

ACCURACY OF OUTPATIENT DIAGNOSIS CODE BASED ON ICD – 10

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ABSTRACT

The accuracy of the diagnostic code plays an important role in the accuracy of the INA-CBG's rates. Outpatient BPJS patient visits at the Astrini Wonogiri General Hospital reached 7,967 patients in 2020, which have superior polyclinics, namely Orthopedic poly and Cardiology poly. Based on a preliminary survey, the percentage of inaccurate in the diagnosis coding for outpatients in the Orthopedic poly reached 90% and the Cardiology poly 30%. The high inaccuracy of the diagnostic code can lead to a decrease in the quality of services in hospitals and affect the sources of reporting information and health service rates. This study aims to determine the accuracy of the outpatient diagnosis code based on ICD 10 at the Astrini Wonogiri General Hospital. This type of research is descriptive with a retrospective approach. The population in this study was 5284 documents, with a sample of 131 documents using the Simple Random Sampling technique. Methods of collecting data by means of observation and interviews. The analysis of the accuracy of this outpatient diagnosis code is interpreted as a percentage. The results of the research on the outpatient diagnosis coding procedure at the Astrini Wonogiri General Hospital in accordance with the SPO, by looking at the Participant Eligibility Letter, Certificate of Evidence of Service, CPPT form (Integrated Patient Progress Record) and Supporting Examination Sheets. The results of the percentage accuracy of the diagnostic code for outpatients in orthopedic poly are 89% (59 DRM) inaccurate codes, 11% (7 DRM) accurate, can be grouped into 2 inaccurate code classifications, namely incorrect code selection and lack of character code additions 5. The percentage accuracy of the diagnosis code for cardiac outpatients is an inaccurate score of 14% (9 DRM), 86% accurate (56 DRM) can be grouped into 2 classifications of inaccurate codes, namely, incorrect code selection and lack of character code additions 4. Factors causing the inaccuracy of the code include the doctor in writing the diagnosis that is not clear so it is difficult to read, the coder doubles as a casemix, assembling and reporting officer, causing a lack of accuracy in reading the sheets containing additional information that support the accuracy of the code. The conclusion from the results of the study is that the inaccuracy of the outpatient diagnosis code at RSU Astrini Wonogiri is still high, so it is necessary to re-socialize related to the SPO for writing diagnoses to doctors, and there is a clear division of job disks so that the coder burden is not too high and more thorough in coding to produce a accurate diagnosis code.

Keywords: code accuracy; diagnosis; outpatient

INTRODUCTION

According to Permenkes No. 30 of 2019 Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient and emergency services. Hospitals must always improve the quality of services, in accordance with the expectations of service users, through quality improvement. Quality services are not only seen in medical services, but also in supporting services such as medical record services. A medical record is a collection of facts about a person's life and history of illness, including illness, current and last treatment written by health practitioners in an effort to provide patient care (Hatta, 2013). After finishing providing care to patients, medical personnel are required to make a complete medical record (UU No. 29 of 2004).

Medical recorders must complete medical records in accordance with their educational qualifications, namely carrying out a system of classification and codification of diseases related to health and medical actions according to correct medical terms (Permenkes No. 55 of 2013). The medical recorder in determining the disease code correctly according to the classification applicable in Indonesia uses the International Statistical Classification of Diseases and Related Health Problems 10 (ICD – 10) guidelines regarding diseases and medical actions in health services and management. (Kepmenkes No. 377 of 2007).

The accuracy of the diagnosis code plays an important role in the source of reporting information. For this reason, it is necessary to analyze the accuracy of the diagnosis code in the medical record document because if the writing of the diagnosis code is inaccurate or not in accordance with ICD-10, it can cause a decrease in the quality of services in hospitals and affect data, report information and the accuracy of INA-CBG's rates. Low rates of health services will harm the hospital, and if the tariffs for health services are high, it seems that the hospital will benefit from the difference in rates to the detriment of health insurance providers and patients (Karimah, et al., 2016). The implementation of the National Health Insurance program organized by BPJS Health is held at health service facilities in collaboration with BPJS Health, one of which is Hospitals. Hospital is an advanced level referral health service facility that accepts referral patients from first level health care facilities.

The results of research that has been done by (Afrillia I, 2017) regarding the problem of accuracy of outpatient diagnosis codes at surgical clinics based on ICD-10 at Wates Hospital Quarter I 2017 as many as 80% of 2103 documents are inaccurate. These inaccuracies include errors in applying the ICD code – the fourth and fifth 10 characters, as well as the absence of the code on the SIMRS or the patient's medical record. The code was not included because the poly nurse did not enter or enter the diagnosis and the ICD-10 code on the SIMRS and the outpatient coding officer did not verify the diagnosis or the code on the SIMRS. Research conducted by (Ulya, 2021) regarding the problem of accuracy of diagnosis codes in outpatient general polyclinics based on ICD-10 at Tanah Merah Health Center in 2020 as many as 6 accurate medical record documents (6.45%) and 87 inaccurate medical record documents (93.55%). The inaccuracy is caused by the absence of SOPs that regulate diagnosis coding.

Astrini Wonogiri General Hospital is located on Jl. Brigadier General Katamso, Kaliacer, Selogiri, Wonogiri, Central Java. Astrini General Hospital became a General Hospital with excellent services for children's health, orthopedics, internal medicine, general surgery, urological surgery, nerves, heart and blood vessels. Based on reports of outpatient BPJS patient visits, it reached 7,967 patients in 2020. In the preliminary survey, the patient's medical record documents were taken at the orthopedic poly and cardiac polyclinic. Orthopedic and cardiac polyclinic is the flagship poly at the Astrini Wonogiri General Hospital. The following table shows the percentage of accuracy and inaccuracy of outpatient diagnosis codes at orthopedic and cardiac polyclinics in 2020.

Table 1.
 List of outpatient BPJS patient diagnosis codes

Description	Accurate		Not Accurate	
	f	%	f	%
Diagnostic code for outpatient poly orthopedics	1	10	9	90
Diagnostic codes for cardiac outpatients	7	70	3	30

Based on the table shows the percentage of inaccuracy coding outpatient diagnosis of poly orthopedics is 90% inaccurate. The cause of the inaccuracy of the code in the orthopedic poly with a diagnosis of Low Back Pain is the addition of a code to the fifth character, namely M54.59, but at the Astrini Wonogiri General Hospital it only codes up to the fourth character, namely M54.5, thus causing the inaccuracy of the diagnosis code. The inaccuracy of coding the diagnosis of cardiac poly outpatients is 70% because it does not match the diagnosis given by the doctor. In writing the accuracy of the diagnosis code, if it is not accurate or not in accordance with ICD-10, it can cause a decrease in the quality of services in hospitals and affect sources of report information and health service rates. Related to this background, the authors are interested in conducting research on "Review of the Accuracy of the Outpatient Diagnostic Code at the Orthopedic and Cardiac Polyclinic based on ICD-10 at the Astrini Wonogiri General Hospital in 2020"

METHOD

This type of research is descriptive with a retrospective approach. The population in this study was 5284 documents, with a sample of 131 documents using the Simple Random Sampling technique. Methods of collecting data by means of observation and interviews. The analysis of the accuracy of this outpatient diagnosis code is interpreted as a percentage.

RESULTS AND DISCUSSION

Implementation of Outpatient BPJS Patient Diagnosis Codes

Astrini Wonogiri General Hospital in the implementation of coding carried out by 5 coder officers who have a D3 Medical Record background. The average medical record document coded by the coder officer is around 150 medical record documents per day. In the implementation of diagnostic coding at the Astrini Wonogiri General Hospital, it already has SOP No. 21/SPO/RM/VIII/2017 concerning Provision of Medical Record Disease Codes (Coding). The tools that help the process of determining the diagnosis code are the electronic ICD-10 and ICD-9 for the action code. The implementation of diagnostic coding at the Orthopedic Poly and Cardiology Poly as in general, is to determine the diagnosis that has been written by the doctor, then determine the lead-term and coded based on the ICD-10 of 2010 volume 3 and volume 1 for cross check. The sheets seen in the diagnostic coding process are CPPPT or polyclinic sheets, proof of service or SEP and supporting examination sheets.

Accuracy and Inaccuracy of Diagnostic Codes for Outpatient BPJS Patients

The accuracy of the diagnostic code plays an important role in the source of reporting information. It is necessary to analyze the accuracy of the diagnosis code in medical record documents aimed at minimizing data errors, report information as a result of mismatches in the diagnosis code based on ICD-10. 2020 can be seen in the table below:

Table 2.

Description	Accurate		Not Accurate	
	f	%	f	%
Diagnostic code for outpatient poly orthopedic	7	11%	59	89
Diagnostic codes for cardiac outpatients	56	86%	9	14

Table 1, it can be seen that the percentage of inaccuracy of the outpatient diagnosis code in the orthopedic clinic is 89% and the inaccuracy of the outpatient diagnosis code in the cardiac clinic is 86%. The following is an inaccuracy classification of diagnosis codes for outpatient BPJS patients:

1. Inaccuracy of diagnosis code for BPJS Outpatient Orthopedic Poly

The inaccuracy of the diagnosis code for outpatient BPJS patients at the Orthopedic Poly can be grouped into 3 classifications of inaccurate codes, namely, inaccurate due to incorrect code selection, inaccurate due to incorrectly assigned the 4th character code and incorrect and insufficient addition of the 5th character code. the percentage of inaccuracy of the classification can be seen from the table as follows:

Table 3.
 Percentage of Classification Inaccuracies in Diagnostic Codes for BPJS Outpatients
 Orthopedic Poly

Classification	f	%
Wrong code selection	5	8
Incorrect 4th character code	20	34
Wrong and missing 5th character code addition	34	58

Table 3 shows the inaccuracy of the diagnosis code in the orthopedic poly because of the wrong code selection, namely as many as 5 medical record documents with a percentage of 8%, there are 20 medical record documents with a percentage of 34% incorrectly assigning the 4th character code and there are 34 medical record documents with the percentage of 58% wrong and lacking the 5th character code. The inaccuracy of the diagnostic code in the orthopedic clinic can be classified into 3 groups, namely as follows:

- a. Inaccuracy of diagnosis code for BPJS Outpatient Orthopedic Polyclinic due to wrong code selection Example: The first case with a diagnosis of Pen release where the hospital code is Z09.0 while the researcher's code is Z47.0. In ICD-10 it is explained that for Z47.0 it is a follow-up care with removal of the fracture plate and internal fixation devices. Removal of pins, plates, rods, screws. For Z09.0 is a follow-up examination after surgery for other conditions.
- b. Inaccuracy of diagnosis code for BPJS Outpatient Orthopedic Poly patient due to incorrect 4th character code Example: Inaccuracy of diagnosis code for BPJS Outpatient Orthopedic Polyclinic due to incorrectly assigning the 4th character code to 20 medical record documents. The highest number of cases from the table above is 4 cases with a diagnosis of Post Orif Fr Femur where the code from the hospital is Z09.0 while the researcher's code is Z09.4. In ICD-10 it is explained that in the 4th character, 0 points are used for other treatments other than those already given and for 4 points are used for follow-up examinations after fracture treatment.

- c. The inaccuracy of the diagnosis code for BPJS Outpatient Orthopedic Polyclinic patients due to errors and lack of addition of the 5th character code can be seen in the following table: Example: Inaccuracy of diagnosis code for BPJS Outpatient Orthopedic Polyclinic due to errors and lack of addition of the 5th character code as many as 34 medical record documents. The highest number of cases from the table above is 27 cases with a diagnosis of LBP where the hospital code is M54.5 while the researcher code is M54.59 because the location of the LBP is not written in the polyclinic.
2. Inaccuracy of diagnosis code for BPJS Outpatient Cardiologist
 The inaccuracy of the outpatient diagnostic code at the Cardiology Clinic is 14%. The inaccuracy of the diagnosis code for BPJS Cardiac Outpatients can be grouped into 2 classifications of inaccurate codes, namely, inaccurate in code selection and inaccurate due to incorrect and insufficient addition of the 4th character code. The number and percentage of inaccuracies of the classification can be seen from the table as following:

Table 4.
 Percentage of Classification of Inaccuracies in Diagnosis Codes for BPJS Outpatient
 Cardiology Patients

Classification	f	%
Wrong code selection	5	56
Incorrect and lacking the addition of the 4th character code	4	44

Table 4 shows the inaccuracy of the diagnostic code in the cardiac polyclinic due to the wrong code selection, namely 5 medical record documents with a percentage of 56%, there are 4 incorrect medical record documents and the lack of adding a 4th character code with a percentage of 44% so that it can be classified into 2 groups. , which is as follows:

- a. Inaccuracy of diagnosis code for BPJS Cardiac Outpatients due to wrong code selection
 Example: Inaccuracy of diagnosis code for BPJS Cardiac Outpatients due to incorrect code selection for 5 medical record documents. The first diagnosis case was Dyspnoea where the hospital code was Z09.0 while the researcher code was R06.0 because there was no control sheet in the medical record document. AF (Atrial Fibrillation and Flutter) where the hospital code is R06.0 while the researcher's code is I48 because the polyclinic sheet contains more than one diagnosis, namely CHF, AF, HHD, Dyspepsia, Chepalgia. And on the ECG reading sheet the result is AF (Atrial Fibrillation). The second case is ASD II (Atrial Septal Defect) where the hospital code is Q21.0 while the researcher is Q21.1 due to the addition of the 4th character, 0 points are used for ventricular, and 1 for atrial. The third case is CHD Omi anterior where the hospital code is I21.9 while the researcher is I21.0 because the 4th character for point 9 is used for an unknown location. And for point 0 is used for the location of the anterior wall.
- b. Inaccuracy of diagnosis code for outpatient BPJS patients due to errors and lack of addition of the 4th character code.
 Example: Inaccuracy of diagnosis code for outpatient BPJS patients at Cardiac Polyclinic due to errors and lack of addition of the 4th character code as many as 4 medical record documents. The first diagnosis case is angina pectoris where the hospital code is I20 while the researcher code is I20.9 because the classification is not stated so that it uses point 9. The second case is CHF where the hospital code is I50.9 while the researcher code is I50.0 because the diagnosis mentioned is Chronic Heart Failure, while I50.9 is Heart Failure, Unspecified. In the third case,

the diagnosis of CHD is Omi Anterior where the hospital code is I21.9 while the researcher is I21.0 because in the 4th character, point 9 is used for an unknown location and point 0 is used for the location of the anterior wall. The fourth case was diagnosed with ASD II (Atrial Septal Defect) where the hospital code was Q21.0 while the investigator was Q21.1 due to the addition of the 4th character, point 0 was used for ventricular and point 1 was used for atrial.

Factors Relating to the Accuracy of the Outpatient BPJS Patient Diagnostic Code at the Astrini Wonogiri General Hospital

In the process of coding a diagnosis, it can be said to be accurate if the writing of the diagnosis code is in accordance with ICD-10. Based on the results of interviews with coder officers at the Astrini Wonogiri General Hospital, which led to the inaccuracy of the diagnosis code in the Orthopedic Poly and Cardiology Poly, among others:

1. Medical personnel or doctors

Medical personnel, especially doctors, are the main determinants in providing a diagnosis who have the right and responsibility in establishing a disease diagnosis. Based on the results of interviews with coder officers at the Astrini Wonogiri General Hospital, which led to the inaccuracy of the diagnostic code in the Orthopedic Poly and Cardiology Clinic, the doctor's writing was difficult to read. As for the efforts made to overcome difficulties in reading the doctor's writing, the coder officer asked the DPJP or nurse directly and the X-ray results.

2. Medical record personnel (coder)

Giving a diagnosis code that has been given by a medical officer or doctor is the responsibility of the coder officer. Based on the results of observations at the Astrini Wonogiri General Hospital, researchers found several codes lacking the 4th and 5th characters. Coders at Astrini Wonogiri General Hospital are not only tasked with coding medical record files, but also in charge of casemixing, assembling, filling and reporting. One of the causes of the inaccurate diagnosis code in the Orthopedic Poly and Cardiology Clinic, namely the coder officer who doubles as a casemix, assembling and reporting officer. So that it can cause a lack of accuracy in reading sheets that contain additional information that supports the accuracy of the code. To overcome the workload of the coder officer concurrently with the duties of another section, namely the plan to add officers.

3. Other Health Workers

The smoothness and completeness of filling out medical records in outpatient and inpatient installations with the cooperation of other health workers in each installation can affect the accuracy of the diagnosis code, one of which is the nurse. Nurses at the Astrini Wonogiri General Hospital are sometimes incomplete in writing data and information on medical record documents, which can cause the 4th and 5th character codes to be absent.

DISCUSSION

Procedure for Coding Outpatient BPJS Patient Diagnosis

Astrini Wonogiri General Hospital in the implementation of coding carried out by 5 coder officers who have a D3 Medical Record background. The average medical record document coded by the coder officer is around 150 medical record documents per day. This is in accordance with Permenkes No. 55 of 2013 article 13 which states that the middle expert of medical records and health information has the authority to carry out a system of classification and codification of disease.

In the process of assigning a diagnosis code, letters or numbers or a combination of letters must be used. At the Astrini Wonogiri General Hospital, the electronic ICD – 10 (International Statistical Classification of Disease and Related Health Problem Tenth Revision) is used as a guide for determining the diagnosis code and ICD – 9 CM for the action code. This is in accordance with (Depkes RI, 2006) which states that disease codes and other action codes must be coded according to their respective classifications using ICD-10 and ICD-9 CM. The implementation of diagnostic coding at the Cardiology Poly and Orthopedic Poly at the Astrini Wonogiri General Hospital as usual, namely determining the diagnosis code that has been written by the doctor, then determining the lead-term and coded based on ICD-10 volume 3 and volume 1 for cross check. The sheets seen in the diagnostic coding process are CPPT or polyclinic sheets, proof of service or SEP and supporting examination sheets. This is in accordance with the Standard Operating Procedures (SPO) at the Astrini Wonogiri General Hospital.

Standard Operating Procedures (SPO) that apply at the Astrini Wonogiri General Hospital, namely SPO No. 21/SPO/RM/VIII/2017 dated August 1, 2017 concerning Provision of Medical Record Disease Codes (Coding), among others: Coding officers receive complete medical record documents from assembling analysis officers, then coding officers provide disease codes using a manual for classification ICD – X disease, then the coding officer writes down the code (Coding) the number must be clear in the box provided on the medical record sheet (RM – 1) and exit summary, including paying attention to two classifications, Morhology Of Neoplasm and External Causa Of Injury + Poisoning, and the coding officer, if he encounters difficulties, must be consulted with the treating doctor, including the diagnosis term on the medical record sheet which cannot be determined in the ICD book, after that the coding officer codes the written diagnosis on the Medical Record sheet (RM – 1) and the summary exit includes the main diagnosis and disease complications must be coded, the last stage of the coding officer submits a medical record document that has been verified coding submitted to the indexing officer.

Percentage of Accuracy and Inaccuracy of Outpatient BPJS Patient Diagnostic Codes

Based on ICD – 10 at Astrini Wonogiri General Hospital in 2020 The accuracy of the diagnostic code plays an important role in the source of reporting information. To minimize errors in reporting information data, it is necessary to analyze the accuracy of the diagnosis code based on ICD-10. The results of the study on the accuracy and inaccuracy of the diagnosis code for BPJS Outpatients at the Astrini Wonogiri General Hospital in 2020 from 131 documents studied consisting of 66 poly orthopedic medical record documents and 65 cardiac poly medical record documents. A total of 66 documents were studied, the accuracy of the diagnostic code for poly orthopedics was 11% or as many as 7 documents, the inaccuracy of the diagnosis code was 89% or as many as 59 documents. To get an accurate code, it must refer to the ICD-10 guidelines because it will affect the disease index, national and international reporting of morbidity and mortality, analysis of health care financing as well as for epidemiological and clinical research (Endang & Mulyohadi, 2018). The following are the results of the analysis of the inaccuracy of the diagnosis code for outpatient BPJS patients at the Orthopedic Poly and Cardiology Clinic:

1. Inaccuracy of Diagnosis Code for BPJS Outpatient Orthopedic

Outpatients The inaccuracy of the diagnosis code for outpatient BPJS patients at the Orthopedic Poly can be grouped into 3 classifications of inaccurate codes, namely, inaccurate due to

incorrect code selection, inaccurate due to differences in the 4th character code and 5th character code differences can be described as follows:

a. Inaccuracy of diagnosis code for outpatient BPJS Orthopedic Polyclinic due to wrong code selection

The inaccuracy of the diagnosis code for the BPJS Outpatient Orthopedic Poly patient due to the wrong code selection of 5 medical record documents. Based on Permenkes No. 27 of 2014 concerning Technical Guidelines for the Indonesian Case Base Groups (INA – CBGs) system, which describes cases of patients who come for re-control with the same diagnosis as the previous visit and outpatient therapy can use the code “Z” as the main diagnosis. The diagnostic code in the outpatient cardiac clinic for BPJS patients at the Astrini Wonogiri General Hospital does not match the diagnosis code on the ICD-10. One example is in the case of Lepas Pen where the hospital code is Z09.0 while the researcher code is Z47.0. In ICD-10 it is explained that for Z47.0 is a follow-up care with removal of the fracture plate and internal fixation devices, removal of: pins, plates, rods, screws. This can lead to inaccurate diagnosis codes at the Astrini Wonogiri General Hospital so that it can affect several aspects such as misreporting of morbidity or mortality and BPJS claims errors. To minimize errors in the selection of diagnosis codes and obtain code accuracy, coders must pay attention to additional information contained in the medical record file (Bandiani, 2018). In determining the diagnosis code, it must be accurate, complete and consistent so as to produce a precise and accurate diagnosis code (Hatta, 2013).

b. Inaccuracy of diagnosis code for outpatient BPJS patients due to incorrectly assigned the 4th character code

The inaccuracy of the diagnosis code for the BPJS Outpatient Orthopedic Poly patient due to the incorrect provision of the 4th character code for 20 medical record documents. The highest number of cases from the table above is 4 cases with a diagnosis of Post Orif Fr Femur where the code from the hospital is Z09.0 while the researcher's code is Z09.4. In ICD-10 it is explained that in the 4th character, 0 points are used for other treatments other than those already given and for 4 points are used for follow-up examinations after fracture treatment. The inaccuracy of the diagnosis code for outpatient BPJS patients at the Orthopedic Poly at the Astrini Wonogiri General Hospital due to the wrong 4th character code, This is in accordance with previous research conducted by Bandiani (2018) which stated that the wrong 4th character code could be caused by coder does not pay attention to additional information contained in the medical record file. The fourth sub-category is used to identify anatomical locations or variations of different places in the three-character category or stand-alone disease in the three-character category for group conditions (Ulya, 2021).

c. Inaccuracy of diagnosis code for BPJS outpatients for orthopedic outpatients due to errors and lack of addition of the 5th character code

Inaccuracy of diagnosis code for BPJS Outpatient Orthopedic Polyclinic due to errors and lack of addition of the 5th character code as many as 34 medical record documents. The highest number of cases from the table above is 27 cases with a diagnosis of LBP where the hospital code is M54.5 while the researcher code is M54.59 because the polyclinic sheet does not write down the location of the LBP. The inaccuracy of the diagnosis code for BPJS Orthopedic Outpatients due to errors and the lack of addition of the 5th character code, this

is in accordance with previous research conducted by Afrilia, I (2017) which stated that the inaccuracy of the disease diagnosis code based on the writing of the code was not accompanied by the fourth or fourth character. the fifth is caused by poly officers or poly admins who are not careful in analyzing medical record documents and in determining the code. Some of the blocks contained in ICD-10 are not only encoded until the 3rd or 4th character, but there are additional codes up to the 5th character.

2. Inaccuracy of Diagnosis Code for BPJS Outpatient Cardiologist

Inaccuracies in diagnosis codes for BPJS Outpatient Cardiac Cardiology patients can be grouped into 2 classifications of inaccurate codes, namely, inaccurate in code selection and inaccurate due to incorrect and insufficient addition of the 4th character code, which can be described as follows:

a. Inaccuracy of diagnosis code for BPJS Outpatient Cardiologist due to wrong code selection
The inaccuracy of the diagnosis code for BPJS Cardiac Outpatients due to the wrong code selection for 5 medical record documents. For example, in the case of a diagnosis of Dyspnoea where the hospital code is Z09.0 while the researcher code is R06.0 because there is no control sheet in the medical record document. To minimize errors in the selection of diagnosis codes and obtain code accuracy, coders must pay attention to additional information contained in the medical record file (Bandiani, 2018).

b. Inaccuracy of diagnosis code for outpatient BPJS patients at Cardiac Clinic due to errors and lack of addition of the 4th character code

The inaccuracy of the diagnosis code for outpatient BPJS patients at the Cardiology Clinic due to errors and the lack of addition of the 4th character code as many as 4 medical record documents. The first diagnosis case is angina pectoris where the hospital code is I20 while the researcher code is I20.9 because the classification is not stated so that it uses point 9. The second case is CHF where the hospital code is I50.9 while the researcher code is I50.0 because the diagnosis mentioned is Chronic Heart Failure, while I50.9 is Heart Failure, Unspecified. The 4th character code in the ICD-10 is an additional code that must be included in the main diagnosis to produce a specific and accurate code. The inaccuracy of the diagnosis code for outpatient BPJS patients at the Cardiology Clinic at the Astrini Wonogiri General Hospital due to errors and giving the 4th character code, This is in accordance with previous research conducted by Bandini (2018) which stated that the wrong 4th character code could be caused because the coder did not pay attention to the additional information contained in the medical record file.

Factors Associated with the Inaccuracy of the Outpatient BPJS Patient Diagnostic Code

In the process of coding a diagnosis, it can be said to be accurate if the writing of the diagnosis code is in accordance with ICD-10. Based on the results of research that has been carried out, the inaccuracy of diagnosis of BPJS Outpatients can be caused by 2 factors, including:

1. Medical Personnel or Doctor

According to (Depkes, 2006) determining the diagnosis of a patient is an obligation, rights and responsibilities of doctors (medical personnel) who are bound, should not be changed. Therefore, the diagnosis in the medical record is filled out completely and clearly in accordance

with the directions in the ICD-10 book. Unreadable doctor's writing can affect the codeification of the disease, if the coder is wrong in reading and interpreting the doctor's writing it will affect the results of the disease codeification. The inaccuracy of the diagnosis code at the Astrini Wonogiri General Hospital is caused by the doctor's writing being difficult to read or unclear, if the coder has difficulty setting a diagnosis code related to the doctor's writing, the coder asks the DPJP or nurse on duty to write the diagnosis and also looks at the results. radiology. This is in accordance with the research of Afrillia, I (2017) who wrote that the inaccuracy of the disease code was caused by the factor of medical personnel or doctors who were known that doctors' writings were difficult to read. In writing a disease diagnosis, the coder officer will easily understand it if the writing of the diagnosis is complete and easy to read and the specifications are clear.

2. Medical Record Personnel (coder)

According to Depkes RI (2006), medical personnel as a coder are responsible for the accuracy of the code from a diagnosis that has been determined by medical personnel. Therefore, for things that are unclear or incomplete, before the code is set, first communicate to the doctor who made the diagnosis. At the Astrini General Hospital, the coder officer also doubles to the casemix, assembling and reporting sections. The outpatient medical record document that is coded by the coder every day is about 150 documents. This affects the level of concentration of the coder in giving the diagnosis code, which will have an impact on the accuracy of the diagnosis code. This is in accordance with previous research conducted by Oktamianiza (2017) which stated that another factor that caused the inaccuracy of the patient's diagnosis code was because the officers who coded the diagnosis concurrently with other tasks such as assembling and indexing, so that the officers lacked accuracy in coding the diagnosis. main patient.

3. Other Health Workers

According to (Depkes, 2006) the smoothness and completeness of filling out medical records in outpatient and inpatient installations with the cooperation of medical personnel and other health workers in each of these work installations. The nurse is one of the health workers at the Astrini Wonogiri General Hospital. Nurses are sometimes incomplete in writing data and information on medical record documents, so that it can cause the absence of the 4th and 5th character codes. This is in accordance with the statement of Astuti (2008) that an accurate code is obtained by paying attention to supporting information or other causes that affect the diagnosis code. This is reinforced by the statement of Hatta (2010) which states that the completeness of medical record information by health workers can facilitate other health workers in providing action to patients. In addition, it becomes useful information for management in determining strategic steps as the development of health services sourced from medical record files

CONCLUSION

The conclusion from the results of the study is that the inaccuracy of the outpatient diagnosis code at RSU Astrini Wonogiri is still high, so it is necessary to re-socialize related to the SPO for writing diagnoses to doctors, and there is a clear division of job disks so that the coder burden is not too high and more thorough in coding to produce a accurate diagnosis code. To improve the ability or

skills of coder officers so as to minimize errors in the coding process, the Astrini Wonogiri General Hospital can conduct training for coder officers.

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