CDI salaries on the rise
Results illustrate salary growth available based on experience, expertise, and education

Of the more than 700 individuals who responded to the 2013 CDI salary survey, most respondents (25.2%) earn $60,000–$69,999 annually. Although that’s down slightly from the 2012 survey results in which 25.9% reported earning that amount, it’s not bad news. Why? The number of individuals earning $10,000 less ($50,000–$59,999) decreased by 4% while the number of individuals reportedly earning $10,000 more ($70,000–$79,999) increased by nearly the same percentage. (See Figure 1.)

Salary dissatisfaction lingers
While overall salaries seem to be increasing, commenters lamented earning inequities. Despite the fact that almost 70% reported receiving a raise in the past 12 months, 67.7% feel their compensation has not kept pace with the cost of living, 54% feel it is equal to the work performed, and nearly 62% call it insufficient for the CDI profession overall. (See Figure 2.)

Of the 519 people who did receive a raise, the majority (43%) earned 2%, and nearly 30% earned a 3% increase. (See Figure 3.)

The open-ended comment section illustrates a number of reasons for the salary dissatisfaction. For example, many see the direct financial effect of their efforts on their facility’s bottom line and feel their earnings should be increased accordingly.

“When I see how much I have saved the facility, it simply doesn’t compare to the wage I receive,” wrote one respondent.

“The CDI staff’s [effect] on the institution they work for is beneficial in so many ways,” wrote another. “We provide so many services to the hospital, we should be getting double what we earn.”

Some pointed to discrepancies between the salaries of coders and CDI specialists, illustrating that the long-standing conflict between the two groups may still smolder.

“I am an inpatient coder with my CCS certification working as a CDI specialist. I perform the same duties as a CDI specialist who holds a nursing credential but do not receive the same pay, although our job performance expectations are the same,” wrote one commenter.

Many who take on the CDI role make a lateral move as far as salary is concerned, with a shift to regular hours and reduction in the physical labors of bedside care as added benefits. A number of open responses stated that these benefits do not offset inadequate compensation, however.

“I don’t think the [CDI] role is as valued as a clinical nursing job and the salaries are not always taken into consideration as they are with nursing,” a respondent wrote.

“My personal feeling is that all nurses are underpaid,” says Steven Robinson, MS-HSM, PA-O, RN, CDIP, SSBB, CPUR, senior director at Huron Consulting Group in Chicago. He also questions the idea that bedside nurses work harder than CDI professionals or vice versa.

“If you are doing your job correctly, then it should be an even playing field in terms of compensation,” says Robinson. The differential in salaries should be based on maintenance of credentials or licensures, from educational level, abilities, or experience, he says.

Compensation by role
In fact, this year’s survey shows not only straightforward earnings growth but also a shift in salaries pertaining to a variety of factors—ones which may well illustrate the emergence of true career ladders in the CDI profession.

Of the 700 respondents, 529 (72.5%) are CDI specialists with primary responsibility for chart review and 125 (17.1%) are CDI department managers/directors. Only one respondent indicated that she is a physician, while 18 (2.5%) indicated they are CDI consultants. (See Figure 4.)

Perhaps not surprisingly, those in the managerial role earn more, with most (24.8%) CDI managers/directors reportedly earning $80,000–$89,999 compared with 10.6% of CDI specialists and 11.3% of HIM managers/directors earning that amount. (See Figure 5.)

“Of course one would expect a manager or director to earn more,” says Robinson, “so this bears out that reality.”

Salaries for HIM directors seem to swing fairly dramatically; the highest percentage (17.5%) indicated they earn less than $50,000, but the next highest percentage (15.8%) reported making more than $110,000 annually, according to the “2013 HIM salary survey” published in HCPro’s Medical Records Briefing.

Coders, meanwhile, report earning an average of $47,000, and those with more than 15 years’ experience earn...
nearly $57,000, according to the AAPC’s 2013 salary survey published in its October edition of Cutting Edge.

**CDI specialists’ earnings by experience, education**

Number of years’ experience does not seem to be as large a factor in the CDI specialists’ salary ranges. According to the data, nearly 150 respondents reported having six to 10 years’ experience, earning $60,000–$79,999 annually. (See Figure 6 for a breakdown of experience types.)

There were 125 individuals who indicated they are CDI department managers/directors, with most (33.6%) reporting between five and six years’ experience, followed by 17.6% with three to four years’ experience and 19.2% with seven to 10 years’ experience. (Figure not shown.)

In terms of CDI specialists’ education level, 155 earned an associate-level degree, 233 obtained their bachelor’s degree, and 64 earned their master’s degree. Only seven respondents with doctorate degrees indicated their primary role is chart reviewer.

Earnings seem to reflect that education component. Of those earning less than $50,000 per year, the greatest percentage obtained only an associate’s degree. Conversely, the highest earnings went to those with their master’s degree, with 12.5% earning $100,000–$109,999 compared to just 2.6% of associate’s degree holders and 3.4% of bachelor’s degree holders. (See Figure 7 for a complete breakdown.)

The importance of education levels seems to increase for CDI managers/directors, with just over 85% of those with their master’s degree earning more than $80,000 per year compared with slightly more than 50% of bachelor’s degree holders and 64% of associate’s degree holders. (See Figure 8.)

**Credentials matter**

There were 158 CDI specialists who reportedly have obtained the Certified Clinical Documentation Specialist (CCDS) certification; 35 hold the Certified Coding Specialist (CCS) certification; 31 have the Registered Health Information Technician (RHIT®) credential; and 11 have the Registered Health Information Administrator (RHIA®) credential. Other certifications among respondents are minimal, although listed in the “other” category were credentials such as AHIMA-Approved ICD-10-CM/PCS Trainer and Clinical Documentation Improvement Practitioner (CDIP®), among other designations. (See Figure 9.)

Overall, CDI specialists with the CCDS credential earn more money, with 41.2% earning more than $80,000, compared to just 6.4% of those with the RHIT credential and 28.6% of those with CCS certification. Remember, however, respondents were allowed to check any certification applicable to them, so the data here may not be completely illustrative. For example, a CCS may also hold the CCDS credential, and his or her salary may actually be higher than if that individual held only one credential or the other. (See Figure 10.)

**Location plays its role**

Most CDI specialists work in urban areas, where most (27%) earn $70,000–$79,999. Specialists in urban areas also represent the highest wage earners, with slightly more than 10% garnering more than $110,000 annually compared to only 4% of those in suburban areas and none from rural areas earning that amount. (See Figure 11.)

Regionally speaking, the highest population of CDI specialists hails from the Southeast in the region that stretches from West Virginia to Mississippi and down as far as Florida, although this group is not among the top wage earners. That honor goes once again to the Pacific region, which includes California; most of the CDI staff there earn $100,000 or more, a figure not surprising given the high cost of living. (See Figure 12. For a map of salaries by region, see Figure 13. For a breakdown of state-specific salaries, see Figure 14.)

Robinson spends much of his time working with facilities in California and says “salaries are significantly higher there, with experienced staff earning $60–$75 an hour for interim positions. That translates roughly into the $100,000 range, but to earn that you really need to be on top of your game and the experience and expertise to keep that up.”

The second-highest wage earners live in the Northeast, New England and New York, where most (20.2%) earn $80,000–$89,999, and 42.5% earn $90,000 or more per year.

These results did not surprise George Klimis, vice president at MedPartners CDI based in Tampa, Fla. The firm specializes in temporary CDI implementation and looks to ensure that its staff members earn an adequate salary no matter where they may travel in the country. Those looking to make a career switch frequently come from states and regions where salaries are lower, Klimis says. Conversely, in states where salaries are high and adequately reflect the lifestyle of their inhabitants, open CDI positions can be hard to find.

“This is all really interesting information in terms of where the industry is growing and how salaries and demographics are affecting that growth,” says Klimis.
Survey responses show salary dissatisfaction

Editor’s note: The responses from the 2013 CDI salary survey illustrate the general frustration of those working in the field with their current annual wages. While almost everyone in almost any given industry probably wishes they had the ability to earn a better living, CDI professionals specifically point to two main reasons for their discontent:

1. Salaries do not match hospital reimbursement generated/preserved by CDI programs
2. Salaries among CDI specialists of different professional backgrounds are inequitable

The following pages contain a representative sampling of open-ended responses submitted by survey participants.

A penny saved isn’t a penny earned

“When I see how much I have saved/increased funds for my facility, it does not compare to the wage I receive (less).”

“This job requires hard mental work with a high level of clinical skill. The hours are tedious and long. We work with heavy loads, high expectations, without solid leadership or adequate staff. This job makes money for the hospital. Although the job can be rewarding, the compensation isn’t sufficient.”

“At our facility the CDI specialist educates the physicians on the nursing units, attends department meetings, and develops educational presentations on CDIS topics. We also assist case management with follow-up on length of stay concerns and physician response issues. We do all this in addition to our regular reviews. The CDI staff members impact the institution they work for in so many beneficial ways; by providing more complete documentation which allows for better patient care, assisting the hospital with audits, not to mention financial gains. We provide so many services to the hospital we should be getting double what we earn.”

“The end result of our efforts (recaptured/recovered revenue and more accurate data reported) more than validates our worth considering the amount of new knowledge we needed to obtain to bridge the gap between coding and clinical language.”

“Chief medical officers and chief financial officers reap the benefits, making an average of $200,000 per year, while the average CDI salary is far less than $100,000. Tell me how that’s fair because to me it sounds like your typical income inequality in America, today.”

“The cost of our benefits continues to rise without any cost of living adjustment and minimal raises 1.5% in 2 years, while the healthcare system we work at made $70 million last fiscal year.”

 “With the impact that CDIs have on reimbursement for facilities, it would be nice if a bonus structure were set up, or opportunity for financial compensation for certification, years of experience, etc. We add value, and our role will only become more important in the years to come.”

Lack of salary congruity across professions

“We were lucky that we are still nurses and still in the union because non-union employees did not get a raise.”

“Although the CDI staff members are considered the first line of defense, they are not compensated for their efforts. Coders on the other hand received a 3% pay increase.”

“The CDI specialists at my hospital are two pay grades lower than the coders.”

“At my facility, I am an HIM professional who works alongside a CDI nurse. We do the same job yet I make less even though I am certified and my nurse counterpart is not.”

“I’ve been a nurse for 33 years and reached the top of my pay scale when my facility decided to standardize CDI staff wages, so suddenly I am making the same amount as those with less experience.”

“Not sure why CDI-related employees are paid significantly more than other clinical data analysts when they do the same type of extraction of data.”

“Bonuses are often offered for bedside nurses who are task oriented, some with less clinical experience than I have. A lot of clinical knowledge is needed to function as CDI specialists, yet we are not compensated for that knowledge. Some bedside nurses would have to take a cut in pay to become CDI specialist at our facility.”

“ This is considered a lateral move from a staff nursing position. Yet, in this position we are required to work five full days per week instead of three; we lost our extra pay for weekends or holidays. Other specialized nursing positions such as utilization review and case management are a pay grade above CDI.”

“I don’t think the role is as valued as a clinical nursing job, therefore the salary increases are not always taken into
consideration like they are with nursing.”

“I am a CCS, inpatient coder, who works in the CDI role. I perform the same duties as a CDI specialist who holds nursing credentials but we do not receive the same pay. Many of the physicians I work with were surprised to find out that I am not a nurse.”

“Salaries and compensation are not on the same level between a nurse and HIM professional. Nurses always have a higher salary even if you, as a HIM professional, developed, implemented, and trained the nursing professionals to do the job.”

“All of us took a pay cut to do this job. The hospital felt that since we are not providing direct care, that nurse’s pay had to change to lesser amount.”

Hope for a raise

“CDI specialists need to be more savvy and lobby for the value they bring to the organization. Also, CDI specialists need to be willing to get other job offers and be prepared to take them should their facility balk at salary demands.”

“I have recently received an increase after a consultant came in and reviewed our entire operation. Now I feel that we are finally being compensated fairly and are recognized for the contributions we make to this facility.”

“CDI programs are critical to the ICD-10 conversion. I am primarily responsible for education of the physicians. I foresee an expansion of our CDI program in the near future.”

“I work as travel CDI for a staffing agency, so my salary is about $20,000 more than I was making as CDI in a hospital in a permanent position.”

“The best opportunities come from working for an agency.”

“In my particular situation, I negotiated a salary for just CDI efforts when I started, but I never imagined all the work I would be involved with on other projects. Nevertheless, I am happy to do other projects as it puts my CDI program ‘out there’ and I am making myself an even more invaluable employee.”

Salary survey reveals additional noteworthy data

Along with information regarding salary ranges as they relate to experience and demographics, this year’s salary survey also generated some extra tidbits of interesting information. For example, the majority of CDI specialists continue to be:

- Female (95.6%)
- Nurses (76.7%)
- Between 40 and 60 years old (73.4%)

Although there has been anecdotal evidence that CDI programs are expanding beyond typical inpatient settings, this year’s survey shows little data to support such initiatives:

- 89.9% of respondents work in short-term acute care facilities that are, on average, between 100–400 beds (54.7%)
- 1.2% work in critical access facilities
- 7.5% chose “other”

The majority (52.5%) of respondents indicated they do not work overtime; however, a large percentage do put in extra hours, including:

- 41.5% who work 41–50 hours average per week
- 4.7% who work more than 50 hours per week
- 59.2% who say they do not get paid overtime for their efforts

Figure 1: All CDI salaries year over year

- Less than $50,000
- $50,000–$59,999
- $60,000–$69,999
- $70,000–$79,999
- $80,000–$89,999
- $90,000–$99,999
- $100,000–$109,999
- Greater than $110,000

2012
2013
Figure 2: Assessment of compensation packages

- Salary has kept pace with cost of living
- Received a raise in the past 12 months
- Compensation & Fair for the work
- Salary is sufficient for CDI specialists as a profession

Figure 3: Amount of raise, rounded to nearest percentage point (among respondents who received a raise in the last 12 months)

- 1% or less: 12.7%
- 2%: 29.7%
- 3% or more: 43%
- 5% or more: 22.6%
- 1% or less: 4.5%

Figure 4: Respondents’ role in clinical documentation improvement

- CDI specialist (primary function is chart review): 72.5%
- CDI department: 17.1%
- Other: 5.9%
- CDI consultant (work with facilities to establish, audit, and monitor program success): 2.5%
- Physician advisor to CDI: 0.1%
- I don’t work in CDI: 1.9%
Figure 5: Current annual salaries by role

Figure 6: Years’ experience as a CDI specialist

- Years of CDI experience
- Years in current role
- Years at current facility
Figure 7: CDI specialist salaries by education level

Figure 8: CDI manager salaries by education level
Figure 9: All CDI credentials
Figure 10: CDI specialist salaries by credential

- CDI specialists with CCDS
- CDI specialists with RHIT
- CDI specialists with RHIA
- CDI specialists with CCS

Salary Ranges:
- Less than $50,000
- $50,000–$59,999
- $60,000–$69,999
- $70,000–$79,999
- $80,000–$89,999
- $90,000–$99,999
- $100,000–$109,999
- Greater than $110,000
Figure 11: CDI salaries by municipality type

- Rural (175)
- Suburban (251)
- Urban (304)
Figure 12: CDI specialist salaries by geographic region

- **Northeast (99)** (CT, MA, ME, NH, NY, RI, VT)
- **North Central (165)** (IA, IL, IN, MI, MN, ND, NE, OH, SD, WI)
- **South Central (95)** (AR, KS, LA, MO, OK, TX)
- **West (38)** (AZ, CO, ID, MT, NM, NV, UT, WY)
- **Pacific (66)** (AK, CA, HI, OR, WA)
- **Middle Atlantic (61)** (DC, DE, MD, NJ, PA)

### Salary Distribution

- **Less than $50,000**
- **$50,000–$59,999**
- **$60,000–$69,999**
- **$70,000–$79,999**
- **$80,000–$89,999**
- **$90,000–$99,999**
- **$100,000–$109,999**
- **Greater than $110,000**
Figure 13: Map of salaries by region

- **Northeast (99)**: $80,000–$89,000
- **Middle Atlantic (61)**: $60,000–$69,999
- **Southeast (204)**: $60,000–$69,999
- **South Central (95)**: $70,000–$79,999
- **West (38)**: $70,000–$79,999
- **Pacific (66)**: $100,000–$109,999
- **North Central (165)**: $70,000–$79,999
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<td>NEW MEXICO (1)</td>
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</tr>
<tr>
<td>NEW YORK (39)</td>
<td>5%</td>
<td>15%</td>
<td>5.1%</td>
<td>23%</td>
<td>26%</td>
<td>15.4%</td>
<td>3%</td>
<td>13%</td>
</tr>
<tr>
<td>NORTH CAROLINA (32)</td>
<td>9.4%</td>
<td>6%</td>
<td>18.8%</td>
<td>34.4%</td>
<td>18.8%</td>
<td>6.3%</td>
<td>3%</td>
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<tr>
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<tr>
<td>OHIO (40)</td>
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<td>18%</td>
<td>27.5%</td>
<td>30%</td>
<td>10%</td>
<td>5%</td>
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</tr>
<tr>
<td>OKLAHOMA (7)</td>
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<td>28.6%</td>
<td>29%</td>
<td>14%</td>
<td>0%</td>
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</tr>
<tr>
<td>OREGON (10)</td>
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<td>30%</td>
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<td>10%</td>
</tr>
<tr>
<td>PENNSYLVANIA (33)</td>
<td>6%</td>
<td>9%</td>
<td>36.4%</td>
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<tr>
<td>RHODE ISLAND (1)</td>
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<td>6%</td>
<td>52.9%</td>
<td>24%</td>
<td>6%</td>
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<td>12%</td>
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</table>
Figure 14: Overall salaries by state (cont.)

<table>
<thead>
<tr>
<th>State</th>
<th>Less than $50,000</th>
<th>$50,000–$59,999</th>
<th>$60,000–$69,999</th>
<th>$70,000–$79,999</th>
<th>$80,000–$89,999</th>
<th>$90,000–$99,999</th>
<th>$100,000–$109,999</th>
<th>Greater than $110,000</th>
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</thead>
<tbody>
<tr>
<td>SOUTH DAKOTA (9)</td>
<td>22.2%</td>
<td>33%</td>
<td>0%</td>
<td>11.1%</td>
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<tr>
<td>TENNESSEE (23)</td>
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<td>30%</td>
<td>47.8%</td>
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<td>17%</td>
</tr>
<tr>
<td>TEXAS (36)</td>
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<td>11%</td>
<td>16.7%</td>
<td>38.9%</td>
<td>22.2%</td>
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<tr>
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<tr>
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<td>12%</td>
<td>46.2%</td>
<td>23%</td>
<td>12%</td>
<td>3.8%</td>
<td>4%</td>
<td>0%</td>
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<tr>
<td>WASHINGTON (8)</td>
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<td>13%</td>
<td>25%</td>
<td>13%</td>
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<tr>
<td>WEST VIRGINA (5)</td>
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<td>80%</td>
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<td>WISCONSIN (11)</td>
<td>9%</td>
<td>0%</td>
<td>18.2%</td>
<td>55%</td>
<td>9.1%</td>
<td>9.1%</td>
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