Analysis of Factors Causing Incompleteness and Inaccuracy of the Neoplasm Diagnosis Code at Citra Husada Jember Hospital
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ABSTRACT

Neoplasm diagnosis codes has special provisions that distinguish them from other disease diagnostic codes. According to ICD-10 guidelines, neoplasm coding must include a topographic code and a morphological code based on the results of an anatomical pathology examination. However, observation of 162 inpatient medical records showed that 112 medical records (69.1%) were incomplete and inaccurate, and 50 medical records (30.9%) were incomplete but accurate. Therefore, no medical records met the standard of completeness of neoplasm diagnosis codes. This study aims to analyze the factors that cause incompleteness and inaccuracy of neoplasm diagnosis codes based on individual, psychological, and organizational factors. This study used a qualitative approach with data collecting through interviews, observations, documentation, and brainstorming involving three coders and one head of the medical record unit. The results showed that the causes of incompleteness and inaccuracy of the neoplasm diagnosis code were not found in individual or psychological factors. The main causes were organizational factors, including limitations of the hospital information system (SIMRS), *the lack of implementation of a reward and punishment system based on final coding result, and the absence of specific standard operating procedures (SOP) for neoplasm coding. Recommended improvement efforts include the development of* SIMRS, *the use of performance indicators, and the preparation of specific SOP for neoplasm diagnosis coding. Therefore, hospitals need to develop* SIMRS *that supports the inclusion of morphological codes, conduct monitoring and evaluation based on performance indicators, and establish specific SOP for the neoplasm diagnosis coding. In inclusion, the incompleteness and inaccuracy of neoplasm diagnosis codes in this study are mainly caused by organizational factors. These factors have been analyzed along with recommendations for improvement, so hospitals need to follow up on these recommendations to improve the quality of neoplasm diagnosis coding.*

Keywords: *neoplasms, topographic codes, morphological codes*