KETEPATAN KODE ICD-10 PADA KASUS PERSALINAN PASIEN RAWAT INAP TRIWULAN I DI RSUD PRAMBANAN TAHUN 2016

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INTISARI

Latar Belakang: Pengodean diagnosis harus sesuai aturan ICD-10 atau *International Statistical Classification of Disesases and Related Health Problem*. Sehingga petugas *coder* harus memiliki pengetahuan dalam menetapkan kode diagnosis. Ketepatan pengodean sangat diperlukan karena sebagai bahan pembuatan pelaporan
Tujuan Penelitian: Mengetahui prosentase ketepatan kode ICD-10 pada kasus persalinan pasien rawat inap pada triwulan I di RSUD Prambanan. Mengetahui faktor penyebab ketidaktepatan kode ICD-10 pada kasus persalinan pasien rawat inap pada triwulan I di RSUD Prambanan.
Metode Penelitian: Deskriptif dengan pendekatan kualitatif. Rancangan penelitian yang digunakan adalah *cross sectional*. Sumber data yaitu sumber primer dan sumber sekunder. Sumber primer terdiri dari petugas *coding* rawat inap dan koordinator rekam medis. Sedangkan sumber sekunder terdiri dari SOP *coding* dan 40 berkas rekam medis kasus persalinan pasien rawat inap triwulan I. Metode pengambilan data yaitu wawancara, studi dokumentasi dan observasi.
Hasil Penelitian: Prosentase ketepatan kode ICD-10 pada kasus persalinan belum mencapai 100% karena petugas belum mencantumkan kode *outcome of delivery*, petugas mengode DKP dengan O33.9, letak lintak dikode O32.1, SC elektif dan SC dikode O82.1. Faktor penyebab ketidaktepatan kode ICD-10 kasus persalinan yaitu pengoisian diagnosis belum terisi lengkap, dan belum pernah dilakukan evaluasi atau audit *coding*.
Kesimpulan: Ketepatan kode ICD-10 pada kasus persalinan masih kurang baik dan faktor ketidaktepatan karena pengisian rekam medis terkait diagnosis kasus persalinan belum lengkap dan belum dilaksanakan audit atau evaluasi *coding*.

Kata kunci: Kode ICD-10, *coding*, Persalinan, Rawat Inap

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ICD - 10 CODING PRECISION FOR MATERNITY INPATIENTS IN THE FIRST QUARTER AT PRAMBANAN HOSPITAL IN 2016

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ABSTRACT

Background: Coding diagnosis should be according to the ICD-10 rules or the International Statistical Classification of Disesases and Related Health Problems. So the coding officer should have knowledge in establishing the diagnosis code. The accuracy of coding is necessary because it is used as materials for reporting.
The Purpose of research : To identify the percentage of accuracy of ICD-10 in maternity inpatients in the first quarter of 2016 in Prambanan hospital and to know the causes of imprecision in ICD-10 codes in the case of maternity inpatients in the first quarter in Prambanan hospital.
The method of research: Descriptive qualitative approach was used. The study design used is cross sectional. The data source is the source of primary and secondary sources. Primary sources consist of the inpatient coding clerk and the coordinator of medical records. Secondary sources consist of SOP coding and medical record files in 40 cases of maternity inpatients in the first quarter 2016. The data collection methods are interviews, documentation and observation studies.
The results: The percentage of accuracy of ICD-10 in maternity cases does not reach 100%, because the officers do not enter the code in the outcome of delivery, coding officer coded cephalopelvic disproportion with O33.9, breech presentation with O32.1, Caesarean section and Elective Caesarean Section with O82.1. Factors that cause inaccuracy in ICD-10 diagnosis of cases of labor are missing diagnosis completion and the lack of an evaluation or coding audit.
Conclusion : The accuracy of ICD-10 coding in maternity cases are still not good, and the reason for the innacuracy is that the filling of medical records related to the diagnosis of cases of childbirth are imcomplete and have not undergone an audit or coding evaluation.

Keywords: ICD-10 codes, coding, Childbirth, Hospitalization

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