

AI in clinical documentation and coding: Evolution of the role, not the end of it



by **Susan Fantin, MSA, RN, CCDS, CDIP, ACM**

Artificial intelligence (AI) is no longer something we are simply anticipating in healthcare revenue cycle operations. It is already here, and it is becoming increasingly embedded in clinical documentation and coding workflows. From real-time prompts within the electronic health record (EHR) to advanced computer-assisted coding (CAC), CDI, and prebill review platforms, AI is changing how documentation is reviewed, clarified, prioritized, and translated into coded data.

For those of us who have spent years in CDI and coding, this shift naturally raises an important question: What does this mean for our roles?

In my view, the answer is clear. AI is not the end of CDI or coding expertise. It is the next evolution of it.

AI-driven tools now use natural language processing, machine learning, and generative language to review provider documentation, identify missing specificity, flag inconsistencies, prioritize cases, and suggest documentation or coding opportunities. Examples include AI-driven CDI and coding review solutions used to identify prebill opportunities in documentation, diagnosis, procedure, quality, or revenue capture, as well as tools that support coding and CDI through AI-powered, human-in-the-loop workflows. Together, these types of tools are designed to improve efficiency, coding accuracy, documentation completeness, and collaboration before billing.

There is no question that these capabilities can improve consistency, prioritization, and turnaround times. In certain lower-complexity environments, automation may assist with code assignment or case review under human oversight. Used appropriately, AI can help teams

work smarter, focus attention where it is most needed, and reduce the manual burden that has long existed in CDI and coding workflows.

However, efficiency does not equal autonomy.

That distinction is important. In my experience, documentation integrity has never been just about finding a word in the medical record or matching documentation to a code. It requires understanding the full clinical picture, recognizing when documentation does not align with the patient's severity of illness, evaluating clinical indicators, identifying conflicting or incomplete information, and knowing when clarification is appropriate. These are not simple transactional tasks. They require judgment.

The *AHIMA/ACDIS Compliant Clinical Documentation Integrity Technology Standards* emphasize that technology must be implemented in a systematic and judicious manner, supporting—but not substituting for—clinical expertise. AI cannot independently apply clinical judgment, nor can it fully evaluate compliance risk in complex cases.

Used appropriately, AI can help teams work smarter, focus attention where it is most needed, and reduce some of the manual burden that has long existed in CDI and coding workflows. However, efficiency does not equal autonomy.

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Coding presents the same reality. While advanced CAC and AI-enabled platforms can generate increasingly sophisticated recommendations, human validation remains essential. CDI specialists and coders must determine whether suggested codes align with the Official Guidelines for Coding and Reporting, Coding

Clinic® advice, payer policies, and the clinical facts of the encounter. They must also assess whether the documentation sufficiently supports reported diagnoses and procedures.

AI may recognize documented terms, identify clinical patterns, and surface opportunities. But it cannot resolve conflicting documentation, interpret clinical uncertainty, or determine whether a diagnosis is truly supported by the record in the way an experienced CDI or coding professional can.

Compliance considerations reinforce this need for oversight. The [2026 ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice](#) include substantive updates addressing the compliance framework for technology-generated queries. One of the practice brief's most important takeaways is that all automated queries—including prompts, nudges, advisories, alerts, or similar tools—are subject to the same compliance standards as manually constructed queries. The practice brief also cautions organizations not to assume that a vendor-supplied or EHR-integrated tool produces compliant queries by default. Query professionals, CDI leaders, coding leaders, and compliance teams must be involved in evaluation, configuration, and ongoing monitoring.

This is a critical point for organizations deploying tools for AI-enabled documentation and coding. A technology-driven communication may still function as a query even if it is labeled as a prompt, alert, advisory, or nudge. If it presents a provider with a specific documentation option for a specific encounter, it must be evaluated for compliance with query standards.

In practical terms, that means prompts must be clinically supported, nonleading, appropriately sourced, and free from language that inappropriately references reimbursement, quality scores, or other outcomes. It also means organizations need governance structures, audit processes, education, and accountability around the way AI-generated recommendations are created and used.

Effective oversight should begin with intentional leadership governance. Organizations implementing

AI-enabled CDI and coding tools should establish a multidisciplinary steering committee that includes CDI, coding, compliance, physician advisor, revenue cycle, information technology, quality, and operational leaders. This group can help define approved use cases, evaluate vendor functionality, assess workflow impact, establish escalation pathways, assign accountability, and ensure technology-generated recommendations align with compliant query practice, coding guidance, payer requirements, and organizational policy.

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validation protocols before go-live, including a review of sample AI-generated prompts, coding recommendations, clinical indicators, and supporting documentation. After implementation, organizations should continue to monitor performance through routine audits, feedback from CDI and coding teams, provider response patterns, and key performance indicators such as query compliance, coding accuracy, denial trends, case prioritization effectiveness, turnaround times, and unintended documentation, quality, or reimbursement impact. This type of ongoing governance helps ensure that AI is implemented as a controlled, compliant support tool rather than an unchecked source of documentation or coding direction.

For governance to be effective, however, organizations need professionals who can interpret the technology's output, recognize when recommendations require further review, and understand the clinical, coding, and compliance implications behind each prompt or suggested

code. This is where experienced CDI and coding professionals become even more important—not less.

Rather than eliminating roles, AI is shifting professional focus. CDI professionals are evolving into documentation strategists. They are using analytics to prioritize higher-risk cases, validating AI logic, monitoring technology-generated prompts, and ensuring documentation accurately reflects patient severity and complexity. Coders are similarly expanding their role from code assignment to code validation, denial prevention, documentation integrity, and audit defense.

The work is advancing beyond individual case review. Increasingly, CDI and coding professionals are being asked to participate in technology governance, vendor evaluation, workflow design, policy development, quality monitoring, and regulatory alignment. As AI becomes more embedded in these workflows, it's not enough to know how to use the tools. We also must understand their limitations, validate their outputs, and recognize when automation introduces compliance risk.

This evolution requires a mindset of change and continuous learning. Those of us who have been in CDI for many years have already seen the profession evolve from reimbursement-focused documentation review to a broader discipline tied to quality, severity of illness, risk adjustment, denial prevention, Patient Safety Indicators, mortality reviews, and value-based care. AI is another step in that evolution.

The professionals who will lead this next phase are those who remain curious, adaptable, and willing to expand their skill sets. We do not need to fear technology, but we do need to understand it. We need to ask the right questions:

- How was the recommendation generated?
- What clinical indicators support it?

- Is the prompt compliant?
- Does the documentation support the code?
- Could this recommendation create audit exposure?
- Is the record telling the true clinical story?

As reimbursement grows more complex and value-based care expands, the demand for accurate, defensible documentation will only increase. Organizations need professionals who understand clinical indicators, regulatory requirements, coding rules, payer expectations, and compliant query practice. These are areas where human expertise remains indispensable.

AI can elevate the work of CDI and coding professionals by increasing efficiency and insight. When aligned with AHIMA and ACDIS standards, thoughtfully implemented, and actively governed, technology can enhance documentation quality and revenue integrity. But AI is a tool, not the final authority.

The future of CDI and coding belongs to professionals who can combine clinical insight, regulatory knowledge, coding expertise, and technological fluency with an unwavering commitment to documentation integrity. Our responsibility remains the same: to ensure the medical record accurately reflects the clinical truth of the patient encounter in a complete, precise, and defensible way under regulatory and audit scrutiny.

That work does not belong to algorithms alone. It belongs to skilled professionals who know how to use technology wisely, question it appropriately, and keep the patient's clinical truth at the center of the record.

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