2012
CDI SALARY SURVEY
A supplement to CDI Journal
Sponsored by
cdi search group
Slight increase in CDI specialist salaries
Greater growth for managers, CCDS holders

The 2012 CDI Salary Survey garnered more than 900 responses. In general, the results mirror those from previous years. (Read previous years’ reports for 2008, 2009, and 2010.)

Demographically speaking, most CDI specialists are women (96%) between the ages of 40 and 59 years of age (75%). Most (72%) are nurses who work in the acute care setting (93%).

CDI experience levels have increased. In 2008, 61% of respondents indicated that they had two years or less experience in the CDI role. This year’s survey shows 64% have between three to 15 years experience, and 36% have two years or less in the profession.

That growth of professional experience seems appropriate, says Basanti Sharon Olsen, RN, MSN, CCDS, CDI manager at Carolinas Medical Center in Charlotte, N.C.

“Most programs got their start at the time MS-DRGs were implemented, and more facilities have implemented these programs as their benefit has become apparent,” she says.

With the increased need for clinical documentation specificity under ICD-10, Olsen anticipates another “uptick” in new CDI programs and an influx of new specialists to the profession. In addition, with new government and payer initiatives such as value-based purchasing, the CDI specialist’s role “is going to be even more vital,” she says.

Figure 1: Current annual salary (all respondents)
The increased importance of CDI programs does not appear to have had much effect on compensation, however.

**Overall compensation**

The majority of respondents (26%) earn between $60,000–$69,999 annually. (See Figure 1 on p. 1.) That’s down slightly from three previous surveys during which 30% indicated they earned that amount. Comparing salary ranges from the 2010 survey against this year’s results, it seems 4% of respondents did jump a pay grade. Those earning $70,000–$79,999 rose from 16% in 2010 to 20% in 2012. (See Figure 2 below.)

Just about all other pay ranges shifted minimally by a single percentage point or two.

“I do think that as our roles become more developed and the value of the position becomes more clearly recognized, the compensation will increase,” says Jamie Doster, RN, CDI specialist at Emory University Healthcare in Atlanta.

Some CDI specialists expressed a hope that increased compensation comes sooner rather than later, given the increased demands under ICD-10 and other CMS initiatives.

“With ICD-10 on the horizon and the need for physician training in documentation, CDI specialist roles should have an increase in compensation based on the huge responsibility we currently have and the expectations for future efforts,” said one survey commenter. (See additional comments on pp. 11–13.)

**Compensation by job title, credential**

In this year’s survey 691 individuals indicated that they work as CDI specialists, meaning their primary responsibility is chart review for documentation improvement opportunities. For these individuals salary ranges stayed fairly stagnant with 17% earning in the $50,000–$59,999 range; 30%
CDI managers’ salaries trended slightly higher. Of the 139 individuals identifying themselves as such, only 5% earn less than $60,000 while the majority (57%) earn more than $80,000 annually. (See Figure 4.)

Of these, 57 hold the Certified Clinical Documentation Specialist (CCDS) credential. Having the CCDS did seem to make a slight difference in earnings with 12% of CDI managers who hold the CCDS earning $120,000 or more. (See Figure 5.)

One hundred and sixty CDI specialists indicated they obtained their CCDS credential. Of those, 16% earned in the $80,000–$89,999 range; 11% earned in the $90,000–$99,999 range; and 6% earned $100,000 or more. (See Figure 6 on p. 4.)

Of the total survey respondents, 230 (25%) indicated they hold a CCDS credential, up from just 163 (18%) in 2010. The only other credential which garnered double-digit percentage points in this year’s survey was the CCS (12%). Those with their RHIT certification came next at 9%,
followed by the CCM credential at 5%. (See Figure 7.)

While a salary differential associated with the CCDS certification is not guaranteed, “you have to think of the bigger picture,” says Olsen. When applying for a position “someone with five years or more experience may be passed over in favor of someone who holds the certification. Tomorrow is not promised to anyone so you really have to be prepared and take your career seriously yourself.”

**Salary by education level**

Of the total respondents, 41% earned a bachelor’s degree, 29% had an associate’s degree, and 14% earned a master’s degree. More CDI managers (24%) indicated they obtained their master’s degree than CDI specialists (11%). (See Figure 8 on p. 5.)

“Everyone has a different door they came through,” says Olsen. “Years of experience, credential, and educational level all matter [when it comes to negotiating one’s salary] but there are definitely different gateways to the same profession.”

Education level certainly contributes to higher compensation levels, according to the survey. Forty-eight percent of those who hold a master’s degree (125 respondents) indicated they earn more than $80,000 annually, while only 26% of respondents (369) who possess a bachelor’s degree earn that much. (See Figure 9 on p. 5.)

Of the 16 individuals who hold a doctorate, three earned more than $160,000, seven earned between $90,000 and $139,999, and six earned between $50,000 and $79,999. Only 11 physician advisors took the survey. Three indicated they make more than $160,000 a year and two respondents each indicated they earned in the $40,000, $50,000, $60,000, and $120,000 range.

Seven physician advisors indicated they do not believe salaries have kept up with the cost of living and six respondents indicated they do not feel they are fairly compensated for the work they do; seven respondents said they do not feel that CDI specialists overall are sufficiently compensated.

**Sufficient compensation**

Looking at the total survey results and the open comments left by respondents, CDI staff members simply do not feel their wages adequately match their efforts. This marks
Figure 8: Education level

- Total respondents (908)
- CDI specialists (691)
- CDI managers (139)

High school: 45%
Some college: 25%
Associate’s degree: 15%
Bachelor’s degree: 20%
Some graduate work: 10%
Master’s degree: 35%
Doctorate: 5%

Figure 9: Current salary by degree

- Doctorate (16 respondents)
- Master’s (125 respondents)
- Bachelor’s (369 respondents)

$49,999 or less: 5%
$50,000–$59,999: 5%
$60,000–$69,999: 10%
$70,000–$79,999: 20%
$80,000–$89,999: 25%
$90,000–$99,999: 15%
$100,000–$109,999: 10%
$110,000–$119,999: 5%
$120,000–$129,999: 5%
$130,000–$139,999: 5%
$140,000 or more: 5%
a shift from earlier surveys in which respondents noted flat or reduced salaries but accepted the change in favor of more typical nine-to-five working hours and less physically demanding job requirements.

At Emory, Doster took a pay cut when he accepted his position. “But the perks sort of made up for that,” he says.

Back in 2009, one respondent echoed Doster’s sentiments, stating, “Although at times it is difficult, this is the least demanding job of my career. The hours are flexible, and I plan my own day. I have an independent relationship with my manager. I enjoy the challenges, but in no way is this more challenging than nursing administration positions or acute care.”

“As a nurse, I was sort of a cowboy at the bedside. Coming to CDI is sort of like being put out to pasture,” says Olsen. “But looking at this year’s survey there seems to be a lot of disgruntlement based on what bedside nurses typically earn and what a CDI specialist makes.”

In this year’s survey, one commenter said, “I believe the fact that we no longer attend the bedside does not detract from our value as RNs. Critical thinking as an RN, when blended with the necessary coding knowledge, is difficult to achieve. These specialty skills should be compensated fairly.”

Sixty-one percent said that their salary, benefits, bonus, and job perks have not kept up with the cost of living. Fifty-three percent do not believe that they, personally, are fairly compensated for their work, and 57% indicated they think CDI specialists overall are not sufficiently compensated. (See Figure 10.)

“I think when the question of compensation is asked of anyone, the majority think they are not fairly compensated,” says Doster, speaking of more global economic trends experienced by all professionals, and the recent fiscal constraints on the healthcare system in particular.

Of total respondents, most (53%) work 32–40 hours per week, followed by 38% who work 41–50 hours per week. When analyzed by role, more managers work greater than 40 hours per week, 84%, than CDI specialists/reviewers (34%). (See Figure 11 on p. 7.)

The majority of respondents (55%) do not get paid overtime. CDI specialists have more opportunity to earn overtime than their managers, and more CDI specialists than CDI managers receive 1.5 times their regular pay for overtime hours. (See Figure 12 on p. 7.)
Figure 11: Number of hours worked per week

Figure 12: Method of overtime compensation
Most respondents (75%) indicated they received a 2%-3% salary increase in the past year. Thirty percent of CDI managers reportedly received a 4% or higher salary increase compared to 9% of CDI specialists who earned similar increases. (See Figure 13 below.)

However, 196 CDI specialist respondents (28%) indicated that they did not receive a raise in the past 12 months. Twenty-eight CDI managers (20%) did not receive a raise, either.

CDI specialists felt the economic pinch in other ways as well, with 47% receiving cuts to their continuing education budgets and 40% seeing reductions to their health benefits, among other items. (See Figure 14 on p. 9.)

“One area I did not like seeing cuts was in the educational budget,” says Doster. “In my opinion, that is not a good place for budget cuts. With ICD-10 right around the corner and the constant changes in current practice, educational resources need to be a top priority.”

Geographic influence

CDI specialists typically work in urban areas (42%), but region did not have much of an effect on salary ranges, although fewer respondents in rural areas reported earning more than $80,000 annually than those from other regions. (See Figure 15 on p. 10.)

The majority of CDI programs are based in the North Central (26%) and Southeastern (29%) United States. Individuals who work in the Pacific and the Northeast earn more, with 81% of those who live in the Pacific earning more than $70,000 annually and 74% of those in the Northeast earning more than $70,000. In comparison, only 32% earn that amount in the Southeast, 40% in the North Central region, and 66% in the West. (See Figure 16 on p. 10.)

Olsen accepted a $15,000 reduction in her annual salary when she accepted her current position and moved from New York to North Carolina. “That’s in line with the cost of living,” she says.

She finds it more difficult to accept the wide range of regional discrepancies in salaries and the fact that experience and other factors do not count for as much as location. “It really blows my mind that location drives compensation so much more than experience,” she says.

Using results

Members of ACDIS have an opportunity to review multiple years’ worth of salary survey data. CDI professionals
frequently use this data to support their annual salary increases, or to review expectations of various regions prior to accepting a new position. But Olsen says this year’s salary survey offers the CDI profession an even larger opportunity.

“All the data seems to indicate that CDI professionals are hungry for a career ladder to capture the level of CDI expertise and to calibrate the specific skill set and compensation ranges associated with different abilities,” Olsen says.

CDI program managers should regularly review job descriptions and expectations to align skill sets and responsibilities to expected experience, education, and credential levels. Communicate the nuances of the role to the human resources (HR) department as well, since frequently HR places CDI compensation somewhere between a case manager and HIM professional simply for the sake of convenience, she says.

Those looking to shift positions should “drill down on the CDI job description and make sure the facility clearly outlines what constitutes a job well done within a certain pay grade. Make sure you understand the logistics of the role and what you specifically bring to the table,” Olsen adds. “And then,” she says, “be ready to negotiate.”

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**Figure 14: Have you experienced a reduction in any of the following in the past 12 months?**

- Hours: 30%
- Salary: 25%
- Health coverage: 20%
- Retirement plan match: 15%
- Pension plan: 10%
- Tuition reimbursement: 5%
- Continuing education budget: 25%
- Meals and entertainment (e.g., holiday parties, department lunches): 35%
Figure 15: Compensation by region type

Figure 16: Compensation by region
CDI professionals air compensation opinions
Following are a selected sample of open-ended responses compiled from the 2012 ACDIS salary survey

Impact of salary survey
A few individuals used previous years’ salary survey results to argue, successfully, for their own wage increases. Here is what the respondents had to say:

- “We received a 2% raise in March of 2011, then a reduction of 3% in August of that year. In January of 2012 all employees were given 2% back. I provided my administration with the available CDI salary survey data and was awarded another 4–5%.”
- “I provided a salary survey last year to my organization and received a significant wage adjustment.”
- “Our employer recently did a salary survey and increased our pay scale, but in my opinion the increase does not reflect the direct correlation between what CDI specialists do to increase the bottom line.”

Leveraging return on investment
Many CDI professionals feel underappreciated and under-compensated as they come to understand the financial implications of their efforts. Understanding how one’s own salary stacks up against the entire organization’s financial picture has some hoping for higher wages. Here is what the respondents had to say:

- “We literally find millions of dollars every year for our facility but yet they have no money for salary increases for the CDI specialists.”
- “Our job is very important to the hospital. We make the hospital millions of dollars. We should be compensated at a higher level than the average healthcare professional on the floor.”
- “It would be nice to receive performance bonuses as CDI provides a lot of financial benefit to an organization.”
- “It would be nice to get a bonus for our great/good months for what we query and help the department increase the DRG.”
- “I am responsible for a $35,000 per month budget for my program, responsible for finding potential revenue through medical records review, queries, etc. Our entire program’s expected revenue is greater than $4 million for this five-hospital system in a large metropolitan area. Yet, I reached my maximum salary six years ago. In my opinion, I am behind in salary, considering my role and responsibilities.”
- “Our role is so vital to capture severity of illness, present on admission, preventing Recovery Auditor denials, maintaining positive rapport with physicians and improving our facility’s CC/MCC capture rates. A 1–2% raise a year is not sufficient.”
- “Raises were flat-rate across-the-board. I am the only CDI nurse for pediatrics and I wear many hats. I am responsible for resident/hospitalist monthly education, chart reviews, reviews for length of stay, etc. At the least, I feel I should be paid for overtime.”
- “With ICD-10 on the horizon and the need for physician training in documentation, CDI specialists should have an increase in compensation based on the huge responsibility we will have.”

Compensation compared to other professionals
Although this year’s salary survey indicates that the majority of respondents are registered nurses, there are still a number of coding staff performing the role. The perception that nurses receive higher compensation bothered some commenters. Others who took a cut in pay and/or benefits when they transferred from bedside nursing to the CDI role point to the additional level of expertise and ongoing training required to effectively perform the role as reasons for increased, not decreased, salaries. Here is what the respondents had to say:

- “In my hospital, I am paid less than case managers, quality analysts, and informatics.”
- “There should be a clear distinction between a RN-CDI specialist and coder-CDI specialist and what educational background is needed for the position. Master-level prepared RNs frequently play an educator role due to clinical knowledge and experience and they need to be compensated accordingly. I would receive more compensation as a RN-case manager at my current facility.”
• “There are still large salary discrepancies between RHITs and RNs doing the same job, both with associate degrees. Just as I lack clinical experience, the RN lacks coding/health information experience.”
• “My salary is actually a pay grade lower than the floor nurses. I feel since our position requires a great deal of nursing experience it should be a higher grade than the floor nurses.”
• “Because the role of the CDI specialist is away from patient care, I have been told the salary is lower. However, I feel a bedside nurse could not just come and perform the CDI specialists’ responsibilities. Much is required to be a CDI professional but no one wants to pay for that skill set.”
• “Our CDI team is under care management, which is under physicians, not nursing. I’m told we make more because of that. Nevertheless, we have no budget to purchase educational supplies and only $50 for education reimbursement for conferences.”
• “Unfortunately because CDI programs often include coding staff, whose salaries are typically lower, it pulls down the compensation averages when HR departments look to perform an assessment. So, as an RN my salary is lower compared to clinically based RNs. In addition, many HR departments and organizations do not realize this is a hard-to-fill position because it is a specialty position.”
• “I think that RN-CDI specialists get much higher salaries than coder-CDI specialists. In my opinion, there is no benefit to justify this increase in pay. I train them on coding and DRG assignment and they have tremendous difficulty grasping important concepts. It is easier to train a coder to do this job but the individuals I train get 50% more pay than I do because they’re nurses.”
• “I received a raise when I was promoted from medical coder to CDI specialist.”
• “Moving to a management position, I only received about a $2 raise. I also do denials, audits, tracking, trending, all physician education ... Do I sleep???”

Regarding regional discrepancies
Anecdotally and literally, the difference in salary from one region to the next is often tremendous. While most concede that the cost of living affects salary, other respondents could not reconcile cost of living as the reason for the wide range of reimbursement rates across the country. Here is what the respondents had to say:
• “It seems that in some regions CDI is only just beginning to be valued by senior leaders of hospitals.”
• “I know that the salary range for same position in another facility down the street pays quite a bit more.”
• “I worked in a small community hospital where my salary was approximately 45% less than I am making now in an urban setting.”
• “I think there is significant variation by region, reflecting regional cost of living differences. However, my region/area is stuck in a time warp. They think paying professionals $19 to $25 per hour is the big time. Most nurses I know have two jobs to make ends meet.”

Reductions in benefits
Although many CDI professionals did receive salary increases, they also saw reductions in additional benefits such as health coverage, continuing education, and tuition reimbursement. Here is what the respondents had to say:
• “Our hospital is taking two vacation days away this year. Also I used to be able to work up to 40 hours from 32 hours.”
• “I lost overtime pay when I was promoted to my CDI position. I do not receive reimbursement for tuition or continuing education. I pay for my future pension with deductions.”
• “We have no continuing education budget. I paid for my own ACDIS membership even though my

receive no bonuses and salary increases are on hold this year.”
• “It would be nice if the CDI specialist position was covered by the nurses union. That way we would not lose benefits when we change roles.”
facility said it would cover that expense. That was more than a year ago.”

• “We had a change to our personal time off benefit. Now there is a mandatory ‘use it or lose it’ policy. In past we could acquire up to 216 hours to carry over.”

• “We get time and a half for working overtime. However, we do not typically get approved to work overtime.”

• “I would like to be offered a day off as compensation for additional hours worked. When asked to train for additional certifications I would appreciate being given time off to do it or given time during work to accomplish such tasks.”

General comments

Many CDI professionals spent additional time offering comments about their general perspective of their role and related compensation. Here is what the respondents had to say:

• “I do not want to say that it is unfair what I am paid, as I am grateful to have a job. But I do believe what we do should have a higher pay grade overall due to the complexity of the position, and the work that it requires to do an excellent job.”

• “I've not received a raise for four years.”

• “It is a difficult job and encompasses many skill sets and responsibilities.”

• “Sitting four, 10-hour days at a computer is not healthy. We should be compensated for the extra cost of having a gym membership, eating healthy, and continually learning new documentation strategies. A 2% wage increase does not begin to cover cost of living expenses. We should be able to work from home to cut down on fuel expenses and wear and tear on our cars. I could go on and on but I am sure you get the point.”

• “I am a one person department. My job description ends with ‘and any other responsibility that is given.’ Don't get me wrong, I am good at what I do but sometimes I feel like I am balancing too many things. I am a salaried employee so I stay until my work is done. I rarely leave before 7 p.m. However, I received a 4% increase this year and I also have to say, that is not the usual here. I felt very acknowledged when I was told about that increase during my evaluation.”

Have questions?

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Although the 2012 CDI Salary Survey shows that the majority of professionals in this field earn between $60,000 and $79,999, those with experience, certification, and little negotiating power could be earning much more, according to Scott Entinger and Devon Santoro, principals of CDI Search Group, a specialized CDI staffing firm based in Portland, Ore.

“That 235 individuals say they still make between $60,000 and $69,999 strikes us as strange,” says Entinger. “In the past three years we haven’t placed anyone in the CDI role for less than $70,000.”

While acknowledging the responsibility of his firm to negotiate larger salaries for clients, Entinger believes even though some CDI specialists truly do understand their overall value and worth to their organizations, most have not seen this transfer over to their paychecks. However, he sees that changing on a national level.

Many CDI specialists come to the profession from either bedside nursing, case management, or coding roles. They typically transition from these positions within their own facility at the point of CDI program implementation, Santoro says.

Nurse and coders who previously worked holidays or overtime to earn extra money often no longer have that option. Nurses may appreciate relinquishing the strenuous labor of bedside care, but after some time in the CDI role, they may be “taking a pay cut. At the end of the day, they may feel unappreciated due to their previous earning power and the knowledge of the financial implications of their documentation review efforts,” Santoro says.

Further, an individual who transfers from within an organization will often have less experience than an external candidate, Entinger says. Although this year’s CDI Salary Survey does not include such data, “I’d bet that 70% of those earning the lower-ranged salaries are internal employees,” he says.

The relative youth of the CDI profession and human resources’ lack of awareness of the specialty also may contribute to the relatively low income levels overall, Entinger says. (See related comments regarding the impact of the CDI Salary Survey on p. 11.)

“There isn’t a disconnect between the chief financial officer and the individuals who perform CDI efforts on the floor,” he says, “They understand the value of these individuals. Actually, the human resources team could benefit from a better understanding of the role, responsibilities, and impact.” Most HR professionals freely admit how difficult it is to find a CDI professional.

Right now, says Santoro, human resources usually calculates a CDI specialist’s salary between the salaries of the roles these individuals traditionally serve—case managers, nurses, coders, HIM managers, etc.

“Applicants who are on their own are getting lower salary grades, pegged to a case manager role,” says Entinger. “The CDI role is just getting traction as its
own profession. It needs, and human resources directors need, to create a salary structure especially for this profession.”

“When we come across such situations,” adds Santoro, “we work with the human resources departments as well to create a structure that works well for both sides.”

"The CDI role is just getting traction as its own profession. It needs, and human resources directors need, to create a salary structure especially for this profession.”

~Scott Entinger

Geographic disparities

Although the three most important things about restaurants and real estate ventures are location, location, location, the same could be said about CDI specialists’ salaries.

“Location plays a huge part,” Entinger says. “We are seeing high salaries in the $90,000 to $100,000 range in urban areas like Chicago, New York, San Francisco, and Boston. In New York state you are not going to find an experienced CDI professional making less than $80,000, and most make $100,000,” he says.

While that may be anecdotal, this year's salary survey does bear that out with the Pacific and the Northeast regions seeming to earn the most. Of course, expenses in those areas are greater and can offset earnings, Entinger says. So “whether you are a custodian or a CDI specialist, you will earn more in California than elsewhere in the country.”

Give careful consideration before moving from a rural facility to a more urban or suburban one or relocating to a different region of the country, Santoro says. “At that point it depends on the individual and their families as to whether they want to make that lifestyle change,” she says.
Which of the following would improve the way you feel about your CDI career? (Check all that apply)

- Higher Salary
- Supportive Environment
- Better Benefits
- A New Challenge
- Shorter Commute
- Recognition
- Opportunities for Advancement
- Other: ____________________

* * *

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