Clinical Documentation Integrity Week

Industry Overview Survey

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2024 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 in Orbit: Infinite Opportunities, highlighting the endless opportunities in the CDI profession to reach for the stars when it comes to focus areas, collaboration, and career paths.

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, CDI query metrics and technology, risk adjustment, denial trends and CDI involvement, and nontraditional settings. It marks the 14th annual CDI Week Industry Survey, continuing more than a decade of industry evaluation.

"The annual CDI Week Industry Survey allows us to collectively get a pulse on what's happening now and what's to come in our wonderful world of CDI," says Tiara Minor, RN, BSN, CCDS, director of CDI at the University of Miami Health System in Florida. "Each of us functions independently at our organizations, so it's extremely valuable for ACDIS to provide a platform that allows anyone with a connection into the CDI industry to […] contribute honest feedback that allows us to gain collective insights. CDI has been rapidly evolving since its inception, so the survey also gives us a reminder about how far we've come when you look at the survey data [and] compare with prior years."

This year, 822 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. 12.

Survey respondents were first asked their title and role to understand the field's current demographics and scope of positions. Echoing previous years, the role of CDI specialist was chosen by the largest number of respondents (35.87%), followed by CDI managers (19.87%), directors (14.71%), and leads (4.65%), with CDI educators following close behind (4.26%). In the last few years, the percentage of respondents working in an acute care hospital has seen a consistent decrease, and 2024 continues this trend: 36.13% selected this organization type, in comparison with 40.06% in 2023. This year-over-year trend may indicate an increase in CDI positions available at other types of organizations and the continued broader healthcare trend of stand-alone

About the 2024 CDI Week Industry Survey advisor

Tiara Minor, RN, BSN, CCDS, is the director of CDI at the University of Miami Health System in Florida. She has more than 10 years' experience in CDI, with the last seven in CDI/coding leadership. During her tenure in CDI, she has worked with various types of hospital systems including large academic medical centers, multi-hospital systems, smaller community hospitals, a children's hospital, and outpatient clinics. Spending two and a half years in consulting broadened her experience with exposure to different facilities, leadership operations, vendor-relations, and technology solutions.

Minor is passionate about CDI innovation, team development, healthcare quality, and an advocate for diversity. She and her team received the 2022 ACDIS Achievement Award for Diversity in CDI. Minor was also the recipient of the 2023 ACDIS Achievement Award for Professional Achievement in CDI. She is a member of the ACDIS Diversity and Inclusion Committee, the ACDIS CDI Leadership Council, and the 2024/2025 ACDIS Leadership Council Mastermind group.

hospitals consolidating into healthcare systems. (See Figures 1 and 2.)

"Something that stands out to me are the job titles, which represent the ever-changing landscape in CDI with diversified career pathways beyond traditional CDI reviewers," says Minor. "This year there were more CDI second-level reviewers, educators/auditors, CDI-coding liaisons, and CDI denials specialist responses compared to last year. I foresee in the coming years we'll see more roles added and higher volumes in specialized roles, such as CDI-UR [utilization review] specialists, inpatient versus outpatient CDI specialists, and possibly further distinguishment in second-level reviewer titles, such as ones focused on risk adjustment or mortality."

When asked about time in their current role, 58.20% of respondents said between zero and five years, and another 26.97% said between six and 10 years. When asked about their time in the profession overall, a slightly higher number (7.48%) of respondents said they've been in the CDI profession for up to two years compared to 2023 (6.62%). Regarding how long they intend to stay in CDI, an increased number of respondents said they intend to stay for more than 20 years (22.45% in 2024 compared to 18.77% in 2023). Another 15.35% answered that they were unsure, followed closely by 14.58% who plan on staying for the next 11–15 years. (See Figure 3.)

The number of facility beds reported by respondents saw little change in the past year, with 24.90% of respondents reporting their facility has between 101 and 400 beds, 37.03% reporting between 401 and 1,000 beds, and 18.71% reporting more than 1,000 beds. (See Figure 4.)

As far as total number of beds in their health system, those with 500 or fewer beds saw a small increase from 8.68%% in 2023 to 21.67% in 2024, while the number of those who answered they were not part of a healthcare system saw another small decrease year-over-year from 13.41% in 2023 to 12% in 2024. (See Figure 5.)

The CDI industry continues to attract professionals from various backgrounds, as evident in the extensive assortment of credentials selected by respondents this year. Most respondents (70.45%) noted that they hold an RN credential, though this was a decrease from 2023 (74.13%), possibly due to a wider variety of respondents from other backgrounds. In contrast, the number of respondents who hold ACDIS' Certified Clinical Documentation Specialist (CCDS) credential saw another increase (70.32% in 2024 compared to 66.09% in 2023), indicating it may be becoming more of a standard credential for CDI professionals. All other credential options offered on the survey showed a return to 2022 response rates, indicating the changes in 2023 may have been a temporary phenomenon. (See Figure 6.)

"As with prior years, the CCDS and RN certifications by far represented the highest percentages of credentialed respondents," says Minor. "I agree this accurately represents the majority of professional demographics in CDI, but also recognize that many CDI professionals have earned other credentials, including coding certifications, healthcare providers (NP, MD, PA, etc.,), and other advanced degrees (master's and doctorate)."

When asked about reporting structure, 34.58% of respondents said their CDI department reports to revenue integrity/cycle, followed by 18.45% who report to HIM/coding, 14.32% who report to finance, and 13.55% who report to quality. A little over 7% of respondents indicated they have a stand-alone CDI department. (See Figure 7.)

Provider engagement

"We've found the best way to engage physicians in CDI work and outcomes is through data—physicians naturally have an evidence-based mindset. Actionable analytics underpin everything we do. For physicians, we look at operational reporting and see who's engaging with the content, who's ignoring it, who's getting queried, who's answering queries, what's the turnaround time, etc. This tells us where and how we need to target interventions—it's a very data-driven approach. We want to show physicians the outcomes they're getting as well—when they see quantifiable data, it's very helpful in engaging them in ongoing improvement."

—Kaitlyn Crowther, RHIA, chief product owner, Solventum

In a perfect world, best practices for clinical documentation would already be well known across the

healthcare industry, regulations and coding guidelines would be easily understandable and rare to change, and providers would have all the time in the world to document. In reality, provider engagement in CDI remains a top focus for CDI programs, and ACDIS continues to track the trends in this important category to see what impact CDI efforts have had.

After years of little change, the percentage of respondents who reported their medical staff as "highly engaged" saw a notable increase from 12.62% in 2023 to 16.76% in 2024. This might explain the decrease in those who chose the answer option "mostly engaged and motivated," from 51.89% in 2023 to 46.94% in 2024, though the percentage who said "mostly disengaged and unmotivated" also rose a bit from 4.10% to 5.19%. (See Figure 8.)

"We've also experienced higher physician engagement in recent years, which aligns with what we're seeing in the industry," says Minor. "Provider engagement is a critical component to the overall success of healthcare organizations with positive patient care outcomes. Governing agencies continue to emphasize healthcare quality initiatives, so it's likely organizations that have problems with provider engagement are feeling the effects of that across multiple areas and need a strategic culture shift. CDI professionals should be viewed as essential partners and resources for providers, coders, and quality specialists."

For the first time, the survey also asked respondents about how often they conduct physician education sessions. About 30% of respondents reported monthly, 11.84% reported quarterly, and 26.86% said they do so "as needed." (See Figure 9.)

"We perform a variety of methods for educating, so the frequency depends on the type of education," says Minor. "Examples of education strategies we use include writing a quarterly newsletter full of information and tips for our providers; creating tip sheets; having ad-hoc discussions as needed; and educating new incoming providers on our query process during onboarding. So, the type of education or outreach to the providers will drive the frequency."

Next, ACDIS asked respondents about the use of a physician advisor or physician champion, given that enlisting the help of these professionals is one of the most effective ways to increase provider engagement. The role of a physician advisor is typically more formalized and may include an official job description, pay scale, etc., while the role of a physician champion is typically more informal and an honorary title.

About 61% of respondents have a full-time or part-time physician advisor, a small decrease from about 64% in 2023. Just 9.04% plan to engage one in the near future, while 15.16% have no plans (an increase from 12.78% in 2023). Continuing the trend of previous years, a smaller percentage of respondents (36.70%) reported having a full-time or part-time physician champion. Interestingly, of those who have a full-time physician advisor, 41.38% also have a full-time physician champion, and of those who have a part-time physician advisor, 39.00% have a part-time physician champion as well. Not having a physician advisor doesn't seem to increase a CDI program's likelihood of having a champion instead; just 19.23% of those who don't have a physician advisor reported having a part-time physician champion, and 6.59% have a full-time physician champion. (See Figures 10 and 11.)

Likely because their roles are less formal, physician champions tend to receive compensation less often than physician advisors (8.60% compared to 24.76%). Year-over-year, these statistics either stayed the same or slightly increased since 2022. Almost 39% of respondents share their part-time physician advisors/champions with another department, back in line with 2022 results (39.55%) after a slight increase to 44.01%

in 2023. Most comments said 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. (See Figures 12 and 13.)

When asked how they measure the effectiveness of their CDI provider education program, the most common measurement selected was improvement in CDI metrics (77.79%), followed by feedback from providers (52.26%) and reduction in documentation errors (34.84%). (See Figure 14.)

Query metrics and technology

While CDI professionals work in many roles and have various responsibilities these days, there is still nothing so simple yet so valuable to CDI work as sending a query. The CDI query process is driven by "the underlying goal of validating the clinical documentation within a health record to accurately represent the clinical status of the patient," according to the ACDIS/AHIMA *Guidelines for Achieving a Compliant Query Practice* brief, which is at the heart of CDI efforts. For these reasons, ACDIS focuses a section of the survey specifically on the query process and the technology that supports and impacts it. This data can benefit those looking to create a query process or measure their current one against industry trends, or those wanting to check the pulse on popular technology solutions in the field.

When it comes to the required time frame for a query response, most respondents (41.23%) said they expect providers to respond within two days, and 17.11% expect a response in three days, similar to or higher than previous years. The number of respondents who said their program doesn't have a time frame for query response decreased to 5.56% in 2024 compared to 7.89% in 2023, continuing a year-over-year downward trend and indicating that more and more CDI programs seem to be developing a time frame. (See Figure 15.)

This year, ACDIS also asked respondents about their average query rate, or the percentage of charts that have at least one query opportunity found during CDI review. Almost 27% said that they find a query opportunity 31%–40% of the time, followed by 20.61% who said they find one 21%–30% of the time. (See Figure 16.)

Query response rates have continued an upward climb. The number of respondents reporting a 91%–100% response rate rose from 60.09% in 2023 to 69.44% in 2024, and nearly 85% of respondents this year said they see above-average response rates (71%–100%). Reported agreement rates also rose slightly again year-over-year, with 40.35% reporting an agreement rate of 91%–100% compared to 38.49% in 2023. Interestingly, when looking only at respondents with a full-time or part-time physician advisor, this percentage rose to 44.86%. Considering the importance of query response rates, these upward trends might be an indication of why more respondents reported their providers as being "highly motivated and engaged" this year. (See Figures 17 and 18.)

"Our query response rate is 100%," says Minor. "We will keep the query open until a response is received, even if it exceeds our timely response goal. We've used technology to improve the query delivery process, making queries easily visible to our providers in the EHR, and most responses only require one click. I would recommend that other organizations make the query process as effortless and efficient as possible for your providers."

When asked what percentage of their query responses are "clinically indeterminable/undetermined," as this answer option is often less than helpful in fully capturing the patient's story, about 37% of respondents said that they get this query response less than 5% of the time. Another 11.26% said that they don't routinely offer this answer as an option in their queries, while 25% were unsure. (See Figure 19.)

The percentage of respondents who reported having an escalation policy in place rose slightly from 81.66% in 2023 to 84.23% in 2024. In general, having an escalation policy positively correlated with overall query response rate, as 72.50% with such a policy reported they had a 91%–100% response rate versus 62.26% of those without an escalation policy. (See Figure 20.)

When it comes to CDI review rates, 60.23% of respondents reported that an average inpatient CDI specialist completes six to 10 inpatient reviews per day. A little over 19% of respondents reported that the average is 11–15 reviews, a small increase from about 15% of respondents in 2023, while fewer respondents cited an average of zero to five reviews (5.85%) than they did in 2023 (8.52%), indicating CDI reviewers may be taking on more reviews in a given day than in years past. For outpatient reviews, 10.23% stated they conduct an average of six to 10 patient reviews per day. (See Figures 21 and 22.)

Moving onto CDI software solutions that assist such reviews, this year the spot for the most-used CDI software solution by respondents was nearly tied between computer-assisted coding (77.92%) and electronic querying (77.49%), followed by electronic grouper software (76.60%) and chart prioritization (75.88%). As far as software plans for 2025, the largest percentage (10.67%) indicated they were looking into computer-assisted physician documentation as a solution in the new year. (See Figure 23.)

"Technology allows us to work smarter, instead of harder, to accomplish our goals," says Minor. "A review of our data since [our CDI program] implemented prioritization workflows shows that we're querying more with less touches on each case. More organizations are using some sort of software system to support their CDI workflows, and those using prioritization within the software are seeing even greater results. Your key performance indicators should be evolving to account for the advancements we've made within the industry."

There is no doubt that technology has had an impact on the CDI profession, though opinions regarding exactly how have seen some change in the past year. For instance, 56.58% of respondents agreed that technology has helped identify "low-hanging fruit" queries so CDI staff can focus on more complex issues or expanded reviews, an increase from 49.37% in 2023. Respondents this year also tended to think that technology has helped them monitor and improve documentation issues with high-volume DRG groups (47.37% said so in 2024 compared to 36.44% in 2023). While still a small percentage, the number of respondents who agreed that some people see technology as replacing CDI jobs rose from 7.89% in 2023 to 12.87% in 2024. Still, over half (56.14%) of respondents this year agreed that technology has helped them to see more charts per day. (See Figure 24.)

Denial trends and CDI involvement

"AI has the potential to transform the evolving landscape of denials management. The concept of data mining has exploded because now we have AI to go out there, comb through all bills, and look for those easy to take away–type diagnoses. This reflects a strategic shift towards leveraging AI for enhancing documentation accuracy and anticipating payer challenges."

—Angie Curry, BSN, RN, CCDS, nursing specialist, Nuance, a Microsoft company

In the past year, the percentage of respondents involved in the denials or appeals process saw upward motion again, from 58.72% in 2023 to 64.17% in 2024. Most respondents involved in the process said they've been involved for five to six years (13.36%), followed closely behind by those who've been involved for more than 10 years (13.22%) and those who've been involved for three to four years (12.19%). (See Figure 25.)

Of all the roles in a CDI department, team leads and managers seem to be involved most often in the

denials management process, according to 41.67% of respondents. Next, a designated denials or appeals specialist moved from fourth to second place year-over-year, chosen by 29.17% of respondents and surpassing physician advisors/champions (22.06%). Just behind them, 21.08% said their CDI second-level reviewers are involved. From this data, it seems there are multiple roles within a CDI department that step in when helping with the denials management process, though a specialized role in denials or appeals may be growing more popular in CDI programs. (See Figure 26.)

"Many larger organizations have dedicated resources within revenue integrity for denials management, with CDI acting as a liaison in the process as needed," says Minor. "However, I've seen in prior smaller organizations that do not have as many resources that it's typically a higher-level role (i.e., team lead/managers), as seen with the survey, that are involved in the denials process. Due to the complexities of the denials/appeals process, I don't think most organizations have found a way to integrate this into daily CDI workflows."

When asked what types of denials these CDI programs review, clinical validation denials remained the most popular (85.54%), up from 2023 (83.17%), followed by DRG validation at 54.66%, which returned to normal levels after a brief spike in 2023 (66.34%). Medical necessity and coding-based denials also returned to percentages similar to 2022. (See Figure 27.)

Most respondents (78.43%) said they don't know how many of their inpatient claims result in a denial, and another 15.69% said that their claims are denied 1%–20% of the time. In a notable increase since last year, 45.24% of respondents reported that most of their denials are clinical validation denials. The other categories saw little change, though medical necessity denials returned to a percentage closer to 2022 survey results (18.03%). (See Figures 28 and 29.)

Private payers remain the number one culprit for denial origins (35.05%). In order of most common, UnitedHealthcare, Humana, and Aetna have secured the top spots of denial-prone payers from the free-text comments of this question, Aetna taking third place from Blue Cross Blue Shield this year. (See Figure 30.)

Consistent with past years, when asked to choose their top five denied diagnoses, sepsis was chosen the most by a large margin (85.29%). About 74% said respiratory failure was in their top list as well, which was a significant jump from the 62.38% who said so in 2023—indicating this diagnosis may be receiving more scrutiny of late than in previous years. (See Figure 31.)

When asked how their CDI departments are currently involved in the denials management process, the most common denial mitigation tactic was clinically validating high-risk diagnoses concurrently (42.55%), followed closely by reviewing denials on a case-by-case basis upon request (41.61%). The next most common was conducting mortality reviews for denial defense, chosen by 30.59% of respondents. (See Figure 32.)

"I've found it most valuable to educate CDI specialists about denial prevention tactics they can apply during the concurrent review process," says Minor. "A CDI specialist should be on high alert when they see documentation of certain high-risk diagnoses such as sepsis, respiratory failure, malnutrition, and encephalopathy. They should ensure there's strong clinical evidence to support these conditions, and if not strongly supported, query concurrently for clinical validity. You would also want to educate [CDI specialists] on analyzing the working DRG and recognizing that if there's a single CC/MCC driver, the probability of denial is higher, so it's important to validate the diagnosis and ensure it's strongly supported while looking for other secondary conditions as applicable."

Risk adjustment

While the CDI Week Industry Survey has asked questions regarding risk adjustment before, this year was the first time ACDIS decided to dedicate a full section to the topic. Often spoken of in tandem with outpatient

CDI, risk scores can be reviewed in both inpatient and outpatient settings—as evidenced by 61.74% of respondents answering that their CDI department looks at risk adjustment during chart reviews. To break it down further, 46.97% of respondents said they review risk adjustment in only the inpatient setting, 11.82% said they do so in both the inpatient and outpatient settings, and 2.95% said they do so in only the outpatient setting. (See Figure 33.)

"[Our program is] in the process of implementing outpatient CDI, so for now, our risk adjustment has been for patients in the inpatient setting," says Minor. "We are using technology to help us identify opportunities for risk adjustment that aren't typically the focus of concurrent CDI reviews. The software solution has helped us expand our footprint in CDI to support our organization's initiatives with risk adjustment and peer comparisons."

But how organizations calculate risk scores can vary. When asked which methodologies their organization employs, nearly half of respondents said CMS-Hierarchical Condition Categories (HCC) (48.74%). The Elixhauser Comorbidity Index and Vizient's Risk Adjusted Index were tied for second most common, both chosen by 44.16% of respondents. (See Figure 34.)

"We are focused on the same risk methodologies as found in the industry survey: CMS-HCCs, Elixhauser comorbidities, and Vizient variables," says Minor. "The decision to focus on these specific methodologies are mostly driven by the initiatives behind their impact. For example, Elixhauser comorbidities impact U.S. News & World Report rankings. CDI professionals that are seeking more education on different risk adjustment methodologies can find many resources through ACDIS, from the Boot Camp offerings to podcast discussions and articles."

The most common way respondents track their risk adjustment–related impact is through their mortality observed-to-expected ratio and/or severity of illness (SOI)/risk of mortality (ROM) impact, chosen by 49.37% of respondents. The next largest proportion (25.55%) said that they don't track their risk adjustment impact. When it comes to Risk Adjustment Data Validation (RADV) audits, 62.62% said their CDI team is not involved. (See Figures 35 and 36.)

When CDI team members are reviewing mortalities for risk adjustment and SOI/ROM capture, it's all hands on deck; answers were spread fairly across the board, with CDI second-level reviewers slightly more likely to review all mortalities (38.67%) than other positions, though a designated quality specialist in the CDI department (37.70%) followed close behind. Team leads/managers are most likely to review only mortalities that have SOI/ROM scores below 4, selected by 17.50% of respondents, with a group of CDI team members sitting on a quality committee ending up as the least chosen option. (See Figure 37.)

"We review 100% of mortalities in a multidisciplinary process that involves second-level CDI reviewers, coders, and quality specialists," says Minor. "The focus of these reviews is to ensure accuracy with the code set and risk adjustment (Elixhauser and Vizient). With any complex process that involves collaboration across multiple areas, there are sometimes different viewpoints on the case; however, CDI is uniquely positioned to understand perspectives of clinical, coding, and quality, so we're a key piece of the equation."

Nontraditional settings

As part of taking the pulse of the industry, the CDI Week Industry Survey often includes a focus on CDI expansion to track which areas the industry may be growing in, planning toward, or moving away from. This year, ACDIS decided to dedicate a section of the survey to nontraditional settings, including outpatient CDI, pediatric CDI, and other settings that CDI programs currently review or have plans to start reviewing in the next year. This data can benefit those who are

considering what areas of expansion their CDI program might venture into next or who would like to measure their current program/dedicated reviewers in these settings against industry trends.

Industry Survey results show a slow but consistent upward trend when it comes to outpatient CDI, with 25.93% of respondents reporting a stand-alone outpatient CDI department with dedicated outpatient reviewers, though there has been a year-over-year decline in the percentage of respondents who said they plan to have an outpatient CDI department in the future (16.75% in 2024 compared to 20.35% in 2023). This data could imply those whose outpatient CDI plans have come to fruition are simply not being replaced with new interest from those without an outpatient CDI department. (See Figure 38.)

Excluding those who don't review outpatient records, the most common outpatient service/setting reviewed was physician practice/clinic/Part B services. This response has been in the top spot for several years, though it saw a significant jump from 34.46% in 2023 to 58.73% in 2024. This year, new answer options were added, including outpatient oncology (23.01%), obstetrics/gynecology (18.35%), and outpatient psychiatry (15.32%). (See Figure 39.)

Most respondents who review outpatient records said they focus on HCC capture (48.11%), followed much farther behind by general risk adjustment not necessarily tied to HCC capture (chosen by 19.46% of respondents) and evaluation and management (E/M) coding (15.68%). (See Figure 40.)

"An organization's participating agencies will usually drive the initial outpatient focus area, whether it's an ACO [Accountable Care Organization] needing to optimize RAF [risk adjustment factor] scores or other CMS-driven incentive plans using HCCs," says Minor. "As more healthcare services are shifted to the outpatient setting, it's inevitable that outpatient CDI will be just as prominent as inpatient CDI in the coming years."

Consistent with previous years, the most common timing for outpatient review continues to be prospectively (before the physician sees the patient), selected by 32.43% of respondents. Reviewing retrospectively (after the appointment has happened) was chosen by 23.24% of respondents, still in second place but much smaller than in previous years (38.37% in 2023), perhaps because more respondents this year said that they didn't know what their outpatient review timing was (38.38% in 2024 compared to 11.05% in 2023). Reviewing concurrently has continued a modest decline year-over-year, from 11.63% in 2023 to 9.73% in 2024. (See Figure 41.)

When asked about a policy for outpatient query compliance, the percentage of respondents that said their policy is based on the ACDIS position paper Queries in Outpatient CDI: Developing a Compliant, Effective Process went from 13.95% in 2023 to 19.46% in 2024, more similar to 2022's results (20.00%). On the other hand, 16.76% said their policy is based on the ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice brief, slightly lower than 2023 survey results (22.67%). (See Figure 42.)

A large challenge in outpatient CDI is tracking impact: Fewer technological solutions are designed for outpatient CDI efforts, and many payment and risk adjustment methodologies are prospective in nature, meaning CDI departments may not see their impact reflected in risk scores and reimbursement for a year or more. Encouragingly, though, this year saw a much smaller number of respondents who said they have no way to track their impact at all, moving from 23.26% in 2023 down to 14.59% in 2024. The most common method selected was tracking impact manually using a spreadsheet (22.70%), though 44.86% of respondents chose the "Other" option and explained several similar methods in the free comment section. (See Figure 43.)

For this year's look into pediatric CDI, ACDIS started off with a simple question to find out how many respondents are reviewing pediatric cases. Almost 47% of respondents said their CDI department reviews inpatient pediatric cases only, though when including those who said their department reviews outpatient pediatric cases only or reviews both inpatient and outpatient cases, about half of survey respondents (49.27%) ultimately do pediatric case review of some kind. Just over 5% of respondents said that their organization doesn't review pediatric cases but has plans to do so within the next 12 months. (See Figure 44.)

Of the CDI programs who review pediatric cases, 77.31% of respondents said they review general pediatric inpatient admissions, followed closely by 76.42% who said they review the neonatal ICU and 70.45% who review the pediatric ICU. A variety of other cases/settings were included in the free comment section as well, such as "only the burn unit," "only […] single CC/MCCs and when there is a question," and "only mortality pediatric cases," indicating that a CDI department's involvement in pediatric CDI can start out limited and on a case-by-case basis. (See Figure 45.)

"There's a lot of opportunity in pediatrics, since many are APR-DRG payer mix," says Minor. "Pediatric CDI should be considered a highly valuable discipline, since a specialized skill set is needed to understand the complexities of the conditions and there are limited resources available for pediatric CDI education. From congenital defects to trauma and abuse, there are a lot of conditions common in the pediatric setting that are not typical for adult populations."

As far as what CDI departments are focusing on during their pediatric reviews, the most popular answers were ICD-10 coding accuracy (74.63%), APR-DRG accuracy (70.15%), and quality measures (45.07%). Using a modified version of the program's adult-specific CDI software was the most common way to track pediatric CDI impact, chosen by 32.24%, though the next most-chosen answer by respondents was that they didn't have a way to track their impact (21.49%), indicating pediatric CDI may be experiencing a similar challenge as outpatient CDI in this area. (See Figures 46 and 47.)

Outside of these two focuses, ACDIS asked respondents what other settings their CDI program is currently reviewing or making plans to review. Almost 84% said they also review inpatient surgery, 75.25% said trauma, and 64.65% said inpatient short-term acute care. Though few generally could say what settings their program might be planning to review, inpatient psychiatry was the most common, selected by 4.75% of respondents as a prospective setting for their program either in the next 12 months or further down the line. (See Figure 48.)

"It's sometimes difficult to measure the impact/ROI in comparison to the resources for different areas of CDI expansion," says Minor. "Some organizations may develop internal processes that are more focused on solving known problems with documentation. For example, organizations that have their own inpatient rehabilitation or psychiatric [lines] are likely trying to solve documentation issues for continuity of care and denial mitigation rather than financial or quality improvement. As the value for CDI continues to grow, I think we will see expansion into several areas, but it'll take years before we see consistency across the industry the way we've seen with outpatient and pediatrics." ■

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

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

Selected "other" responses:

- CDI project manager
- DRG validator
- CDI auditor and educator
- CDI vice president
- Director of CDI and coding
- CDI and risk adjustment coding manager
- Quality director
- CDI nurse advisor

Figure 2: Organization type, year-over-year

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

Selected "other" responses:

- VA hospital
- VA medical center
- CDI staffing company
- Behavior health with inpatient and outpatient facilities
- Revenue cycle company

Figure 3: Time in role and profession

	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%

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

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

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

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

Figure 6: Credentials held, year-over-year

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

Selected "other" responses:

- CCA
- CCRN
- BSN
- DNP
- CIC
- CRCR
- MSN
- CHC
- CHDA
- MMS
- MBA
- Certified Pediatric Nurse
- CCS-P
- BSBA
- RMA
- CMGT-BC
- CPHRM
- CEMC
- CPN

Figure 7: Reporting structure, year-over-year

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

Selected "other" responses:

- C-suite
- CMO
- UM
- Compliance
- Population health
- Informatics
- Medical information systems
- Patient safety
- Technology, innovation, and development
- IT

Figure 8: Perceived provider engagement, year-over-year

Answer Options	2019	2020	2021	2022	2023	2024
Highly engaged and motivated	12.71%	20.42%	14.44%	12.09%	12.62%	16.76%
Mostly engaged and motivated, with some exceptions	51.03%	50.00%	50.89%	46.72%	51.89%	46.94%
Somewhat engaged and motivated	31.78%	25.49%	26.78%	30.75%	28.55%	28.46%
Mostly disengaged and unmotivated	4.49%	4.08%	5.00%	7.61%	4.10%	5.19%
Don't know Note: This option was not included on the 2019 or 2020 surveys	N/A	N/A	0.78%	1.04%	1.10%	1.20%
Not applicable	N/A	N/A	2.11%	1.79%	1.74%	1.46%

Figure 9: Frequency of physician education sessions

Answer Options	Percentage
Weekly	7.05%
Biweekly	2.66%
Monthly	30.05%
Quarterly	11.84%
Annually	3.59%
As needed	26.86%
We do not conduct physician education sessions	9.04%
Unsure	8.91%

Figure 10: Physician advisor involvement, year-over-year

Answer Options	2022	2023	2024
Yes, we have a full-time physician advisor	28.21%	27.76%	26.99%
Yes, we have a part-time physician advisor	33.58%	36.28%	34.44%
No, but we plan on engaging one in the near future	8.36%	11.51%	9.04%
No, we have no plans to engage a physician advisor	17.16%	12.78%	15.16%
Don't know	4.63%	2.52%	4.79%
Other (please specify)	8.06%	9.15%	9.57%

Selected "other" responses:

- We have CMOs that engage on some level as advisors
- None that are dedicated
- We contract with a vendor for PA support
- Rarely ever used or available
- Yes, but main role is query completion not education
- We share a physician advisor with UM
- In the past, but it was too much work in addition to their jobs
- A liaison, not totally dedicated to CDI
- Some facilities have a PA, and some do not
- Shared between CDI, coding, and revenue integrity
- No, but would love to have one
- We have multiple

Figure 11: Physician champion involvement, year-over-year

Answer Options	2022	2023	2024
Yes, we have a full-time champion	15.67%	15.93%	14.76%
Yes, we have a part-time champion	23.88%	24.61%	21.94%
No, but we plan on engaging one in the near future	9.40%	11.51%	9.71%
No, we have no plans to engage a champion	31.94%	28.08%	30.19%
Don't know	11.19%	8.52%	12.23%
Other (please specify)	7.91%	11.36%	11.17%

Selected "other" responses:

- Nothing formal
- Each service line has physician champions
- The head of our hospitalist team is a strong advocate for our CDI team
- Our physician advisors fulfill this role as well
- Not effective ones
- We only have a physician advisor
- We collaborate with all medical directors
- No, but would love to have one
- Shared and not dedicated

Figure 12: Physician advisor and champion compensation, year-over-year

Answer Options	Physician Advisor			Physician Champion		
	2022	2023	2024	2022	2023	2024
Yes, they receive a set salary for their CDI-related work	21.65%	25.60%	24.76%	10.55%	8.04%	8.60%
Yes, they receive an hourly rate for their CDI-related work	8.57%	6.52%	4.60%	4.29%	4.52%	2.82%
No, they are not compensated for their CDI-related work	6.77%	6.52%	6.63%	12.50%	11.39%	11.14%
Unsure about their compensation	35.49%	38.00%	38.43%	30.47%	32.33%	30.18%
N/A; we don't have this position	27.52%	24.01%	26.39%	42.19%	45.23%	48.38%

Figure 13: Part-time physician advisor/champion sharing, year-over-year

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

Part-time advisors/champions are shared with:

- Case management
- Internal medicine
- Utilization review/management
- Hospital service lines
- Quality
- Coding
- Billing office
- Denials
- Risk management
- Revenue cycle
- HIM

Figure 14: Methods to measure CDI provider education program effectiveness

Answer Options	Percentage
Pre- and post-education assessments	9.71%
Improvement in CDI metrics (e.g., query response rate)	77.79%
Feedback from providers	52.26%
Reduction in documentation errors	34.84%
Increased accuracy in coding and billing	28.72%
Tracking participation rates	25.00%
Other (please specify)	11.04%

Selected "other" responses:

- Financial impact
- Documentation tool usage rates
- CMI and hospital reimbursement
- Improvement in mortality and quality metrics
- Physician agreement rate
- CMS Star Rating improvement
- Engagement and discourse
- Clinical validation denials we can't overturn
- We don't track this

Figure 15: Required time frame for query response, year-over-year

Answer Options	2021	2022	2023	2024
1 day	10.91%	7.31%	9.78%	7.89%
2 days	34.20%	39.40%	36.44%	41.23%
3 days	14.06%	13.28%	14.83%	17.11%
4 days	2.81%	1.79%	1.74%	1.32%
5 days	2.70%	3.73%	2.21%	3.07%
6 days	0.22%	0.75%	0.32%	0.44%
7 days	5.06%	5.22%	5.99%	6.87%
8–14 days	5.74%	5.22%	5.68%	5.99%
Within 30 days	5.74%	5.52%	4.10%	3.51%
We don't have a time frame for query response	10.69%	9.10%	7.89%	5.56%
Don't know	2.25%	3.13%	2.52%	1.75%
Other (please specify)	5.62%	5.52%	8.52%	5.26%

Selected "other" responses:

- We have an escalation process
- 45 days
- 60 days
- No time frame currently
- We review prospectively
- N/A

Figure 16: Query rate

Answer Options	Percentage
10% or less	1.32%
11%–20%	8.77%
21%-30%	20.61%
31%-40%	26.90%
41%-50%	13.16%
More than 50%	12.13%
Unsure	12.28%
We don't track this metric	4.82%

Figure 17: Query response rate, year-over-year

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

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

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

Figure 19: "Clinically indeterminable/undetermined" query response rate

Answer Options	2023	2024
1%–2%	23.72%	22.51%
3%–4%	19.07%	14.04%
5%–6%	9.46%	7.89%
7%–8%	4.97%	3.36%
9%–10%	6.25%	3.80%
11%–15%	2.88%	2.05%
16%–20%	1.44%	1.02%
More than 20%	1.60%	0.88%
We don't offer that option routinely	13.62%	11.26%
We don't track this metric	16.99%	8.19%
Don't know Note: This option was not included on the 2023 survey.	N/A	25.00%

Figure 20: Escalation policy use

	0%-25%	26%-50%	51%-60%	61%-70%	71%-80%	81%-90%	91%-100%	Don't know	We don't track this metric
We have an escalation policy	0.67%	0.67%	0.17%	0.33%	3.33%	12.50%	72.50%	8.83%	1.00%
We don't have an escalation policy	1.89%	0.00%	3.77%	5.66%	0.00%	13.21%	62.26%	9.43%	3.77%
Don't know	0.00%	11.76%	0.00%	0.00%	0.00%	5.88%	17.65%	47.06%	17.65%

Selected "other" responses:

- Yes, but it is not adhered to
- Not sure it is enforced
- CDI created a loose policy for consistency of escalation within our team
- Only for PSI/HAC and mortality queries
- For inpatient and observation, not clinics

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

2023

	0–5	6–10	11–15	16–20	21–25	More than 25	Don't know	N/A
New reviews	8.52%	61.36%	15.30%	3.79%	2.05%	0.95%	3.15%	4.89%
Re-reviews	8.04%	35.49%	34.07%	8.99%	2.37%	1.10%	3.95%	5.99%

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%

Selected comments:

- I work solely as a query writer
- I review newborns, so review 15+ new per day, team members that review adults review eight new per day
- We do not track this, as cases are complex
- Reviews are prioritized by opportunity for clarification
- A total of 30 per day including both new reviews and re-reviews
- It varies depending on the day
- We do not break them down into new/re-reviews
- It depends on experience level

Figure 22: Number of outpatient reviews per day in reality

	0–5	6–10	11–15	16–20	21-25	More than 25	Don't know	N/A
New reviews	1.82%	10.23%	5.45%	2.95%	3.41%	3.41%	25.91%	46.82%
Re-reviews	4.09%	7.50%	7.27%	2.05%	0.91%	1.82%	26.36%	48.41%

Selected comments:

- It varies based on the practice's size and number of scheduled patients
- Only does prospective reviews of upcoming appointments
- We don't do new and re-reviews on the same day
- The goal is 18-20 in a day depending on prioritization
- It depends on experience level
- We don't do re-reviews in outpatient
- The system flags for HCCs so it really should be higher
- Productivity metrics are overly enforced
- I work solely as a query writer

Figure 23: 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)	56.29%	10.67%	2.92%	16.37%	13.74%
Computer-assisted coding (CAC)	17.40%	4.68%	2.34%	25.88%	49.71%
Natural language processing (NLP)	36.26%	4.97%	2.92%	22.51%	33.33%
Electronic querying	17.69%	4.82%	1.61%	14.04%	61.84%
Electronic grouper	20.91%	2.49%	1.90%	19.74%	54.97%
Chart prioritization	17.98%	6.14%	5.56%	23.68%	46.64%
Quality database	39.62%	4.39%	2.05%	18.86%	35.09%
Some internally developed EHR modifications	43.57%	5.41%	1.46%	16.37%	33.19%

Selected "other" responses:

- Unsure about some categories
- We discontinued CAPD since it was not readily adopted by providers
- No longer use some of these since it didn't improve our data

Figure 24: Impact of technology on CDI professionals, year-over-year

Answer Options	2023	2024
It's allowed us to see more charts per day (increased productivity)	57.57%	56.14%
It's helped identify "low-hanging fruit" queries so CDI staff can focus on more complex issues or expanded reviews	49.37%	56.58%
It's helped us monitor and improve known documentation issues with high-volume DRG groups (such as neurosurgery or cardiology)	36.44%	47.37%
It's freed up time to provide more physician education	9.15%	7.75%
It's allowed us to perform more work remotely	66.25%	63.60%
It's increased our collaboration with other departments and roles such as coding, quality, and/or physicians	39.91%	44.44%
It's perceived by some CDI team members as a way of replacing their job rather than freeing them up to focus on more complex issues	7.89%	12.87%
It's perceived by some to have decreased the need for CDI specialists to use critical thinking skills	14.20%	15.94%
It's decreased department FTE requirements	3.79%	3.65%
It's increased organizational leadership scrutiny because they want to ensure CDI "earns back" the cost of the software for the organization	13.88%	16.96%
None of the above	11.20%	9.06%

Figure 25: Length of time involved with denials management, year-over-year

Answer Options	2020	2022	2023	2024
We're not involved in the denials management/appeals process	40.81%	32.09%	41.28%	35.83%
Less than a year	8.42%	3.73%	5.23%	6.02%
1–2 years	11.98%	10.45%	13.37%	9.10%
3–4 years	15.18%	17.91%	9.88%	12.19%
5–6 years	9.37%	11.19%	12.21%	13.36%
7–8 years	3.91%	2.24%	4.07%	5.73%
9–10 years	3.32%	6.72%	2.91%	4.55%
More than 10 years	7.00%	15.67%	11.05%	13.22%

Figure 26: Individual(s) involved in the denials management process, year-over-year

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

Selected "other" responses:

- A dedicated denials specialist
- All CDI specialists are involved
- Coding director
- We use a third-party vendor
- Coding team/manager
- We review records upon request
- We have a second-level reviewer for sepsis
- The CDI specialist originally involved in the case
- Data quality specialists in HIM
- A coding auditor
- Unsure

Figure 27: Type of denials reviewed by CDI, year-over-year

Answer Options	2022	2023	2024
Clinical validation	74.82%	83.17%	85.54%
Coding-based denials	35.97%	39.60%	36.27%
DRG validation	51.08%	66.34%	54.66%
Medical necessity	23.74%	27.72%	21.32%
Other (please specify)	13.67%	7.92%	6.37%

Selected "other" responses:

- Unsure
- DRG downgrade
- Only for denied diagnoses that CDI asked for in a query
- Appeal letters

Figure 28: Percentage of inpatient claims resulting in a denial, year-over-year

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

Figure 29: Average percentage of denials in each category, year-over-year

Answer Options	Average Answer		
	2022	2023	2024
Clinical validation	31.53%	33.16%	45.24%
Coding-based	22.11%	19.26%	17.08%
DRG validation	20.58%	17.08%	17.87%
Medical necessity	17.21%	23.80%	18.03%
Other	17.19%	12.69%	14.67%

Figure 30: Denial origins, year-over-year

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

Selected private payers mentioned:

- UnitedHealthcare
- Excellus
- Kaiser Permanente
- Anthem
- Humana
- Wellcare
- Molina
- Aetna
- Fidelis
- UPMC
- L.A. Care
- UCare
- Cotiviti
- HealthPartners
- AmeriHealth Caritas
- IHA
- Highmark
- Blue Cross Blue Shield
- Cigna
- Medicare and Medicaid HMO plans

Figure 31: Top denied diagnoses, year-over-year

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

Selected "other" responses:

- Unsure
- Vascular diseases
- Urology-associated codes
- Combination codes
- Hyponatremia
- NSTEMI type 2
- Any diagnosis that could impact SOI on APR payer
- Type II MI
- Single MCCs or CCs
- AKI

Figure 32: Type of CDI involvement with denials management, year-over-year

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

Selected "other" responses:

- Not sure
- We review all DRG denials
- This is determined by the denials department
- I review and appeal all clinical denials
- CDI is not currently involved in denials management
- Peer-led second level pre-bill reviews for sepsis with length of stay of less than five days
- CDI involvement is under development
- Multiple departments are involved in denials management
- We developed a denials team

Figure 33: Reviewing for risk adjustment during chart reviews

Answer Options	Percentage
Yes, in both the inpatient and outpatient settings	11.82%
Yes, in just the inpatient setting	46.97%
Yes, in just the outpatient setting	2.95%
No, we don't review for risk adjustment	26.28%
Unsure	11.98%

Figure 34: Risk adjustment methodologies used by organizations

Answer Options	Percentage
CMS-HCCs	48.74%
HHS-HCCs	12.30%
Elixhauser Comorbidity Index	44.16%
Vizient's Risk Adjusted Index	44.16%
VERA	1.26%
Chronic Illness and Disability Payment System (CDPS)	0.79%
None of the above	16.56%
Other (please specify)	8.20%

Selected "other" responses:

- Unsure
- MIDAS
- Premier
- CMS quality
- Callisto
- CRG

Figure 35: Methodology used to track risk adjustment-related impact

Answer Options	Percentage
We track risk adjustment factor (RAF) year-over-year	14.51%
We get an estimated risk adjustment impact for each query in our software/CDI technology automatically	13.56%
Our organization is an Accountable Care Organization (ACO) and receives data from the ACO	9.62%
We track our projected RAF score more frequently than on an annual basis (e.g., monthly, quarterly, biannually)	10.41%
We track our mortality observed-to-expected ratio and/or severity of illness (SOI)/risk of mortality (ROM) impact	49.37%
We don't track our risk adjustment impact	25.55%
Other (please specify)	15.93%

Selected "other" responses:

- It's reported out on a monthly CMI report
- Other risk adjustment score cards and rankings
- We track Vizient scores
- HCC capture rate
- We have no way of directly tracking risk adjustment
- We track our recapture rate monthly
- CMS star ratings

Figure 36: CDI team involvement with Risk Adjustment Data Validation (RADV) audits

Answer Options	Percentage
Yes, we're part of the core team addressing these audits	4.26%
Yes, but only as needed/requested by the team addressing these audits	6.78%
No, we're not involved	62.62%
Unsure	26.34%

Figure 37: 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 four	This group/individual does not review mortalities
All CDI staff	33.03%	10.40%	56.57%
A group of CDI team members sit on a quality committee	27.12%	7.66%	65.22%
A designated quality specialist in the CDI department	37.70%	10.71%	51.59%
CDI second-level reviewers	38.67%	16.21%	45.12%
CDI educators/auditors	25.10%	12.45%	62.45%
Physician advisor/champion	18.75%	10.21%	71.04%
The team leads/managers	33.20%	17.50%	49.30%
The coding team, with occasional support from the CDI department	29.13%	12.19%	58.68%
The quality team, with occasional support from the CDI department	33.61%	11.13%	55.26%

Figure 38: Outpatient expansion, year-over-year

Answer Options	2020	2021	2023	2024
Yes, we have a stand-alone outpatient CDI department with dedicated outpatient reviewers	16.58%	20.61%	24.61%	25.93%
Yes, our inpatient reviewers also review some outpatient records or provide education	3.15%	3.60%	2.21%	1.13%
No, we don't have an outpatient CDI department but are planning to	25.87%	21.85%	20.35%	16.75%
No, we don't have an outpatient CDI department and have no plans to add one	46.27%	44.37%	42.90%	45.25%
Don't know	4.15%	5.63%	4.73%	7.73%
Other (please specify)	3.98%	3.94%	5.21%	3.22%

Selected "other" responses:

- We did have an outpatient program, but no longer
- Piloted an outpatient CDI program that was unsuccessful
- Sub-contracted in preliminary stages
- We do, but it is not a stand-alone department
- We are just starting an outpatient CDI program

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

Answer Options	2022	2023	2024
Hospital outpatient services: Ambulatory surgery	18.45%	15.82%	21.05%
Hospital outpatient services: Emergency department	17.59%	19.77%	20.34%
Hospital outpatient services: Medical necessity of admissions	10.73%	8.47%	16.81%
Physician practice/clinics/Part B services	23.17%	34.46%	58.73%
Obstetrics/gynecology *Note: This option was not included on the 2022 or 2023 surveys*	N/A	N/A	18.35%
Outpatient oncology *Note: This option was not included on the 2022 or 2023 surveys*	N/A	N/A	23.01%
Outpatient rehabilitation	3.43%	7.34%	9.09%
Outpatient psychiatry *Note: This option was not included on the 2022 or 2023 surveys*	N/A	N/A	15.32%
Observation *Note: This option was not included on the 2022 survey*	N/A	16.38%	16.67%
None of the above *Note: This option was not included on the 2022 or 2023 surveys*	N/A	N/A	4.76%
Don't know	37.34%	36.63%	55.42%

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

Answer Options	2022	2023	2024
Hierarchical Condition Category (HCC) capture	58.52%	47.09%	48.11%
Evaluation and management (E/M) coding	3.70%	4.65%	15.68%
Denials prevention	3.70%	1.74%	11.35%
Medical necessity/patient status	5.19%	4.65%	11.89%
Coverage of drugs/devices/procedures, etc.	1.48%	0.58%	3.78%
Emergency department reviews/observation	2.96%	1.74%	7.57%
Infusion injection stop times *Note: This option was not included on the 2022 survey*	N/A	1.16%	4.86%
Accuracy of Current Procedural Terminology (CPT)® codes for expensive surgeries/procedures	1.48%	1.74%	9.73%
National and local coverage determinations *Note: This option was not included on the 2022 survey*	N/A	1.16%	4.86%
SOI/ROM	N/A	N/A	10.27%
Quality measures *Note: This option was not included on the 2022 survey*	N/A	0.58%	12.43%
Risk adjustment generally (not necessarily tied to HCC capture) *Note: This option was not included on the 2022 survey*	N/A	4.65%	19.46%
Don't know	11.11%	10.47%	41.08%
Other	11.85%	19.77%	9.19%

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

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

Figure 42: Policy for outpatient query compliance, year-over-year

Answer Options	2021	2022	2023	2024
Yes, we have a policy based on the ACDIS position paper "Queries in outpatient CDI: Developing a compliant, effective process"	12.85%	20.00%	13.95%	19.46%
Yes, we have a policy based around the ACDIS/AHIMA brief, "Guidelines for Achieving a Compliant Query Practice"	19.28%	21.48%	22.67%	16.76%
Yes, we have a policy that was homegrown within our program	9.64%	6.67%	5.81%	4.32%
No, but we're developing one	5.22%	9.63%	9.30%	2.70%
No, we do not have an outpatient query policy	8.84%	12.59%	8.72%	1.62%
No, because we do not send queries as part of our outpatient process				4.32%
Don't know	39.36%	20.74%	18.60%	4.32%
Other	4.82%	8.89%	11.63%	6.49%

Figure 43: Tracking outpatient CDI impact, year-over-year

Answer Options	2022	2023	2024
We use outpatient-specific CDI software.	11.85%	8.14%	11.35%
We use a modified version of our inpatient-specific CDI software.	2.96%	1.74%	5.41%
We track impact manually using a spreadsheet.	28.89%	31.98%	22.70%
We contract with an external company to monitor our performance.	8.89%	3.49%	2.70%
Our internal IT department created a tracking tool for us.	13.33%	12.21%	7.03%
We track the conversion rate of observation to inpatient based on CDI queries *Note: This option was not included on the 2022 survey*	N/A	0.58%	2.16%
We use feedback from payers and our ACO *Note: This option was not included on the 2022 survey*	N/A	5.81%	6.49%
We track E/M professional fee billing *Note: This option was not included on the 2022 survey*	N/A	2.33%	2.70%
N/A; we don't have a way to track our impact.	22.22%	23.26%	14.59%
Other (please specify)	20.00%	25.00%	44.86%

Selected "other" responses:

- Unsure
- We have a home-grown software/report
- Our CDI analyst has created a tracking tool
- Lumped in with our inpatient tracking process
- RAF score improvements for each payer
- We use data from EHRs to build dashboarding and tracking tools
- We use a manual tracking system
- Internal HCC recapture dashboard

Figure 44: Pediatric expansion

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

Figure 45: Pediatric settings/services reviewed

Answer Options	Percentage
General pediatric inpatient admissions	77.31%
Pediatric ICU (PICU)	70.45%
Neonatal ICU (NICU)	76.42%
Outpatient pediatric psychiatry	1.49%
Outpatient pediatric primary care	3.58%
Pediatric surgical services	39.70%
Other (please specify)	6.57%

Selected "other" responses:

- Only review single CC/MCCs and when there is a question
- We assist with clinical validation reviews of perinatal complications
- Case by case
- Newborn, not admitted to NICU
- Only mortality pediatric cases
- Inpatient behavioral health, labor and delivery
- We have a children's hospital
- Only occasional "older" peds patients that are admitted 15-18 years old
- Trauma, cardiac ICU, and stepdown
- Only the burn unit

Figure 46: Pediatric review focus

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

Selected "other" responses:

- Mortality on expired only
- Unsure
- Documentation follow-through, as there is usually a different provider each day
- Only mortality for accuracy in quality
- We review using same adult process flows
- Specificity/accuracy of documented diagnoses
- Concurrently to avoid denials through validation
- CC/MCC capture

Figure 47: Tracking pediatric CDI impact

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

Selected "other" responses:

- We use the same as adult
- Through our software
- Pediatrics is not a focus of tracking impact
- We use our CAC tools to track DRG, SOI/ROM impacts
- All part of the inpatient tracking
- Query impacts, CMI trends
- CDI manager built reporting within Epic
- Current tool identifies pediatric-focused query templates

Figure 48: Other settings currently or planned for review

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
Inpatient short-term acute care	64.65%	0.51%	1.35%	33.50%
Trauma	75.25%	0.00%	1.17%	23.58%
Inpatient surgery	83.55%	0.50%	0.50%	15.45%
Long-term care	7.18%	0.00%	1.08%	91.74%
Inpatient psychiatry	13.88%	1.76%	2.99%	81.37%
Inpatient rehabilitation	11.13%	0.71%	2.30%	85.87%
Home health	1.98%	0.18%	1.08%	96.76%

Selected comments:

- Unsure of program plans
- We only review inpatient psych for diagnoses
- Obstetrics

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