

Coding Accuracy Analysis Of Ina-Cbg's Cause Of Negative Claims at Dr. Moewardi Hospital

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Abstract— The difference in rates between the real costs and the INA-CBG package rates is one of the causes of the decline in service revenues at the hospital, one of which is in Dr. Moewardi as a type A hospital in the Surakarta area. In Tribulan 1 2020, there were 2680 differences in negative claims. One of the cases that caused a high negative difference was the obgyn case with Cesarean Section action, namely 73 files which caused a negative difference of IDR-361,971,358. The accuracy of the diagnostic code can affect and cause differences in the INA-CBGs rates. The purpose of this study was to analyze the accuracy of the Cbgs Ina code the cause of negative claims in Dr. Moewardi. The method in this research is descriptive research with a cross sectional approach, namely examining the data directly at the time of the study. The study population was the BPJS claim file in the 1st quarter of 2020 which had a negative difference of 2680 files. The sample in this study used a sampling technique with a purposive sampling method with the criteria for the inclusion of a claim file that had a negative difference between obgyn cases and Cesarean Section action with the code Ina Cbgs (O-6-11-I, O-6-11-II, O- 6-11-III) and negative claim file exclusion criteria with obgyn cases not using Cesarean Section measures and negative claims files with non-obgyn cases. The number of samples was 73 files. Analysis of the accuracy of the diagnosis code and action in this Cesarean Section case is interpreted as a percentage. The results showed that the correct code was 71.23% compared to the incorrect percentage of 28.77%. The highest category of inaccuracy in the diagnosis code was due to the secondary diagnosis that was not coded by 42.86%, and the lowest was wrong in determining the primary diagnosis by 4.76%. Of the 28.76% (21 documents) that were not fast, only 2 files differed between hospital fees and researchers which caused a negative difference of Rp. 2,559,500. Conclusion Based on the results of the study, the accuracy of the obgyn case diagnosis code by section action was greater than the incorrect one. Not all of the incorrect code causes the difference in the amount of the difference in negative claims.

Keywords — Code accuracy, INA-CBGs, Negative claims

I. INTRODUCTION

The large difference between the real cost and the INA-CBG package rate is the cause of the decrease in hospital service revenues. The results of the study obtained examples of cases with severity level I (E-4-10-I), the value is IDR 5,325,126.00 (positive difference); severity II (E-4-10-II) is -Rp22,411.00 (negative difference); and severity III (E-4-10-III) was -Rp3,038,240.00 (negative difference). [3]. This is most likely because the doctor did not write a complete diagnosis on the medical record. This affects the process of coding the diagnosis by coding and entering patient data into the INA-CBG's software and has an impact on the generated rates [1] [2]. This also does not rule out the possibility of a

negative impact in which doctors will be motivated to pursue quantity and ignore service quality by limiting the time for examinations or consultations in order to examine a large number of patients with the hope that their remuneration will be high. [3].

Based on the preliminary survey at RSUD DR. Moewardi in Tribulan 1 2020 obtained the results of the number of claims submitted as many as 7146 files, where from the submitted files there were 2680 files whose claims had negative differences. This negative difference can be interpreted that the real cost is higher than the INA CBG rates claim. It can be interpreted that the number of negative claims in Tribulan 1 was 37.50% of the total claims submitted. The difference in the negative claims from the 2680 files is IDR 14,813,367,921. One of the cases that caused a high negative difference was the obgyn case with Cesarean Section action, namely 73 files which caused a negative difference of IDR-361,971,358.

The amount of the cost of this negative difference can cause the Hospital to suffer losses. One of the factors causing this negative difference is the severity of the diagnosis, the higher the severity, the higher the cost of patient care at the hospital, the difference in rates is due to complications, types of drugs, physiotherapy and comorbid measures so that there are some cost components that are not covered in the hospital. INA -CBG's rates. [4]. One of the high costs incurred by the hospital is the length of day of stay. The longer the length of stay, the higher the costs incurred by the hospital [5]. The absence of a clinical pathway is also a problem for hospitals to control expenses incurred in the hospital, the uniformity of the measures implemented and the monitoring of length of stay for patients who undergo treatment [6].

Another contributing factor to the negative difference in claims in previous studies states that there is a difference between the INA-CBG rates obtained from the diagnosis code from the hospital and the investigator's diagnosis code due to the inaccuracy of the diagnosis code, namely the selection of the fourth character and complications that are not coded [8]. The results of other studies. The accuracy of the diagnosis code can affect and cause differences in INA-CBG rates. This is evident from as many as 50 incorrect codes resulting in 41 different INA-CBG rates [9].

As with the case coding for the Cesarean Section, the coding was adjusted to the rules in PMK 76 of 2016 concerning the Guidelines for Indonesian Case Base Groups (Ina-Cbg) in the implementation of National Health Insurance, namely by including methods of delivery and delivery outcomes to secondary diagnosis, this can affect the amount of INA-CBGs rates. Secondary diagnosis of patients can affect the amount of INA-CBGs rates, because it can increase

severi levels or severity of patients. However, not all secondary diagnoses can increase severity level, only certain secondary diagnoses [10].

Therefore, in this study, we want to know the accuracy of the diagnosis code that causes negative claims between the real rate and the INA CBGs rate at Dr. Moewardi as a type A hospital in the Surakarta area, so that it can be used as a consideration in decision making by hospital management.

II. METHOD

The method in this research is descriptive with a cross sectional approach, namely examining the data directly at the time of the study. The population in this study was the BPJS claim file in the 1st quarter of January-March 2020 which had a negative difference of 2680 files. The sample in this study used a sampling technique with a purposive sampling method with the criteria for the inclusion of a claim file that had a negative difference between obgyn cases and Cesarean Section action with the code Ina Cbgs (O-6-11-I, O-6-11-II, O-6-11-III) and negative claim file exclusion criteria with obgyn cases not using Cesarean Section measures and negative claims files with non-obgyn cases. The number of samples was 73 files. Analysis of the accuracy of the diagnosis code and action in this Cesarean Section case is interpreted as a percentage.

III. RESULT

Based on the results of research conducted at Dr. Moewardi regarding 73 obgyn case claim files with the Cesarean Section action, the results of the accuracy of the diagnosis code for patients with cases in section causing negative differences, can be seen in the following table:

Table 1. Accuracy of diagnosis code

Number	Diagnosis	Total	Percentage (%)
1	Precise diagnosis code	52	71,23
2	Imprecise diagnosis code	21	28,77
Total		73	100

Based on the table above, it can be illustrated by the following graph:

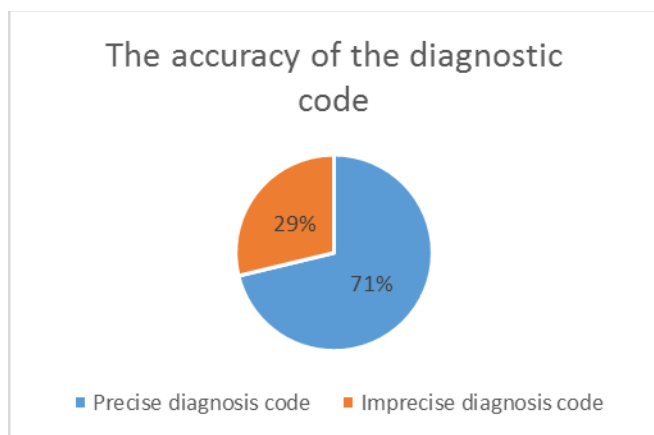


Figure 1. The accuracy of the diagnostic code

Based on the figure above, it can be seen that the accuracy of the diagnosis code by section action is greater with an accurate result of 71.23% compared to the imprecise

percentage of 28.76%. Inaccuracy of a diagnostic code can be categorized as follows:

Table 2. Incorrect diagnostic code category

Number	Diagnosis	Total	Percentage (%)
1	Secondary diagnoses were not coded	9	42,86
2	Wrong 4th character	4	19,05
3	Wrong in determining the main diagnosis	1	4,76
4	Incorrect code	7	33,33
Total		21	100

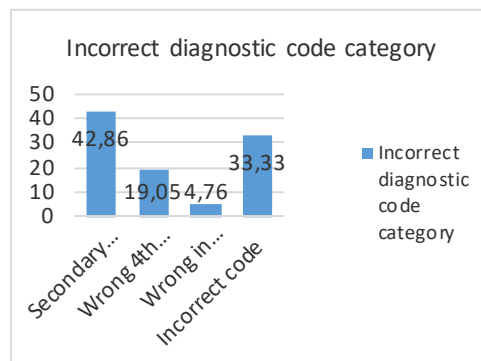


Figure 2. Incorrect diagnostic code category

Based on the Figure above, the highest category of inaccuracy in the diagnosis code was due to the secondary diagnosis that was not coded by 42.86%, and the lowest was wrong in determining the main diagnosis by 4.76%.

Examples of uncoded secondary diagnostic codes include severe preampsia (O14.1), Preterm Pregnancy (O60.1), Impending Eclampsia (O11), DM Type 2 (O24.3), History of SC (O34.2), and etc. Based on the data inaccuracy of codes based on secondary diagnosis categories were not coded, there were 2 codes that caused the difference in rates between INA-CBG rates obtained from hospital diagnosis codes and INA-CBG rates obtained from researchers, can be seen in the following table:

Table 3. The difference in rates resulting from grouping INA-Cbgs codes that are not correct based on the secondary diagnosis code is not coded.

No	Secondary diagnostic code	Hospital INA-CBG rates	Researcher INA-CBG rates	Difference in Fare
1	Impending eklamsia (O11)	Rp.5,253,900 (O-6-10-I)	Rp.6,304,700 (O-6-10-II)	Rp.1,050,800
2	Severe Preeklamsi (O14.1)	Rp.5,253,900 (O-6-10-I)	Rp.6,762,600 (O-6-10-II)	Rp.1,508,700
Total Difference				Rp.2.559.500

From the table above, the difference between INA-CBGs rates for hospitals and researchers is Rp. 2,559,500. The diagnostic code increases the severity level from O-6-10-I to O-6-10-II. This is because the diagnosis of complications of preeclampsia and eclampsia can increase the severity from mild to moderate.

Example of wrong category code 4:

Example 1

Diagnosis : SC Elektive (O80.0), whereas researcher code O80.1 because O80.0 is used for SC Emergency.

Example 2

Diagnosis : Placenta previa totalis (O40.1), while the researcher code (O40.0) because it is known that the case of placenta previa in this case was not accompanied by haemorrhage or bleeding.

Examples of main diagnostic codes:

Diagnosis : KPD, Labor jammed due to Presbo, SC Emergency

RS code : O42.0, O64.1, O82.1, Z37.1

Researcher Codes: O64.1, O42.0, O82.1, Z37.1

Because according to the rules in ICD 10, the complicating conditions between KPD and obstructed labor because presbo is prioritized in the selection of the main diagnosis code for presbo (O64.1).

Incorrect diagnosis code example:

Example 1

Diagnosis : Cephalo Pelvic Distropartion (O35.8), Researcher's code (O65.4), because code O35.8 is used for Maternal care for other (suspected) fetal abnormality and damage.

Example 2

Diagnosis : Severe preeclampsia (O13), researcher code O14.1, because O13 is used for Mild preeclampsia (Mild) while Severe preeclampsia (severe).

Example 3

Diagnosis : Eclampsia impeding (O13), researcher code O11, because O13 is used for Mild preeclampsia (Mild) while eclampsia impeding is included in the Superimposed preeclampsia category (O11).

Example 4

Diagnosis : Severe preeclampsia (O11), researcher code O14.1, because O11 was used to code Superimposed pre-eclampsia, Severe preeclampsia (O14.1)

Example 5

Diagnosis : Eclampsia (O14.2), researcher code O15.1, because code O14.2 for HELLP Syndrome, whereas eclampsia should be coded O15.1.

For inaccurate codes based on the 4th wrong category, wrong in determining the main diagnosis code and incorrect coding after being entered into the INA CBGs application, the INA-CBGs grouping code does not differ so that there is no difference in rates even though there are some inaccurate diagnostic codes. The difference in the rates of Ina Cbgs Hospitals and researchers from 21 cases with incorrect diagnosis codes was only 2 cases. The results of this study are inconsistent with the results of previous studies which stated that if the coder was wrong in determining the diagnosis code, the amount of claim payments would also be different. The low health service rates will certainly be detrimental to the hospital, on the other hand, the high health service rates will give the impression that the hospital is benefiting from the difference in rates so that it is detrimental to both the

Jamkesmas organizer and the patient [7]. This is because the case studies taken are different. In this study, taking the obgyn case with cesarean section action, while the previous researchers used a greater variety of diseases so that the results of the study were more comprehensive. In the case of obgyn with cesarean section, not all secondary diagnosis codes cause the severity level or severity level. From the results of this study, it means that the incorrect diagnosis code does not all cause differences in the grouping results of the INA-CBGs claim even though it has not been proven using statistical tests.

Based on the results of the analysis of the accuracy of the diagnosis code based on the ICD-10 by the researcher, the inaccuracy of the diagnosis code was caused by writing a diagnosis that did not match the terms in the ICD-10, was not specific, and was incomplete. The inaccuracy of the diagnosis code is also caused by the determination of the diagnosis code that is not in accordance with the coding rules related to the disease in the obgyn case by section measures.

This study is in line with previous studies that the rates of INA-CBGs in cesarean section patients are influenced by primary diagnosis, secondary diagnosis, and actions that can affect the INA-CBGs code on the severity level of the patient, and the class of patient care. Secondary diagnosis of patients can affect the amount of INA-CBGs rates, because it can increase the severity level or the severity of the patient. However, not all secondary diagnoses can increase the severity level, only certain secondary diagnoses. It is advisable for medical record officers to be more careful in entering the patient diagnosis code for the accuracy of the claimed data and always simulate the INA-CBGs grouping on the application that has been provided and record it on the rates monitoring sheet to monitor the difference in hospital rates and the rates of INA-CBGs claims results. [10].

IV. CONCLUSION

The results showed that the correct code was 71.23% compared to the incorrect percentage of 28.77%. The highest category of inaccuracy in the diagnosis code was due to the secondary diagnosis that was not coded by 42.86%, and the lowest was wrong in determining the primary diagnosis by 4.76%. Of the 28.76% (21 documents) that were not fast, only 2 files differed between hospital fees and researchers which caused a negative difference of Rp. 2,559,500. Conclusion Based on the results of the study, the accuracy of the obgyn case diagnosis code by section action was greater than the incorrect one. Not all of the incorrect code causes the difference in the amount of the difference in negative claims. The cause of the negative claim results was due to the long length of stay because Moewardi Hospital is a type A hospital which is a referral hospital for types B, C and level 2 health facilities, and is because the patient's condition itself is a multiple and varied case causing high costs.

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