the healthcare workforce, medical denials remain one of the industry's biggest pain points. The role that CDI plays in mitigating denials varies across organizations, making it an important aspect for ACDIS to track. About 59% of CDI programs are involved in some sort of denials mitigation/appeals process, a small increase from 2025 (54.72%). This is most likely due to an increase in those who report implementing a process within the last two years, from 11.95% in 2025 to 15.87% in 2026. Of respondents involved in the process, the largest percentage said they've been involved for more than 10 years (13.06%). (See Figure 30.)

When asked who in the CDI department is involved with the denials management/appeals process, 43.58% of respondents reported they have a designated denials or appeals specialist in the CDI department, which continues the year-over-year increases from previous industry survey data (29.17% in 2024, 35.89% in 2025). The growing popularity of this role may explain in part why involvement of all other roles saw a decrease year-over-year. In second place, team leads/managers were selected by 34.22% of respondents, followed by a physician advisor/champion, selected by 24.87%. (See Figure 31.)

Clinical validation was the most common type of denials that CDI programs are involved with reviewing, chosen by 87.70% of respondents. The runner-up was DRG validation, chosen by 66.04% of respondents, in line with last year's results. After a brief drop in 2025, reviewing for coding-based denials returned to 2024 levels, chosen by 39.57% of respondents. All other types of denials

saw an increase as well—for instance, medical necessity denials rose from 14.72% in 2025 to 20.05% in 2026. Respondents consistently cited having a diverse set of denial review types, regardless of how long their CDI program has been involved in denials mitigation, so this trend may have less to do with years of experience than external factors in the industry. (See Figure 32.)

Respondents continue to report that the majority of their denials originate from private payers (33.69%). In order of most common, UnitedHealthcare, Blue Cross Blue Shield, Aetna, and Humana have secured the top spots of denial-prone payers this year, based on the free-text comments for this question. (See Figure 33.)

Sepsis continues to be the top choice when respondents are asked about their top five denied diagnoses, and this year it was selected by 89.04% of respondents, a higher percentage than ever since ACDIS started asking this question in 2020. Respiratory failure is catching up, however; 80.21% of respondents chose it, another small increase from 2025 (77.61%) and a sign that payers are scrutinizing this diagnosis more than ever. Encephalopathy mostly retained the increase it saw in 2025, chosen by 56.68% of respondents and securing its place as third most popular over malnutrition (51.87%). (See Figure 34.)

"Neither sepsis nor respiratory failure surprise me as top two," says Ewoterai. "At my organization, sepsis, respiratory failure, acute kidney infection, congestive heart failure exacerbation, and encephalopathy are our top five. Payers are using AI and they seem to be targeting more diagnoses, so denials will always increase. I think any diagnoses of a higher severity are at risk for increased [denials]."

Because technology solutions are playing more of a role in CDI efforts to ensure healthcare data and medical documentation accuracy, ACDIS has asked about programs' technology usage for identifying denial-vulnerable charts for the past two years. Almost 38% of respondents said that they use such technology, an increase from 31.90% in 2025. (See Figure 35.)

For the first time, respondents who indicated that their programs were involved in denials were questioned about whether they themselves had access to organizational denial volume and overturn data. Overall, 46.79% of respondents replied in the affirmative; when divided by role, a higher 55.61% of those in some kind of leadership

position (CDI lead, manager, supervisor, etc.) said yes, compared to 32.88% of respondents in any other type of role. Of those with access to this data, however, 63.41% were not aware of the percentage of inpatient claims that result in a denial at their organization. The most common range chosen by respondents was 6%–10% of inpatient claims (14.02%). (See Figures 36 and 37.)

From what respondents have reported, clinical validation is the most common type of denials that organizations receive (41.63%), followed by medical necessity (22.71%) and DRG validation (18.11%). Readmission denials did see a decline year-over-year, from 14.11% in 2025 to 5.59% in 2026. (See Figure 38.)

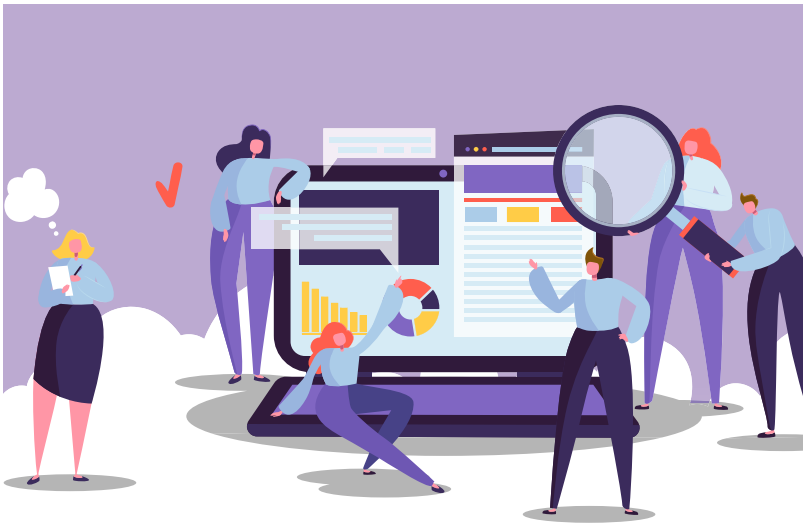
Clinically validating high-risk diagnoses concurrently is the most common denial mitigation tactic used by CDI departments (49.03%), a small increase from 2025 (45.16%). In second place, respondents indicated they review denials on a case-by-case basis upon request (38.67%). Otherwise, conducting mortality reviews for denial defense surpassed providing education to providers based on denial trends this year, chosen by 34.79% of respondents, an indication that mortality reviews may be growing more common. (See Figure 39.)

Outpatient and risk adjustment

As outpatient CDI programs continue to develop, organizations are balancing two important priorities: strengthening foundational processes and making better use of technology to support program growth. Success depends on having well-defined workflows, effective provider education, clear performance measures, and the ability to focus resources on the highest-value

opportunities. As documentation requirements, quality initiatives, and risk-adjustment programs continue to evolve, many teams are looking for practical ways to improve efficiency while maintaining documentation quality and consistency. Combining operational best practices with tools that help identify opportunities, prioritize reviews, and support provider engagement can help organizations scale their efforts, better represent patient complexity, and demonstrate the value of outpatient CDI across the broader healthcare enterprise.

Nichole Soderquist, MBA, RHIA, CDIP, CCDS-O, CCS, RAC, manager of ambulatory consulting services, Solventum



Last year, the number of respondents who said they have a stand-alone outpatient CDI department with dedicated outpatient reviewers saw a notable increase. While that number fell slightly from 30.59% to 28.41% in 2026, it still remained above 2024 levels (25.93%). Those who indicate they don't have an outpatient CDI department but are planning to has steadily lowered over the years, though that number did move slightly up this year from 12.83% to 14.61%. (See Figure 40.)

Of respondents whose program reviews outpatient records, physician practice/clinic/Part B services is the most common outpatient service/setting reviewed, chosen by 50.84%. In second place, 25.14% of respondents said they conduct reviews for outpatient oncology, a small increase from 2025 (20.53%). Also, obstetrics/gynecology saw a notable increase, from 15.26% in 2025 to 24.02% in 2026. The most popular setting/service that respondents indicated planning to review in the next 12 months was observation stays (5.59%). Consistent with previous years, the main outpatient review focus was HCC capture, selected by 43.58% of respondents. (See Figures 41 and 42.)

Prospective outpatient reviews are most common when it comes to review timing; they saw a small rise year-over-year from 37.89% to 39.66%. On the other hand, reviewing retrospectively fell back closer to 2024 levels (29.05%). The most common range of outpatient reviews expected per day was more than 25, selected by 17.05% of respondents, which matched quite well with the 17.42% who indicated their number of reviews in reality was also more than 25. (See Figures 43 and 44.)

To monitor their outpatient CDI impact, programs are most likely to use HCC capture as a key performance indicator (47.49%), a drop from 2025 levels but still higher than when the question was first asked in 2023. The percentage of respondents who chose Risk Adjustment Factor score saw a similar phenomenon, dropping since 2025 (46.50% to 43.02%) but still higher than 2023 (37.79%). Publicly reported quality scores experienced a small bump from 8.92% to 11.17%. (See Figure 45.)

Whether or not their CDI program reviews for outpatient cases, risk adjustment is also a factor more and more CDI programs review for. When asked whether they review for risk adjustment, 69.96% of respondents said they do—about 13.14% in both the inpatient and outpatient settings, 52.71% in just the inpatient setting, and 4.11% in just the outpatient setting. This year, the Elixhauser Comorbidity Index was the most common risk adjustment methodology used by organizations (68.08%), taking first place from CMS-HCCs (65.49%), which saw a drop of more than 10 percentage points from 2025. Vizient's Risk Adjusted Index followed closely behind (64.32%). (See Figures 46 and 47.)

Even more common, many CDI programs review mortality cases for risk adjustment and severity of illness/rate of mortality (SOI/ROM) capture; 90.25% of respondents replied in the affirmative. Regarding who on their team was responsible, there was a wide range of answers from all CDI staff to team leads/managers, with CDI second-level reviewers most commonly asked to review all mortalities (46.90%). Of responses for mortality

reviews that only encompass SOI/ROM scores below 4, team leads/managers were most common (14.14%). (See Figure 48.)

Pediatrics and neonatal CDI

Pediatric patients may be a smaller population, both in number and in stature, but past surveys have found that their inclusion in CDI chart reviews is more common even than outpatient records. On top of the new online Pediatric CDI Boot Camp, PROPELPediatrics offerings, and an entire edition of the *CDI Journal* dedicated to the topic in 2026, ACDIS thought it prudent to ask about pediatric and neonatal reviews in this year's industry survey.

When asked about their involvement in pediatric CDI, 50.09% of respondents reported their CDI teams review pediatric cases in either the inpatient or outpatient setting or both, an increase from the 46.26% that indicated so last year. The number of those who do not yet review pediatric cases, but have plans to in the next 12 months, stayed steady at 7.25% compared to 7.48% in 2025—an indication that as new programs review the population type, others might be making plans in the near future. (See Figure 49.)

The most common pediatric setting/service line reviewed by CDI teams was general pediatric inpatient admissions (83.09%). Neonatal ICU was chosen by 79.00% of respondents, an increase from 73.51% in 2025 and surpassing pediatric ICU, chosen by 78.70% of respondents. Pediatric surgical services also saw a rise, chosen by 61.36% of respondents compared to 51.12% in 2025. When asked about settings/service lines that have been discontinued, 5.93% of respondents chose outpatient pediatric primary care, though this number did still rise overall compared to 2025 (5.97%). In the comments, others mentioned pediatric trauma/burns and reviewing only in specific situations, such as upon the coding department's request or mortality cases. (See Figures 50 and 51.)

"Our program covers pediatric medicine, adolescent medicine, PICU, pediatric surgery, and pediatric [cases]," says Ewoterai. "Our successes covering pediatrics really depends on the buy-in from pediatric hospital leadership. At the moment, we are trying to adjust to the additional case coverage and new opportunities."

When conducting pediatric reviews, respondents indicated their top review focuses are clinical validation (77.47%), APR-DRG accuracy (76.45%), and ICD-10 coding accuracy (70.31%). Using a modified version of their department's adult-specific CDI software was the most common way to track pediatric CDI impact, chosen by 37.20%, in line with 2025. Otherwise, 25.26% of respondents said that they didn't have a way to track their impact, and 16.38% chose "Other," with more specification in the comments such as pulling reports from a specific reviewer set. (See Figures 52 and 53.)

Ewoterai says that her organization's CDI program uses the same metrics formula for pediatrics that they use for the adult population, mostly from CDI software and large amounts of Excel® data. "Tracking your query volume over time helps to see if [providers] are responding to education," she says. "It also helps to see what new diagnoses need further education."

Regarding the top three diagnoses queried for this population, 58.70% of respondents said respiratory failure and 39.25% said sepsis. Since 2025, fewer indicated respiratory distress syndrome (53.36% in 2025 compared to 38.57% in 2026), though this likely has less to do with a decrease in popularity than the addition of neonatal respiratory distress syndrome as an answer option, which was selected by 32.42% of respondents. Of those who selected "Other," malnutrition, intellectual disabilities, and electrolyte abnormalities were all mentioned a few times. When asked about whether they track for pediatric quality indicators, 28.67% responded in the affirmative. (See Figures 54 and 55.)

Last, given the established concern that "children are not little adults," ACDIS included a new question this year about how CDI programs are helping to establish pediatric clinical definitions at their organizations. A small group (e.g., physician advisor, NICU/pediatric physician, coding, CDI) was the method that 43.34% of respondents selected, followed by 32.08% who said they do not currently have an established process for developing pediatric definitions. (See Figure 56.) ■

2026 CDI Week Industry Overview Survey

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

Answer Options	2020	2021	2022	2023	2024	2025	2026
CDI specialist	49.32%	44.39%	43.32%	30.91%	35.87%	29.44%	29.96%
CDI second-level reviewer	1.06%	1.06%	1.83%	1.42%	2.19%	2.99%	3.03%
CDI lead	3.30%	4.13%	3.52%	4.42%	4.65%	3.66%	5.56%
CDI supervisor	3.89%	3.28%	3.66%	5.21%	4.00%	4.34%	4.68%
CDI manager	14.72%	17.37%	18.28%	21.29%	19.87%	21.85%	20.10%
CDI director	10.60%	11.44%	12.66%	15.30%	14.71%	15.60%	14.03%
CDI auditor	1.53%	2.01%	1.13%	1.10%	1.81%	2.04%	2.28%
CDI educator	2.71%	3.07%	3.09%	4.73%	4.26%	5.29%	5.69%
CDI physician educator	0.24%	0.64%	0.28%	0.79%	0.39%	0.41%	0.38%
CDI informaticist/analyst	0.35%	0.53%	0.28%	0.79%	0.39%	0.27%	0.38%
CDI-coding liaison	0.12%	0.42%	0.28%	0.16%	0.52%	0.27%	0.13%
CDI quality specialist	0.71%	0.85%	1.13%	1.10%	0.52%	0.68%	0.88%
CDI denials specialist	0.47%	0.42%	0.28%	0.16%	0.26%	0.41%	1.14%
HIM/coding supervisor	0.12%	0.11%	0.28%	0.16%	0.26%	0%	0.25%
HIM/coding manager	0.12%	0.74%	0.56%	0.47%	0.26%	0.81%	0.51%
HIM/coding director	2.00%	1.17%	0.98%	1.26%	1.03%	1.36%	0.76%
HIM/coding professional	0.82%	0.64%	0.14%	0.32%	0.77%	0.54%	0.76%
Physician advisor/champion	0.47%	0.64%	0.84%	0.63%	0.77%	0.81%	1.52%
Physician champion	N/A	N/A	N/A	N/A	N/A	N/A	0.13%
Hospital executive	0.47%	0.95%	0.98%	0.79%	1.03%	1.36%	0.88%
Consultant	1.53%	1.59%	1.69%	0.79%	1.29%	1.36%	1.52%
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%	0.00%
Other (please specify)	4.95%	4.56%	4.64%	8.20%	4.90%	6.11%	5.44%

Selected "other" responses:

- Trainer
- Coding/CDI director
- Revenue integrity director
- Clinical validation auditor
- CDI Vizient risk specialist
- CDI project coordinator
- Clinical informatics specialist
- CDI advisor
- Assistant VP of CDI

Figure 2: Organization type, year-over-year

Answer Options	2021	2022	2023	2024	2025	2026
Acute care hospital	48.09%	45.29%	40.06%	36.13%	29.72%	26.04%
Academic medical center/ teaching hospital	16.53%	16.88%	18.45%	22.45%	20.76%	17.19%
Healthcare system with multiple sites	26.27%	26.44%	33.28%	33.16%	38.26%	46.27%
Outpatient/physician practice	1.59%	1.97%	1.26%	1.55%	1.36%	1.64%
Children's hospital/pediatrics	0.64%	1.27%	1.10%	1.94%	2.04%	2.15%
Critical access hospital/rural healthcare	0.21%	0.00%	0.16%	0.13%	0.14%	0.13%
Rehab (inpatient or outpatient)	0.32%	0.00%	0.00%	0.00%	0.00%	0.00%
Home health	0.00%	0.14%	0.16%	0.00%	0.00%	0.00%
Long-term acute care	0.53%	0.14%	0.16%	0.13%	0.00%	0.00%
Consulting firm	3.07%	3.09%	1.26%	1.55%	1.90%	1.64%
Vendor organization *Note: This option was not included on the 2021 survey*	N/A	2.11%	1.58%	1.81%	3.39%	2.40%
Other (please specify)	2.75%	2.67%	2.52%	1.16%	2.44%	2.53%

Selected "other" responses:

- Revenue cycle company
- Accountable care organization
- Behavioral hospital
- Cancer care

Figure 3: Time in role and profession

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%

2026	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	6.07%	13.15%	13.91%	12.14%	28.82%	14.03%	11.76%	0.13%
In current role	34.01%	28.45%	14.03%	7.84%	9.99%	3.67%	1.39%	0.63%
Intend to stay in role	4.68%	10.87%	10.11%	10.87%	12.64%	10.24%	25.28%	15.30%

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

Answer Options	2022	2023	2024	2025	2026
100 or less	4.50%	2.68%	2.19%	2.58%	2.65%
101–200	8.72%	4.73%	7.35%	5.56%	4.55%
201–300	12.94%	10.88%	8.52%	9.09%	7.33%
301–400	9.00%	9.62%	9.03%	8.82%	8.85%
401–500	9.70%	10.73%	9.68%	8.28%	6.83%
501–600	7.45%	8.36%	9.03%	5.97%	7.71%
601–700	4.50%	4.42%	5.81%	5.29%	5.18%
701–800	5.91%	4.10%	4.13%	4.88%	3.79%
801–900	3.66%	3.31%	5.03%	3.66%	3.67%
901–1,000	3.66%	3.63%	3.35%	4.48%	4.68%
1,001 or more	12.94%	18.30%	18.71%	17.10%	19.47%
N/A	17.02%	19.24%	17.16%	24.29%	25.28%

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

Answer Options	2022	2023	2024	2025	2026
500 or less	12.66%	8.68%	9.29%	8.96%	8.34%
501–600	3.52%	3.00%	4.77%	2.71%	2.53%
601–700	3.09%	3.00%	3.87%	3.66%	2.65%
701–800	4.36%	2.21%	3.74%	3.12%	3.67%
801–900	3.94%	3.63%	3.10%	3.39%	3.92%
901–1,000	4.36%	4.26%	5.29%	4.75%	4.93%
1,001–1,500	9.99%	12.46%	11.74%	12.08%	10.24%
1,501–2,000	6.89%	8.52%	9.55%	8.41%	9.36%
2,001–2,500	3.38%	5.68%	4.65%	5.43%	5.18%
2,501–3,000	4.78%	5.99%	5.81%	5.43%	6.45%
3,001 or more	28.27%	29.18%	26.19%	26.59%	28.95%
N/A; I don't work in a health-care system	14.77%	13.41%	12.00%	15.47%	13.78%

Figure 6: Average annual number of discharges at organization

Answer Options	2025	2026
Under 500	1.36%	1.01%
500–1,000	0.95%	0.63%
1,001–2,000	0.68%	0.88%
2,001–4,000	1.90%	1.39%
4,001–6,000	1.76%	1.52%
6,001–8,000	1.76%	1.77%
8,001–10,000	1.36%	1.39%
10,001 or more	37.31%	37.42%
Unsure	46.00%	48.55%
N/A	6.92%	5.44%

Figure 7: Current number of FTE CDI staff at organization

Answer Options	2025	2026
1–5	12.75%	9.23%
6–10	11.53%	9.73%
11–20	16.42%	17.45%
21–30	16.28%	18.33%
31–50	15.60%	18.08%
51–70	8.01%	6.83%
71–100	16.96%	7.96%
101 or more *Note: This option was not included on the 2025 survey*	N/A	9.23%
N/A	2.44%	3.16%

Figure 8: Credentials held, year-over-year

Answer Options	2022	2023	2024	2025	2026
Accredited Case Manager (ACM)	1.97%	1.10%	1.42%	1.22%	0.63%
Bachelor of Science in Nursing (BSN) *Note: This option was not included until the 2026 survey*	N/A	N/A	N/A	N/A	51.20%
Certified Clinical Documentation Specialist (CCDS)	61.88%	66.09%	70.32%	69.61%	65.99%
CCDS-Outpatient (CCDS-O)	2.95%	4.57%	3.10%	6.24%	5.82%
Certified Case Manager (CCM)	3.23%	3.47%	2.71%	2.04%	1.52%
Certified Coding Specialist (CCS)	16.88%	18.30%	15.48%	16.28%	15.30%
Certified Professional Coder (CPC)	4.78%	5.21%	4.39%	4.75%	5.82%
Certified Documentation Expert Outpatient (CDEO)	0.70%	1.42%	0.39%	0.95%	1.52%
Clinical Documentation Improvement Practitioner (CDIP)	9.28%	13.09%	10.19%	11.26%	10.75%
Certification in Healthcare Revenue Integrity (CHRI)	0.00%	0.00%	0.13%	0.14%	0.00%
Certified Professional in Healthcare Quality (CPHQ)	1.55%	2.05%	2.45%	2.04%	2.40%
Certified Risk Adjustment Coder (CRC)	3.52%	4.26%	3.48%	3.39%	3.67%
Doctor of Osteopathic Medicine (DO) *Note: This option was not included on the 2022 survey*	N/A	0.00%	0.13%	0.14%	0.13%
Fellow of American College of Healthcare Executives (FACHE)	0.00%	0.00%	0.13%	0.14%	0.38%
Licensed Practical Nurse (LPN)	0.84%	0.32%	0.39%	0.68%	0.51%
Master of Business Administration (MBA) *Note: This option was not included until the 2026 survey*	N/A	N/A	N/A	N/A	6.07%
Bachelor of Medicine, Bachelor of Surgery (MBBS)	1.13%	1.26%	0.52%	0.68%	0.88%
Doctor of Medicine (MD)	3.23%	3.31%	4.00%	4.07%	5.18%
Master of Healthcare Administration (MHA)	3.94%	5.21%	4.65%	5.02%	4.68%
Master of Science in Nursing (MSN) *Note: This option was not included until the 2026 survey*	N/A	N/A	N/A	N/A	13.40%
Nurse Practitioner (NP)	0.98%	0.63%	0.52%	0.81%	1.14%
Physician Assistant (PA)	0.00%	0.00%	0.26%	0.68%	0.13%
Registered Health Information Administrator (RHIA)	5.63%	7.10%	5.94%	5.83%	5.44%
Registered Health Information Technician (RHIT)	4.50%	4.73%	2.58%	2.71%	4.05%
Registered Nurse (RN)	72.01%	74.13%	70.45%	73.68%	52.34%
Registered Respiratory Therapist (RRT)	0.70%	0.16%	0.52%	0.54%	0.25%
Other (please specify)	26.86%	28.23%	26.71%	25.37%	15.30%

Selected "other" responses:

- CCRN
- CRCR
- CPMA
- CPH
- AHIMA-Approved ICD-10-CM/PCS Trainer
- COC
- Doctor of Health Administration (DHA)
- CHA
- CIC
- ACPA-C
- ACDIS-Approved CDI Educator

Figure 9: Reporting structure, year-over-year

Answer Options	2021	2022	2023	2024	2025	2026
Stand-alone CDI department	6.89%	7.88%	5.36%	7.48%	6.78%	7.33%
HIM/coding	23.31%	21.38%	17.67%	18.45%	14.93%	14.66%
Finance	14.19%	13.08%	13.88%	14.32%	12.75%	10.24%
Revenue integrity/cycle	27.44%	30.24%	34.54%	34.58%	41.79%	44.88%
Quality	11.65%	12.10%	14.20%	13.55%	10.31%	8.98%
Nursing/clinical	1.38%	2.11%	1.58%	1.42%	2.17%	2.65%
Case management	7.42%	5.34%	3.63%	3.74%	3.26%	4.05%
Other (please specify)	7.73%	7.88%	9.15%	6.45%	8.01%	7.21%

Selected "other" responses:

- Population health
- Compliance
- Operations
- CMO
- Analytics and information technology

Figure 10: Perceived provider engagement

Answer Options	2025	2026
Very engaged—They understand the importance of CDI and actively participate in documentation integrity efforts	32.16%	42.70%
Somewhat engaged—They understand CDI concepts, but inconsistently put them into practice or do so incorrectly	57.12%	50.35%
Hardly engaged—They are only somewhat familiar with CDI concepts and may be unable to put them into practice	6.61%	3.89%
Not engaged at all—They are totally unfamiliar with CDI concepts and/or are unwilling to put them into practice	1.03%	0.56%
Don't know	1.32%	0.97%
Not applicable	1.76%	1.53%

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

Answer Options	2024	2025	2026
Weekly	7.05%	7.78%	7.93%
Biweekly	2.66%	3.52%	2.78%
Monthly	30.05%	35.98%	33.52%
Quarterly	11.84%	10.87%	13.91%
Annually	3.59%	3.52%	1.81%
As needed	26.86%	21.15%	22.25%
We do not conduct physician education sessions	9.04%	8.08%	6.68%
Unsure	8.91%	9.10%	11.13%

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

Answer Options	2022	2023	2024	2025	2026
Yes, we have a full-time physician advisor	28.21%	27.76%	26.99%	34.70%	33.90%
Yes, we have a part-time physician advisor	33.58%	36.28%	34.44%	36.52%	37.73%
No, but we plan on engaging one in the near future	8.36%	11.51%	9.04%	6.36%	8.65%
No, we have no plans to engage a physician advisor	17.16%	12.78%	15.16%	17.27%	12.62%
Don't know	4.63%	2.52%	4.79%	5.15%	7.09%

Selected comments:

- Yes, but very limited action with CDI; their focus is utilization review and denials/statusing
- Less than 16 hours per week
- Outpatient CDI does not have a physician advisor, but inpatient has 5
- 5.5 FTE (11–12 clinicians sharing the FTE)
- Our quality team has a physician advisor that we work closely with
- Currently our PA has 4 hours a month allocated to CDI

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

Answer Options	2022	2023	2024	2025	2026
Yes, we have a full-time champion	15.67%	15.93%	14.76%	17.85%	17.48%
Yes, we have a part-time champion	23.88%	24.61%	21.94%	26.52%	27.73%
No, but we plan on engaging one in the near future	9.40%	11.51%	9.71%	8.67%	10.08%
No, we have no plans to engage a champion	31.94%	28.08%	30.19%	34.66%	28.24%
Don't know	11.19%	8.52%	12.23%	12.31%	16.47%

Selected comments:

- Multiple medical directors to help educate contracted providers
- Ad-hoc support from different physician leaders as needed
- Our hospitalist director advises our team
- CMO

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

Answer Options	2022	2023	2024	2025	2026
Yes (please describe)	39.55%	44.01%	38.96%	41.85%	39.22%
No	7.91%	7.73%	8.11%	12.78%	13.63%
Don't know	17.61%	13.72%	18.75%	11.45%	16.27%
N/A; we don't have a part-time advisor or champion	34.93%	34.54%	34.18%	33.92%	30.88%

Part-time advisors/champions are shared with:

- Hospital service lines
- Surgery
- Case management
- Internal medicine
- Utilization review/management
- Denials
- Care coordination
- Quality
- Coding
- Population health
- Revenue cycle
- HIM

Figure 15: Methods to measure CDI provider education program effectiveness

Answer Options	2024	2025	2026
Pre- and post-education assessments	9.71%	11.16%	14.05%
Improvement in CDI metrics (e.g., query response rate)	77.79%	79.59%	76.50%
Feedback from providers	52.26%	53.45%	51.88%
Reduction in documentation errors	34.84%	35.39%	35.61%
Increased accuracy in coding and billing	28.72%	33.63%	28.93%
Decreased denials *Note: This option was not included on the 2024 survey*	N/A	27.17%	27.40%
Increased denial overturn *Note: This option was not included on the 2024 survey*	N/A	8.37%	8.21%
Tracking participation rates	25.00%	23.05%	22.95%
Changes in query rates *Note: This option was not included until the 2026 survey*	N/A	N/A	35.05%
Other (please specify)	11.04%	11.16%	11.96%

Selected "other" responses:

- We don't track this
- Impact of Vizient data reporting
- Engagement of service lines
- External vendor audits
- Financial impact
- Capture rates of ROI/SOM, HCC, etc.
- Documentation tool use and impact
- Annual query assessments
- Quality metrics
- They come to us asking for more and more help!

Figure 16: Query response rate, year-over-year

Answer Options	2022	2023	2024	2025	2026
0%–25%	1.34%	0.79%	0.73%	1.72%	2.64%
26%–50%	2.24%	1.74%	0.88%	1.72%	6.54%
51%–60%	1.64%	1.10%	0.58%	1.10%	1.25%
61%–70%	1.34%	1.26%	0.73%	0.31%	0.42%
71%–80%	4.78%	4.57%	3.07%	1.72%	1.53%
81%–90%	18.36%	17.19%	12.43%	10.49%	7.65%
91%–100%	55.97%	60.09%	69.44%	62.75%	57.30%
Don't know	9.85%	10.57%	9.80%	12.99%	11.82%
We don't track this metric	4.48%	2.68%	2.34%	7.20%	10.85%

Figure 17: Goal query response rate of CDI department

Answer Options	2025	2026
0%–25%	0.63%	1.95%
26%–50%	0.16%	7.79%
51%–60%	0.63%	0.70%
61%–70%	0.31%	0.14%
71%–80%	1.88%	1.25%
81%–90%	12.68%	13.21%
91%–100%	66.82%	58.97%
Don't know	10.64%	10.15%
We don't track this metric	6.26%	5.84%

Figure 18: Query agreement rate, year-over-year

Answer Options	2022	2023	2024	2025	2026
0%–25%	2.09%	1.74%	0.58%	0.94%	1.53%
26%–50%	2.69%	2.52%	1.17%	0.63%	2.78%
51%–60%	1.79%	0.95%	1.17%	0.31%	0.42%
61%–70%	2.09%	1.26%	1.32%	0.63%	1.53%
71%–80%	7.76%	7.41%	5.26%	4.85%	5.29%
81%–90%	34.18%	31.70%	32.89%	25.2%	23.23%
91%–100%	34.48%	38.49%	40.35%	41.94%	41.03%
Don't know	10.45%	11.09%	12.72%	15.49%	13.21%
We don't track this metric	4.48%	4.89%	4.53%	10.02%	10.99%

Figure 19: Goal query agreement rate of CDI department

Answer Options	2025	2026
0%–25%	0.63%	1.11%
26%–50%	0.94%	3.06%
51%–60%	0.63%	0.42%
61%–70%	0.63%	0.56%
71%–80%	3.29%	3.62%
81%–90%	30.99%	29.76%
91%–100%	38.50%	41.72%
Don't know	12.99%	12.80%
We don't track this metric	11.42%	6.95%

Figure 20: Number of inpatient reviews per day, year comparison

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%

2026	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	3.86%	62.50%	18.06%	3.86%	0.93%	0.93%	5.56%	4.32%
Re-reviews	9.26%	37.65%	30.09%	8.49%	2.31%	0.31%	6.17%	5.71%

Selected comments:

- Retrospective reviews only
- We combine reviews and the average is 16 charts/day
- Realistically, it varies
- Depends on prioritization software
- We are focusing more on quality reviews and queries rather than charts per hour

Figure 21: Number of inpatient reviews per day expected, year comparison

2025	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%

2026	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	2.62%	57.87%	22.38%	3.70%	2.16%	1.85%	5.09%	4.32%
Re-reviews	7.25%	30.86%	34.10%	9.57%	2.01%	0.93%	6.64%	8.64%

Selected comments:

- We don't have a requirement
- We measure outcomes, not productivity
- New assignment methodology has eliminated new vs. re-reviews

Figure 22: Types of queries sent on a weekly basis

Answer Options	Percentages
Clinical validation	88.89%
Uncertain diagnosis	70.52%
Present on admission status	68.67%
Problem list verification	20.22%
Quality measure inclusion/exclusion criteria	53.55%
Any clarification of documentation required	83.18%
Other (please specify)	11.42%

Selected "other" responses:

- Risk adjustment diagnoses
- Conflicting documentation
- Specificity
- Financial impact
- Vizient variables
- CC/MCC capture

Figure 23: Personal average query rate, year-over-year

Answer Options	2024	2025	2026
10% or less	1.32%	2.35%	2.98%
11%–20%	8.77%	10.64%	6.43%
21%–30%	20.61%	21.28%	15.67%
31%–40%	26.90%	21.75%	20.85%
41%–50%	13.16%	11.11%	10.34%
More than 50%	12.13%	9.55%	10.34%
Unsure	12.28%	12.99%	15.99%
We don't track this metric	4.82%	10.33%	17.40%

Figure 24: Goal query rate of CDI department, year comparison

Answer Options	2025	2026
10% or less	1.56%	1.10%
11%–20%	6.57%	7.69%
21%–30%	27.70%	23.55%
31%–40%	25.51%	27.32%
41%–50%	7.36%	8.79%
More than 50%	4.69%	4.24%
Unsure	11.42%	12.72%
We don't track this metric	15.18%	14.60%

Figure 25: Escalation policy use, year-over-year

	2023	2024	2025	2026
We have an escalation policy	83.19%	87.72%	89.20%	90.12%
We don't have an escalation policy	7.28%	7.75%	6.42%	5.40%
Don't know	3.22%	2.49%	1.41%	2.01%
Other (please specify)	6.30%	2.05%	2.97%	2.47%

Selected "other" responses:

- We have an escalation policy, but it ultimately doesn't require them to respond
- Only for mortality and PSIs
- Escalation processes are in place for some specialties, but not all
- In development
- Yes, but it is not effective

Figure 26: Role at the top of query escalation process

	Percentages
CDI manager	13.12%
CDI director	10.03%
Physician advisor	34.57%
Senior leadership/C-suite	27.01%
N/A	5.09%
Other (please specify)	10.19%

Selected "other" responses:

- HIM
- Physician champion
- Documentation quality coordinator (second-level reviewer)
- CMO
- Physician group leaders
- HIM leader

Figure 27: Types of regular staff auditing processes to assess staff competency and query compliance

	Percentages
Yes, we have a peer-to-peer staff auditing process	20.37%
Yes, we have a staff auditing process using our department's CDI educators (or equivalent position)	46.76%
Yes, we have a staff auditing process using our department's leadership team	41.51%
Yes, we have a staff auditing process using an external vendor/consulting company	18.83%
No, but we're in the process of developing a staff auditing process internally	8.49%
No, but we're in the process of contracting with an external vendor/consulting company to provide staff audits	1.70%
No, and we don't plan to develop a staff auditing process	4.78%

Figure 28: Rate of CDI program conducting staff audits for query compliance

	Percentages
Weekly	10.49%
Biweekly	0.62%
Monthly	27.78%
Quarterly	26.23%
Biannually	5.09%
Annually	3.09%
Not regularly/no set schedule	15.74%
Other (please specify)	10.96%

Selected "other" responses:

- Daily
- As issues are identified
- Bimonthly
- More frequently for new staff
- Peer-to-peer monthly, CDI educator audit quarterly
- Three times a year
- Every 1–3 months, per individual past performance
- Monthly for people under metric goals, quarterly for those that meet metrics, annually by an external vendor
- Through the second-level review process
- Only one CDI staff member

Figure 29: 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 the next year	Yes, we use this solution, and it's negatively impacted our performance	Yes, we use this solution, but it hasn't noticeably changed our performance	Yes, we use this solution, and it's improved our performance
Ambient voice solutions	81.17%	4.32%	1.08%	9.41%	4.01%
Chart prioritization	46.14%	23.92%	3.09%	5.25%	21.60%
Computer-assisted physician documentation (CAPD)	47.84%	11.11%	3.55%	19.60%	17.90%
Computer-assisted coding (CAC)	18.83%	3.55%	4.63%	21.91%	51.08%
Electronic grouper	28.24%	1.39%	3.09%	17.28%	50.00%
Electronic querying	31.48%	4.78%	2.78%	11.57%	49.38%
Machine learning (ML)	59.57%	8.64%	2.16%	13.12%	16.51%
Natural language processing (NLP)/ Natural language understanding (NLU)	31.33%	5.86%	4.48%	24.38%	33.95%
Quality database	46.91%	4.32%	2.47%	15.43%	30.86%
Smart phrases	25.62%	5.40%	3.24%	21.14%	44.60%
Some internally developed EHR modifications	33.64%	5.40%	2.78%	20.06%	38.12%

Selected comments:

- We are finding that generative AI discharge summaries are causing conflicting documentation with encounter documentation and now are having to send queries to clarify
- Our AI tools are in early phase
- CAC and NLP have negatively impacted coder and CDI critical thinking, in my opinion
- AI prebill tools

Figure 30: Length of time involved with denials management, year-over-year

Answer Options	2020	2022	2023	2024	2025	2026
We're not involved in the denials management/appeals process	40.81%	32.09%	41.28%	35.83%	36.64%	32.35%
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%	8.40%
Less than a year	8.42%	3.73%	5.23%	6.02%	3.77%	4.67%
1–2 years	11.98%	10.45%	13.37%	9.10%	8.18%	11.20%
3–4 years	15.18%	17.91%	9.88%	12.19%	13.21%	10.58%
5–6 years	9.37%	11.19%	12.21%	13.36%	9.28%	10.42%
7–8 years	3.91%	2.24%	4.07%	5.73%	7.70%	5.44%
9–10 years	3.32%	6.72%	2.91%	4.55%	2.52%	3.89%
More than 10 years	7.00%	15.67%	11.05%	13.22%	10.06%	13.06%

Figure 31: Individual(s) involved in the denials management process, year-over-year

Answer Options	2022	2023	2024	2025	2026
A group of CDI team members who sit on a denials committee	10.79%	13.86%	9.07%	10.43%	5.61%
A designated denials or appeals specialist in the CDI department	25.90%	24.75%	29.17%	35.89%	43.58%
CDI second-level reviewers	13.67%	22.77%	21.08%	22.09%	19.79%
CDI educators/auditors	20.14%	28.71%	16.18%	18.10%	13.64%
Physician advisor/champion	17.27%	30.69%	22.06%	28.22%	24.87%
The team leads/managers	39.57%	40.59%	41.67%	45.40%	34.22%
Other (please specify)	26.62%	16.83%	19.85%	13.80%	15.24%

Selected "other" responses:

- Coding specialists
- Consultants/outside vendor
- VP of revenue
- CDI who reviewed the case
- All CDI staff as needed

Figure 32: Type of denials reviewed by CDI, year-over-year

Answer Options	2022	2023	2024	2025	2026
Clinical validation	74.82%	83.17%	85.54%	87.73%	87.70%
Coding-based denials	35.97%	39.60%	36.27%	29.14%	39.57%
DRG validation	51.08%	66.34%	54.66%	64.11%	66.04%
Readmission denials *Note: This option was not included before 2025*	N/A	N/A	N/A	9.82%	10.16%
Medical necessity	23.74%	27.72%	21.32%	14.72%	20.05%
Other (please specify)	13.67%	7.92%	6.37%	4.60%	5.08%

Selected "other" responses:

- DRG downgrades
- Denials based on query diagnosis
- Query compliance

Figure 33: Denial origins, year-over-year

Answer Options	2020	2022	2023	2024	2025	2026
Don't know *Note: This option was not included on the 2020 survey*	N/A	43.17%	34.65%	39.22%	38.34%	36.36%
Medicare Administrative Contractors	4.11%	15.83%	13.86%	15.93%	20.55%	18.45%
Recovery Auditors	4.11%	10.79%	12.87%	9.80%	10.43%	11.50%
Private payers (please indicate which payer)	91.78%	30.22%	38.61%	35.05%	30.67%	33.69%

Selected private payers mentioned:

- UnitedHealthcare
- Blue Cross Blue Shield
- Humana
- IBC
- Aetna
- Molina
- Cigna
- Optum
- AmeriHealth
- Anthem
- Kaiser
- Medicare Advantage
- Managed Medicare plans

Figure 34: Top denied diagnoses, year-over-year

Answer Options	2020	2022	2023	2024	2025	2026
Congestive heart failure	13.74%	12.23%	10.89%	14.71%	11.66%	13.90%
Sepsis	74.81%	69.78%	81.19%	85.29%	84.66%	89.04%
Respiratory failure	66.67%	52.52%	62.38%	74.02%	77.61%	80.21%
Malnutrition	54.96%	47.48%	50.50%	52.70%	51.84%	51.87%
Kidney disease	16.54%	15.83%	29.70%	26.72%	27.91%	27.27%
Acute blood loss anemia	13.99%	10.79%	9.90%	11.52%	14.11%	13.10%
Pneumonia	16.28%	9.35%	13.86%	10.78%	13.80%	14.97%
Altered mental status	3.31%	3.60%	1.98%	3.19%	4.60%	6.15%
Encephalopathy	44.27%	39.57%	44.55%	48.77%	57.36%	56.68%
Chronic obstructive pulmonary disease	2.04%	2.16%	3.96%	1.47%	1.23%	2.41%
Acute myocardial infarction	8.40%	5.76%	16.83%	10.05%	11.96%	10.43%
Other (please specify)	15.01%	28.06%	21.78%	15.69%	16.26%	11.76%

Selected "other" responses:

- Cytopenias
- Neonatal diagnoses
- Post-op pulmonary insufficiency
- Type 2 myocardial infarction
- Meconium aspiration
- Acidosis
- Obesity
- Acute renal failure
- AKI
- Leadership doesn't share this info

Figure 35: Technology usage for denial-vulnerable chart identification, year comparison

Answer Options	2025	2026
Yes, technology checks all charts	13.8%	19.79%
Yes, technology checks 50% of charts	2.15%	2.67%
Yes, technology checks 25% of charts	2.45%	2.41%
No, we do not use technology for this purpose	68.1%	62.30%
Other (please specify)	13.5%	12.83%

Selected "other" responses:

- Outside contractor/vendor
- Working on implementation soon
- Percentage is based on specific diagnoses
- Implementing in the next six months

Figure 36: Respondents with access to organizational denial volume and overturn data

Answer Options	Percentages
Yes	46.79%
No	53.21%

Figure 37: Percentage of inpatient claims resulting in a denial, year-over-year

Answer Options	2022	2023	2024	2025	2026
1%–5%	11.51%	8.91%	5.64%	6.75%	10.98%
6%–10%	6.47%	5.94%	5.88%	6.44%	14.02%
11%–20%	5.76%	10.89%	4.17%	5.83%	7.32%
21%–30%	0.72%	1.98%	2.70%	2.15%	1.22%
31%–40%	1.44%	0.00%	0.98%	0.61%	0.61%
41%–50%	1.44%	0.00%	0.25%	0.61%	1.22%
51% or more	0.00%	0.00%	0.49%	0%	0.00%
Don't know	66.19%	64.36%	78.43%	75.15%	63.41%
Not applicable	6.47%	7.92%	1.47%	2.45%	1.22%

Figure 38: Average percentage of denials in each category, year-over-year

Answer Options	Average Answer				
	2022	2023	2024	2025	2026
Clinical validation	31.53%	33.16%	45.24%	42.43%	41.63%
Coding-based	22.11%	19.26%	17.08%	18.47%	16.21%
DRG validation	20.58%	17.08%	17.87%	19.72%	18.11%
Medical necessity	17.21%	23.80%	18.03%	19.22%	22.71%
Readmission denials *Note: This option was not included before 2025*	N/A	N/A	N/A	14.11%	5.59%

Figure 39: Type of CDI involvement with denials mitigation, year-over-year

Answer Options	2022	2023	2024	2025	2026
We review denials on a case-by-case basis upon request	39.24%	40.69%	41.61%	37.77%	38.67%
We review denials when the CDI team had previously reviewed the claim	17.53%	13.56%	12.73%	12.32%	12.62%
Our physician advisor/champion works on the appeal letters	16.67%	16.25%	14.60%	18.23%	15.37%
We help to write the appeal letters	23.09%	21.14%	24.69%	24.63%	22.98%
We clinically validate high-risk diagnoses concurrently (e.g., malnutrition, sepsis, etc.)	46.88%	43.22%	42.55%	45.16%	49.03%
We clinically validate high-risk diagnoses retrospectively	21.01%	22.56%	21.43%	22.82%	29.77%
We conduct mortality reviews for denial defense	30.90%	31.23%	30.59%	31.03%	34.79%
We work with other organizational stakeholders to develop organization-specific clinical criteria for high-risk diagnoses	14.58%	16.40%	16.93%	21.18%	19.42%
We provide education to physicians based on denial trends	30.03%	26.97%	26.24%	31.86%	30.10%
We work with our payer contracting team to review contracts	8.33%	9.62%	7.30%	11.17%	10.52%
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%	14.24%
None of the above	18.40%	17.67%	20.19%	21.02%	18.45%
Other (please specify)	11.46%	14.04%	12.89%	10.84%	8.41%

Selected "other" responses:

- The denials team provides education to the CDI professional who reviewed the chart, and some cases are used for staff education
- We are in the process of accumulating data to determine trends for internal education
- We started requesting denials spreadsheets
- We review back-end trends to evaluate future opportunities

Figure 40: Outpatient expansion, year-over-year

Answer options	2020	2021	2023	2024	2025	2026
We have a stand-alone outpatient CDI department with dedicated outpatient reviewers	16.58%	20.61%	24.61%	25.93%	30.59%	28.41%
Our inpatient reviewers also review some outpatient records or provide education	3.15%	3.60%	2.21%	1.13%	1.15%	1.79%
We don't have an outpatient CDI department, but are planning to add one	25.87%	21.85%	20.35%	16.75%	12.83%	14.61%
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%	46.10%
Don't know	4.15%	5.63%	4.73%	7.73%	8.06%	9.09%

Figure 41: 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	17.88%	4.47%	3.91%	30.73%	43.02%
Emergency department	18.44%	4.47%	3.91%	30.73%	42.46%
Medical necessity of admissions	14.53%	4.47%	2.79%	31.28%	46.93%
Observation stays	16.20%	5.59%	0.56%	31.28%	46.37%
Obstetrics/gynecology	24.02%	3.91%	3.91%	24.02%	44.13%
Outpatient oncology	25.14%	5.03%	1.68%	25.70%	42.46%
Outpatient pediatric care	14.53%	3.35%	1.12%	29.61%	51.40%
Outpatient psychiatry	12.29%	2.23%	2.23%	33.52%	49.72%
Outpatient rehabilitation	8.94%	1.68%	2.23%	35.20%	51.96%
Physician practice/clinics/Part B services	50.84%	2.23%	1.12%	13.97%	31.84%

Selected comments:

- Occasionally specialty clinics if a need arises, like acute stroke codes in the neurological clinic setting
- Focused on Medicare Advantage patients in the outpatient clinics
- Our support is currently limited to PCP practices only, but we expect in a year to expand into outpatient specialty practices

Figure 42: Outpatient review focus, year-over-year

Answer options	2022	2023	2024	2025	2026
Hierarchical Condition Category (HCC) capture	58.52%	47.09%	48.11%	51.05%	43.58%
Evaluation and management (E/M) coding	3.70%	4.65%	15.68%	4.74%	6.15%
Denials prevention	3.70%	1.74%	11.35%	1.05%	1.12%
Medical necessity/patient status	5.19%	4.65%	11.89%	2.11%	3.35%
Coverage of drugs/devices/procedures (etc.)	1.48%	0.58%	3.78%	0%	0.00%
Emergency department reviews/observation	2.96%	1.74%	7.57%	1.05%	0.00%
Infusion/injection stop times *Note: This option was not included on the 2022 survey*	N/A	1.16%	4.86%	0%	0.56%
Accuracy of current procedural terminology (CPT®) codes for expensive surgeries/procedures	1.48%	1.74%	9.73%	0.53%	1.12%
National and local coverage determinations *Note: This option was not included on the 2022 survey*	N/A	1.16%	4.86%	0%	0.00%
Quality measures *Note: This option was not included on the 2022 survey*	N/A	0.58%	10.27%	1.05%	2.23%
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%	8.94%
Don't know	11.11%	10.47%	19.46%	26.32%	31.28%
Other	11.85%	19.77%	41.08%	8.42%	1.68%

Figure 43: Outpatient review timing, year-over-year

Answer options	2021	2022	2023	2024	2025	2026
Prospectively—before the physician sees the patient	33.33%	40.74%	40.12%	32.43%	37.89%	39.66%
Concurrently—while the patient is in the office	15.66%	12.59%	11.63%	9.73%	11.58%	10.06%
Retrospectively—after the appointment has happened	30.92%	31.85%	38.37%	23.24%	36.84%	29.05%
We don't perform chart reviews/Our focus is on education	5.22%	9.63%	7.56%	5.41%	3.68%	3.91%
Don't know	31.73%	9.63%	11.05%	38.38%	33.16%	34.64%
Other (please specify)	6.43%	14.81%	17.44%	10.81%	8.42%	3.91%

Selected "other" responses:

- Both—some prospective and some retrospective

Figure 44: Number of outpatient reviews per day, expected vs. reality Expected

Expected	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	2.27%	3.41%	7.95%	5.68%	3.98%	17.05%	47.73%	11.93%
Re-reviews	6.36%	6.36%	2.89%	4.05%	1.16%	4.62%	49.71%	24.86%

In reality	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	1.69%	7.30%	6.18%	5.06%	3.37%	17.42%	47.75%	11.24%
Re-reviews	6.78%	7.34%	3.39%	3.95%	1.69%	3.39%	48.59%	24.86%

Selected comments:

- As requested by CM
- We cannot easily see what is a new review or a re-review. This can vary wildly based upon patient complexity and the CDI professional's skillset—productivity quotas are not an accurate measure of work or quality.
- Expectation is 60 charts a day; we don't track new vs. re-reviews.
- Anywhere from 70–80 on average.

Figure 45: Key performance indicators to monitor outpatient CDI impact, year-over-year

Answer options	2023	2025	2026
Risk Adjustment Factor (RAF) score year-over-year	37.79%	46.50%	43.02%
Denial rate	5.23%	8.92%	8.94%
HCC capture	42.44%	55.41%	47.49%
CPT® code capture	4.65%	3.82%	5.03%
E/M professional billing	9.88%	11.46%	12.29%
Publicly reported quality scores	4.65%	8.92%	11.17%
N/A *Note: This option was not included before 2026*	N/A	N/A	15.64%
Other (please specify)	18.60%	39.49%	26.82%

Selected "other" responses:

- Payer feedback and reporting.
- Cases converted from inpatient to observation status based on medical necessity.
- That information is not shared with CDI reviewers in our organization.
- Changes in suspect HCC usage.
- Query ratio to review, provider response rate, query agreement rate, delta of potential RAF vs realized RAF.
- In past years, the RAF score year-over-year was a good measure. Now with the change from v24 to v28, that has not been a good measure anymore.

Figure 46: Reviewing for risk adjustment during chart reviews

Answer Options	Percentages
Yes, in both the inpatient and outpatient settings	13.14%
Yes, in just the inpatient setting	52.71%
Yes, in just the outpatient setting	4.11%
No, we don't review for risk adjustment	18.88%
Unsure	11.17%

Figure 47: Risk adjustment methodologies used by organizations

Answer Options	2024	2025	2026
CMS-HCCs	48.74%	77.08%	65.49%
HHS-HCCs	12.30%	27.78%	21.36%
Elixhauser Comorbidity Index	44.16%	52.08%	68.08%
Vizient's Risk Adjusted Index	44.16%	56.25%	64.32%
VERA	1.26%	0.69%	0.94%
Chronic Illness and Disability Payment System (CDPS)	0.79%	3.47%	2.35%
None of the above	16.56%	0.69%	1.88%
Other (please specify)	8.20%	4.86%	3.05%

Selected "other" responses:

- APR-DRG—SOI/ROM
- Premier
- CMS Stars

Figure 48: 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	32.03%	10.24%	57.73%
A group of CDI team members who sit on a quality committee	25.82%	10.45%	63.73%
A designated quality specialist in the CDI department	34.86%	10.56%	54.58%
CDI second-level reviewers	46.90%	12.02%	41.09%
CDI educators/auditors	24.54%	8.87%	66.60%
Physician advisor/champion	20.25%	13.57%	66.18%
The team leads/managers	29.30%	14.14%	56.56%
The coding team, with occasional support from the CDI department	30.43%	12.63%	56.94%
The quality team, with occasional support from the CDI department	32.51%	12.84%	54.66%

Figure 49: Pediatric expansion, year-over-year

Answer Options	2024	2025	2026
Yes, we review inpatient pediatric cases only	46.84%	42.01%	46.21%
Yes, we review outpatient pediatric cases only	0.32%	1.02%	0.51%
Yes, we review both inpatient and outpatient pediatric cases	2.11%	3.23%	3.37%
No, we don't review pediatric cases, but we plan to start in the next 12 months	5.02%	7.48%	7.25%
No, we don't review pediatric cases and don't have plans to	45.71%	46.26%	42.66%

Figure 50: Pediatric settings/services reviewed or plans to review

Answer Options	Currently review	Plan to review in the next 12 months	Plan to review, but not in the next 12 months	No plans to review	Used to review, but discontinued program
General pediatric inpatient admissions	83.09%	0.74%	1.10%	12.50%	2.57%
Pediatric ICU (PICU)	78.70%	0.36%	1.44%	15.88%	3.61%
Neonatal ICU (NICU)	79.00%	2.14%	1.78%	12.81%	4.27%
Outpatient pediatric psychiatry	7.14%	1.98%	1.59%	83.73%	5.56%
Outpatient pediatric primary care	10.67%	2.37%	2.37%	78.66%	5.93%
Pediatric surgical services	61.36%	1.14%	1.89%	32.95%	2.65%

Selected comments:

- We also review transitional NICU cases
- Our team only reviews pediatric charts that are identified as mortalities or as a second-level post-bill process
- Per coding request
- Inpatient behavioral health unit
- Pediatric trauma/burns

Figure 51: Pediatric settings/services reviewed, year comparison

Answer Options	2024	2025	2026
General pediatric inpatient admissions	77.31%	85.45%	83.09%
Pediatric ICU (PICU)	70.45%	79.85%	78.70%
Neonatal ICU (NICU)	76.42%	73.51%	79.00%
Outpatient pediatric psychiatry	1.49%	1.49%	7.14%
Outpatient pediatric primary care	3.58%	5.97%	10.67%
Pediatric surgical services	39.70%	51.12%	61.36%
Other *This option was not included in the 2026 survey*	6.57%	7.09%	N/A

Figure 52: Pediatric review focus, year-over-year

Answer Options	2024	2025	2026
APR-DRG accuracy	70.15%	78.36%	76.45%
Clinical validation *Note: This option was not included before 2026*	N/A	N/A	77.47%
ICD-10 coding accuracy	74.63%	76.12%	70.31%
Quality measures	45.07%	53.36%	47.44%
Publicly reported quality rankings (e.g., U.S. News & World Report, etc.)	15.82%	20.90%	16.72%
Denials management	22.39%	19.40%	20.82%
Risk adjustment	26.27%	39.55%	39.25%
Other (please specify)	5.37%	4.48%	4.44%

Selected "other" responses:

- Mortality/PDIs
- Chart accuracy

Figure 53: Tracking pediatric CDI impact, year-over-year

Answer Options	2024	2025	2026
We use pediatric-specific CDI software	7.46%	5.97%	8.53%
We use a modified version of our adult-specific CDI software	32.24%	37.69%	37.20%
We track impact manually using a spreadsheet	8.36%	8.21%	9.22%
We contract with an external company to monitor our performance	2.70%	5.60%	5.80%
Our internal IT department created a tracking tool for us	7.16%	8.58%	6.48%
N/A; we don't have a way to track our impact	21.49%	23.88%	25.26%
Other (please specify)	2.99%	17.16%	16.38%

Selected "other" responses:

- We have a specific reviewer set and can pull reports based on those names

Figure 54: Top three queried diagnoses for pediatric reviews

Answer Options	2025	2026
Sepsis	47.01%	39.25%
Respiratory failure	66.79%	58.70%
Hypoglycemia	22.01%	24.23%
Respiratory distress syndrome	53.36%	38.57%
Bronchopulmonary dysplasia	5.60%	1.02%
Meconium aspiration syndrome	7.84%	12.63%
Neonatal respiratory distress syndrome *This option was not included in the 2025 survey*	N/A	32.42%
Other (please specify)	21.64%	23.89%

Selected "other" responses:

- Malnutrition
- Trauma-related diagnoses and obesity
- Intellectual disability
- Electrolyte abnormalities
- Acidosis
- Hypoglycemia

Figure 55: Tracking of pediatric quality indicators (PDI)

Answer Options	Percentages
Yes	28.67%
No	27.30%
Unsure	44.03%

Figure 56: Establishing pediatric clinical definitions

Answer Options	Percentages
A clinical criterion committee is organized	11.60%
A small group (e.g., physician advisor, NICU/pediatric physician, coding, CDI)	43.34%
We do not have an established process for developing pediatric definitions currently	32.08%
Other	12.97%

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[1] *Reveleer, "6X ROI with Reveleer's Point of Care Suspecting Solution," reveleer.com/case-studies/provider-suspecting-enhancing-revenue-capture.*

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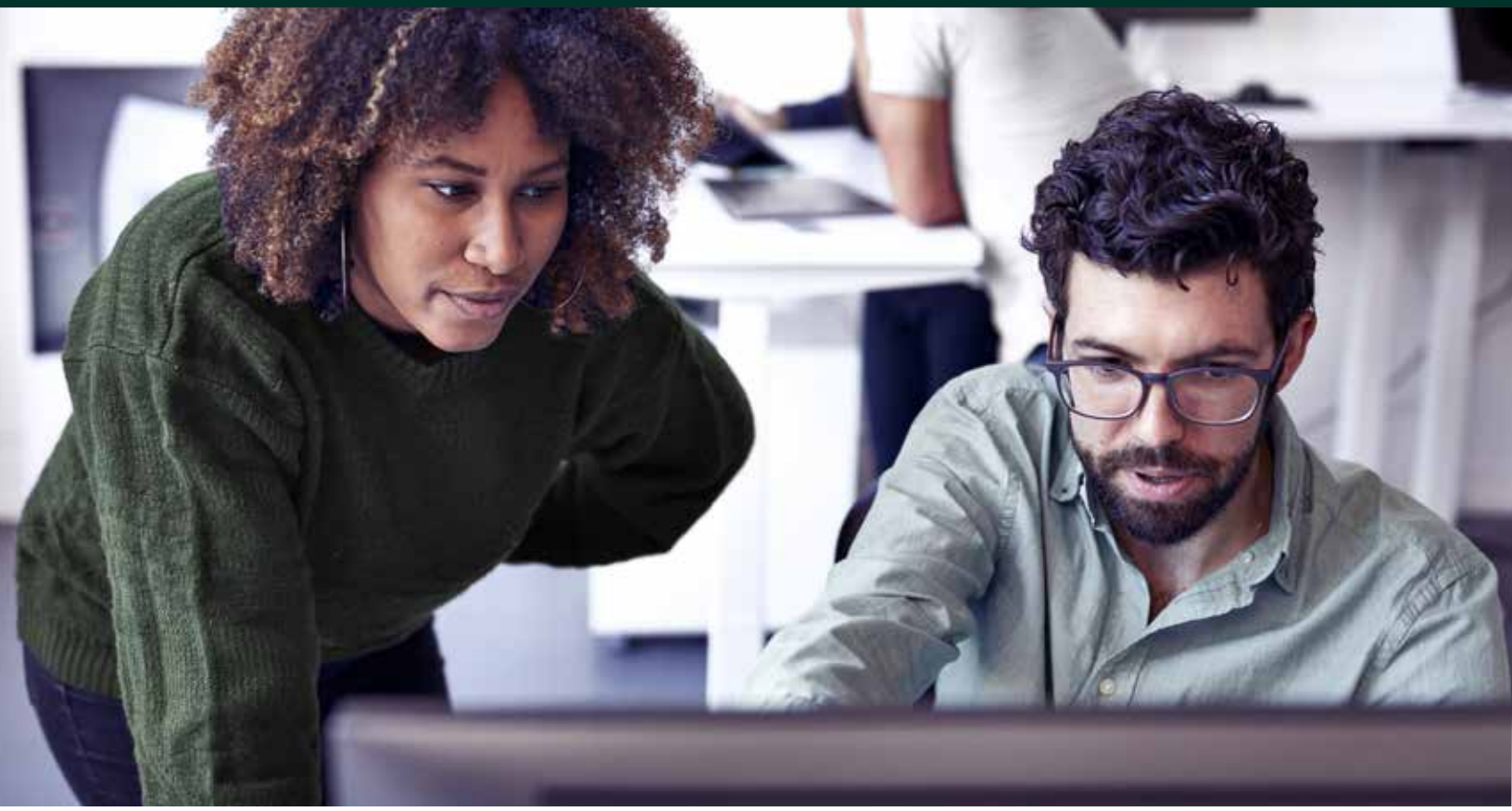

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