

The Financial Reality for IRFs

ICD-10-CM coding accuracy is one of the *highest-leverage* factors impacting IRF reimbursement — yet PPS Coordinators are rarely formally trained in coding before being expected to influence payment-critical decisions.

This gap leads directly to:

- Incorrect CMG and Payment
- Missed tier comorbidities
- Length of Stay opportunities
- Preventable denials and recoupments

Every one of these issues affects revenue.

The ROI: One Corrected Case Can Cover the Cost

A single diagnosis correction, tier qualification, or documentation clarification can shift reimbursement by **thousands of dollars**.

Across the IRFs AQ Consulting has audited:

- Payment-impacting errors were found in **42%** of records
- The *average loss* per facility (in 15 cases) was **~\$10,000**
- The *average overpayment risk* was **~\$5,000**

→ **If this is what's found in 15 cases... what would a full year look like?**

→ **This is why one improved case often repays the entire course investment and then some.**

Training isn't a cost — it's risk reduction and revenue protection.

What This Training Delivers

This course gives the IRF-specific coding foundation staff *must* have to achieve and protect accurate reimbursement:

- Confidence in selecting correct ICD-10-CM codes
- Accurate principal/etiology diagnosis determination
- Tiering and comorbidity precision
- Early identification of documentation gaps
- Stronger alignment with nursing, therapy, CDI, and coding
- Increased audit defensibility

This is **not** generic coder training — it is **IRF reimbursement training**.

Why Executives Approve This Training

This course strengthens the exact areas most likely to impact revenue:

- ✓ Payment accuracy
- ✓ Audit preparedness
- ✓ Documentation completeness
- ✓ Workflow efficiency

It improves **every** IRF-PAI that follows.

Bottom Line

Accurate coding = accurate payment.

Better-trained PPS staff = stronger revenue integrity.

This course pays for itself — often faster than you think.