KEAKURATAN KODE KOMBINASI KASUS HIPERTENSI PASIEN BPJS RAWAT INAP DI RSU PKU MUHAMMADIYAH BANTUL

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INTISARI

Latar Belakang: Kode kombinasi adalah kode untuk menggabungkan diagnosis *primer* dan *sekunder* menjadi satu kode. Salah satu kasusnya yaitu hipertensi dengan komplikasi. Hipertensi menempati peringkat pertama 10 besar penyakit di Yogyakarta pada 2021. Hipertensi termasuk dalam 10 besar penyakit rawat inap di RSU PKU Muhammadiyah Bantul. Sering ditemukan ketidakakuratan kode kombinasi hipertensi seperti kode kombinasi hipertensi dengan komplikasi *CKD*. Hal tersebut menyebabkan sering *pending claim* di RSU PKU Muhammadiyah Bantul.
Tujuan Penelitian: Menganalisis keakuratan kode kombinasi kasus hipertensi.
Metode Penelitian: Deskriptif dengan pengumpulan data kualitatif dan kuantitatif. Subjek yaitu *coder* rawat inap, perawat bangsal, dan triangulasi koordinator *casemix*. *Total sampling* dengan jenis *retrospective* berjumlah 30 kasus hipertensi dengan komplikasi pasien BPJS rawat inap Januari-Maret 2024.
Hasil Penelitian: Kesesuaian pendokumentasian klinis hipertensi dengan komplikasi pasien BPJS rawat inap di RSU PKU Muhammadiyah Bantul sebesar 70% (21 berkas) yang tidak sesuai 30% (9 berkas). Tingkat keakuratan kode kombinasi hipertensi pasien BPJS rawat inap sebesar 43,3% (13 berkas) yang tidak akurat 56,7% (17 berkas). Faktor ketidakakuratan kode kombinasi hipertensi dari faktor *man* yaitu kurangnya pemahaman *coder* tentang kode kombinasi dan PPA lupa melengkapi pendokumentasian klinis. Faktor *money* yaitu belum ada penghargaan *coder* terbaik. Faktor *methode* yaitu PPK belum sesuai PNPK BPJS. Faktor *material* yaitu belum lengkapnya tulisan dokter dan pemeriksaan penunjang. Faktor *machine* yaitu lamanya *update* sistem dan *loading*.
Kesimpulan: Sebaiknya dilakukan pelatihan tentang kode kombinasi dan menerapkan *Computer Asisted Coding (CAC)* untuk meningkatkan akurasi kode. PPK rumah sakit juga sebaiknya disesuaikan dengan PNPK BPJS.

Kata Kunci: BPJS, Hipertensi, Kode Kombinasi

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THE ACCURACY OF HYPERTENSION CASE COMBINATION CODES FOR BPJS INPATIENT PATIENTS AT PKU MUHAMMADIYAH BANTUL HOSPITAL

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ABSTRACT

Background: Combination codes are codes used to merge primary and secondary diagnoses into a single code. One such case is hypertension with complications. Hypertension ranked first among the top 10 diseases in Yogyakarta in 2021 and is also included in the top 10 inpatient diseases at PKU Muhammadiyah Bantul Hospital. Frequent inaccuracies are found in hypertension combination codes, such as those combining hypertension with chronic kidney disease (CKD) complications. These inaccuracies often result in pending claims at PKU Muhammadiyah Bantul Hospital.
Objective: To analyze the accuracy of combination codes in hypertension cases
Methods: This study used a descriptive approach with qualitative and quantitative data collection. The subjects were inpatient coders, ward nurses, and triangulation with the casemix coordinator. A total sampling method was applied, retrospectively analyzing 30 cases of hypertensive BPJS inpatients with complications from January to March 2024.
Results: The study found that the consistency of clinical documentation for hypertensive BPJS inpatients with complications at PKU Muhammadiyah Bantul Hospital was 70% (21 records), while 30% (9 records) were inconsistent. The accuracy level of hypertension combination codes was 43.3% (13 records), whereas 56.7% (17 records) were inaccurate. The factors inaccuracy of combination codes in hypertension cases are categorized into the 5M factors. Man is involves coders' limited understanding of combination codes and healthcare providers often forget to complete clinical documentation. Money is no reward for the best coder. Methode is PPK do not align with the PNPK guidelines set by BPJS. Material is incomplete documentation, such as the doctor's handwriting and supporting examination results. Machine is loading times.
Conclusion: It is recommended to conduct training on combination codes and implement Computer-Assisted Coding (CAC) to improve coding accuracy. Additionally, the hospital's clinical practice guidelines should be aligned with BPJS's national standards.

Keywords: *BPJS, Code Accuracy, Combination Codes, Hypertension*

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