

**FAKULTAS KEDOKTERAN DAN ILMU KESEHATAN UNIVERSITAS
MUHAMMADIYAH MAKASSAR**

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**“KARAKTERISTIK PENDINGAN KLAIM PADA PASIEN RAWAT INAP
IBU DAN ANAK BERDASARKAN KAIDAH CODING INA-CBGs DI RSIA
ANANDA MAKASSAR PERIODE JANUARI-JUNI 2025”**

ABSTRAK

Latar Belakang: Sistem pembayaran INA-CBGs pada JKN menuntut ketepatan pengkodean ICD-10 dan ICD-9-CM yang didukung rekam medis serta dokumen klaim yang lengkap dan konsisten. Ketidaktepatan coding atau dokumen pendukung yang tidak lengkap dapat memicu klarifikasi verifikasi, menyebabkan klaim berstatus pending dan memperlambat pembayaran.

Tujuan: Mendeskripsikan karakteristik pendingan klaim pada pasien rawat inap ibu dan anak di RSIA Ananda Makassar berdasarkan kaidah coding INA-CBGs periode Januari–Juni 2025.

Metode: Penelitian deskriptif kuantitatif retrospektif melalui audit berkas rekam medis dan dokumen klaim (e-Klaim/INA-Grouper) pada klaim pending periode Januari–Juni 2025, disajikan sebagai frekuensi dan persentase.

Hasil: Dari 97 berkas, pending terbanyak pada Obstetri & Ginekologi 53 (54,6%), diikuti Pediatri 23 (23,7%) dan Neonatologi 21 (21,6%). Ketepatan ICD-10: 63 (64,9%) tepat; ICD-9-CM non-rutin: 90 (92,8%) tepat. Masalah tersering adalah ketidaklengkapan dokumen pendukung coding 56 (57,7%); kode ICD-10 yang paling sering tercantum antara lain Z37.0 dan Z38.0; sedangkan ICD-9-CM non-rutin tersering antara lain 74.4 dan 93.96.

Kesimpulan: Pending klaim didominasi layanan Obstetri & Ginekologi dan terutama dipengaruhi ketidaklengkapan dokumen pendukung coding. Penguatan dokumentasi dan pra-verifikasi internal diperlukan untuk menurunkan klaim *pending*.

Kata Kunci: klaim pending; INA-CBGs; pengkodean medis; ICD-10; ICD-9-CM; audit dokumen; rekam medis.

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Thesis, 2 March 2026

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**“CHARACTERISTICS OF CLAIM PENDING CASES IN INPATIENT
MATERNAL AND CHILD PATIENTS BASED ON INA-CBGs CODING
GUIDELINES AT RSIA ANANDA MAKASSAR FOR THE PERIOD OF
JANUARY-JUNE 2025”**

ABSTRACT

Background: The INA-CBGs payment system under JKN requires accurate ICD-10 and ICD-9-CM coding supported by complete and consistent medical records and claim documents. Coding inaccuracies or incomplete supporting documents may trigger verification clarification, resulting in pending claim status and delayed reimbursement.

Objective: To describe the characteristics of pending claims among maternal and child inpatients at RSIA Ananda Makassar based on INA-CBGs coding rules during January-June 2025.

Methods: This was a retrospective descriptive quantitative study using document audits of medical records and claim documents (e-Claim/INA-Grouper outputs) for pending claims during January–June 2025. Data were presented as frequencies and percentages.

Results: Of 97 files, pending claims were most frequent in Obstetrics & Gynecology (53; 54.6%), followed by Pediatrics (23; 23.7%) and Neonatology (21; 21.6%). ICD-10 coding accuracy was 63 (64.9%) accurate, and non-routine ICD-9-CM procedure coding accuracy was 90 (92.8%) accurate. The most common issue was incomplete supporting documentation for coding (56; 57.7%). The most frequently recorded ICD-10 codes included Z37.0 and Z38.0, while the most frequent non-routine ICD-9-CM codes included 74.4 and 93.96.

Conclusion: Pending claims were dominated by Obstetrics & Gynecology services and were primarily influenced by incomplete/inconsistent supporting documentation for coding. Strengthening documentation and internal pre-verification is needed to reduce pending claims.

Keywords: pending claims; INA-CBGs; medical coding; ICD-10; ICD-9-CM; document audit; medical records.