AN OVERVIEW OF THE ACCURACY OF DIAGNOSIS AND PROCEDURE CODING IN DELIVERY CASES WITH FETOPELVIC DISPROPORTION AT RSUD WONOSARI

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ABSTRACT

Background: *Decree of the Minister of Health Number 312 of 2020 states that one of the Medical Records and Health Information competencies is clinical classification, disease coding, and clinical procedures skills. The accuracy of diagnoses and procedures codes affects the service quality, statistical reporting, and hospital evaluation. Preliminary study at RSUD Wonosari showed a low code accuracy of 34% in the primary diagnoses and 74% in the procedures of delivery cases with fetopelvic disproportion. This was due to errors in the timing of assigning codes O33 and O65. Code O33 is used when the diagnosis is known before the onset of labor, while O65 is used during labor.*

Objective: *Determine the flow and procedures of delivery coding, describe of the accuracy of diagnoses and procedures codes, and identify the causes of inaccuracy from the elements of Man, Material, Money, Method, and Machine.*

Research Methods: *Mixed method is used with a sample of 74 medical records on fetopelvic disproportion. Data were collected through observation, interviews, and triangulation. Data analysis was performed using Microsoft Excel, ICD-10, and ICD 9-CM.*

Research Results: *The accuracy rate of 31% for primary diagnoses, 53% for secondary diagnoses, 89% for delivery methods, 99% for outcomes of delivery, 59% for primary procedures. The coding workflow and procedures align with the hospital's Standard Operating Procedures (SOPs). The factors that influenced the inaccuracy were man, material, and method.*

Conclusion: *The coding process complies with hospital SOP, however, challenges remain: the absence of specific SOPs for delivery coding, SOPs for diagnosis documentation, SOPs for the use of abbreviations, and coding training that has not been carried out regularly to support the accuracy of coding.*

Keywords: *Fetopelvic disproportion, labor, accuracy, cesarean, ICD-10, ICD 9-CM.*

GAMBARAN KEAKUARATAN KODE DIAGNOSIS DAN TINDAKAN KASUS PERSALINAN DENGAN PENYULIT FETOPELVIC DISPROPORTION DI RSUD WONOSARI

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ABSTRAK

Latar Belakang: Keputusan Menteri Kesehatan Nomor 312 Tahun 2020 menyebutkan salah satu kompetensi PMIK adalah keterampilan klasifikasi klinis, kodifikasi penyakit, dan prosedur klinis. Keakuratan kode diagnosa dan tindakan memengaruhi mutu pelayanan, pelaporan statistik, serta evaluasi rumah sakit. Studi pendahuluan di RSUD Wonosari menunjukkan masih rendahnya keakuratan kode sebesar 34% pada diagnosis utama dan 74% pada tindakan kasus persalinan dengan penyulit *fetopelvic disproportion*. Hal ini dikarenakan kesalahan waktu pemberian kode O33 dan O65. Kode O33 digunakan ketika diagnosis diketahui sebelum masuk masa persalinan sedangkan O65 saat persalinan berlangsung.
Tujuan: Mengetahui alur dan prosedur pengkodean persalinan, memberikan gambaran keakuratan kode diagnosis dan tindakan, serta mengidentifikasi faktor penyebab ketidakakuratan dari unsur *Man, Material, Money, Method, Machine*.
Metode: Penelitian ini menggunakan *mix method* dengan sampel 74 rekam medis pada penyulit *fetopelvic disproportion*. Data dikumpulkan melalui observasi, wawancara, dan triangulasi. Analisis data menggunakan Microsoft Excel, ICD-10, ICD 9-CM.
Hasil: Menunjukkan nilai akurasi kode pada diagnosis utama 31%, diagnosis sekunder 53%, metode persalinan 89%, *outcome of delivery* 99%, serta tindakan utama 59%. Alur dan prosedur pengkodean telah sesuai dengan Standar Prosedur Operasional (SPO) rumah sakit. Faktor yang berpengaruh pada ketidakakuratan adalah *man*, *material*, dan *method*.
Kesimpulan: Alur pengkodean telah sesuai SPO rumah sakit, tetapi masih ditemukan kendala seperti belum adanya SPO khusus pengkodean persalinan, SPO ketentuan penulisan diagnosis, SPO penggunaan singkatan, serta pelatihan koding yang belum dilakukan secara rutin dalam menunjang keakuratan kode.

Kata Kunci: *Fetopelvic disproportion*, persalinan, keakuratan, *cesarean*, ICD 10, ICD 9-CM.