

KETEPATAN KODE DIAGNOSIS HIPERTENSI KOMBINASI BERDASARKAN KODE *ICD-10* DI RUMAH SAKIT CONDONG CATUR

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INTISARI

Latar Belakang : Pengodean diagnosis yang akurat merupakan aspek penting dalam menjamin kualitas informasi medis, kelancaran proses klaim asuransi kesehatan, serta penyusunan laporan morbiditas yang valid. Ketidaktepatan kode diagnosis, khususnya pada kasus hipertensi kombinasi dapat menyebabkan kesalahan pencatatan data, tertundanya klaim BPJS, hingga ketidaksesuaian evaluasi layanan di Rumah Sakit Condong Catur.

Tujuan Penelitian : mengetahui tingkat ketepatan kode diagnosis hipertensi kombinasi berdasarkan pedoman *ICD-10* di Rumah Sakit Condong Catur serta menggambarkan pelaksanaan proses kodifikasi diagnosis oleh petugas *coder*

Metode Penelitian : Penelitian ini menggunakan metode deskriptif kuantitatif dengan pendekatan *cross sectional*. Sampel diambil sebanyak 97 berkas rekam medis pasien rawat inap dengan diagnosis hipertensi kombinasi pada periode Oktober-Desember 2024. Data diperoleh melalui observasi langsung dan studi dokumentasi, kemudian dilakukan validasi oleh pakar *coder*.

Hasil : menunjukkan bahwa sebanyak 75 berkas (77,3%) memiliki kode diagnosis yang tepat, sedangkan 22 berkas (22,7%) dinyatakan tidak tepat. Ketidaktepatan umumnya disebabkan oleh kurangnya ketelitian dalam pemilihan karakter kode *ICD-10* serta ketidaksesuaian diagnosis dengan aturan klasifikasi.

Kesimpulan : Proses kodifikasi diagnosis di Rumah Sakit Condong Catur dilakukan oleh *coder* berdasarkan diagnosis dari dokter yang tercantum dalam ringkasan medis, dengan menggunakan aplikasi Medrek dan mengacu pada pedoman *ICD-10*. Meskipun sistem bersifat terkomputerisasi, *coder* masih menghadapi kendala terutama pada diagnosis yang tidak lengkap atau kompleks. Hasil penelitian menunjukkan tingkat ketepatan kode diagnosis hipertensi kombinasi sebesar 77,3%, sementara ketidaktepatan mencapai 22,7%. Hal ini mengindikasikan bahwa masih terdapat kekurangan kompetensi dalam pelaksanaan kodifikasi yang perlu mendapat perhatian lebih lanjut.

Kata Kunci : Ketepatan Kode Diagnosis, *ICD-10*, Hipertensi Kombinasi, Rekam Medis Elektronik, *Coder*.

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ACCURACY OF COMBINATION HYPERTENSION DIAGNOSIS CODE BASED ON *ICD-10* CODE IN CONDONG CATUR HOSPITAL

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ABSTRACT

Background: Accurate diagnosis coding is crucial for ensuring the quality of medical information, ensuring a smooth health insurance claims process, and preparing valid morbidity reports. Inaccurate diagnosis codes, particularly in cases of combined hypertension, can lead to data recording errors, delayed BPJS claims, and even inconsistent service evaluations at Condong Catur Hospital.

Objective: to determine the level of accuracy of the combination hypertension diagnosis code based on the *ICD-10* guidelines at Condong Catur Hospital and to describe the implementation of the diagnosis codification process by coders

Method: This study uses a quantitative descriptive method with a cross-sectional approach. Samples were taken from 97 medical record files of inpatients with a diagnosis of combination hypertension in the period from October to December 2024. Data were obtained through direct observation and documentation studies, then validated by coder experts.

Results: showed that 75 files (77.3%) had the correct diagnosis code, while 22 files (22.7%) were declared inaccurate. Inaccuracy is generally caused by a lack of accuracy in selecting *ICD-10* code characters and the inconsistency of the diagnosis with the classification rules.

Conclusion: The diagnosis codification process at Condong Catur Hospital is carried out by the coder based on the doctor's diagnosis listed in the medical summary, using the Medrek application and referring to the *ICD-10* guidelines. Although the system is computerized, coders still face obstacles, especially with incomplete or complex diagnoses. The results of the study showed that the accuracy level of the combination hypertension diagnosis code was 77.3%, while the inaccuracy reached 22.7%. This indicates that there is still a lack of competence in the implementation of codification that needs further attention.

Keywords: Accuracy of Diagnosis Code, *ICD-10*, Combination Hypertension, Electronic Medical Records, Coder.

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