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Compensation Audit Case at Casemix Hospital X

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Abstract— Audit Compensation Audits result in operational activities and hospital financial systems becoming disrupted and unstable. Based on a preliminary survey at Hospital This research aims to analyze Compensation Audit cases carried out by health insurance providers in 2023. The type of research used is using the Mixed Method, a research approach that combines or associates qualitative and quantitative forms. This research was conducted in March - June 2024. The research population was 11 compensation audit cases in 2023. Total sampling technique. An in-depth analysis was carried out on 11 compensation audit cases based on analysis of medical resumes, related regulations and based on ICD-10 and ICD-9-CM coding rules. The results of research that carried out an in-depth analysis of compensation audit cases showed that most compensation audit cases were caused by the enforcement of treatment classes with a total of 3 cases, specific management 2 cases, combination code 1, availability of death reports 1, regulations for enforcing the main diagnosis 1, specific management for main diagnosis 1, unavailability of anatomical pathology attachments 1, errors in establishing the main diagnosis and non-compliance with medical procedures and supporting documents 1. Compensation Audit Case Solution, namely the coder must understand medical records, claim submission documents, ICD-10, ICD-9-coding rules CM, health insurance provider and hospital PPK claim regulations, doctors need to provide clear, specific management and be able to determine the patient's condition. treatment class from the start of entry and the health insurance verifier must have the same perception as the previous verifier and be careful in reading and analyzing the claim submission documents.

Keywords— Coding, Compensation Audit, ICD, PMK

I. BACKGROUND

The BPJS Compensation Audit is a process of examining and evaluating the compensation system implemented by BPJS with the aim of ensuring compliance, openness and effectiveness in the management of social.

II. METHOD

The type of research used is Mixed Method, a research approach that combines or associates qualitative and quantitative forms (Hadju & Aulia, 2022). The research was conducted at Hospital X West Sumatra, Indonesia. This research was conducted in March - June 2024. The research population was 11 compensation audit cases in 2023. Total sampling technique. An in-depth analysis was carried out on security funds. 11 compensation audit cases based on analysis of medical resumes, related regulations and based on coding rules. The audit may include examination of compensation policies, management and compliance with applicable regulations (PKS BPJS concerning Advanced Level Referral Services). Audit results can be used to increase transparency, accountability and efficiency in the implementation of social security programs. Compensation Audit is part of the claims administration audit.

According to (Miryanti, 2019) the results of a claims administration audit can be in the form of claims that are appropriate and claims that are not appropriate, for claims that do not comply with the provisions and are declared to have been overpaid, the second party is obliged to make a return according to the provisions or what is usually called a Compensation Audit, compensation audits occur in hospitals, including due to dispute claims, pending claims, follow-up claims and ineligible claims. This incident was caused by several things, including a series of procedures that were not written down completely, confirmation of diagnosis or action coding, confirmation of medication dosage (Rahma Ardi Saputri et al., 2022). Based on the results of a survey conducted by authors in the Casemix room at Hospital treatment class, error on the part of the insurance provider verifier in reading the complete data sent but still asking for attachment.

Based on the above background, there are still problems from the coding aspect and the management aspect which results in the return of financing funds from the hospital to the health financing insurance provider so it is necessary to carry out an analysis. Therefore, the authors conducted an in-depth analysis of compensation audit cases in the Casemix room of Hospital X.

III. RESULTS AND DISCUSSION

Compensation Audit Cases at Hospital X, Bukittinggi in 2024

Based on observations and reviews of claim documents, an in-depth analysis was carried out on 11 compensation audit cases with the following case results:

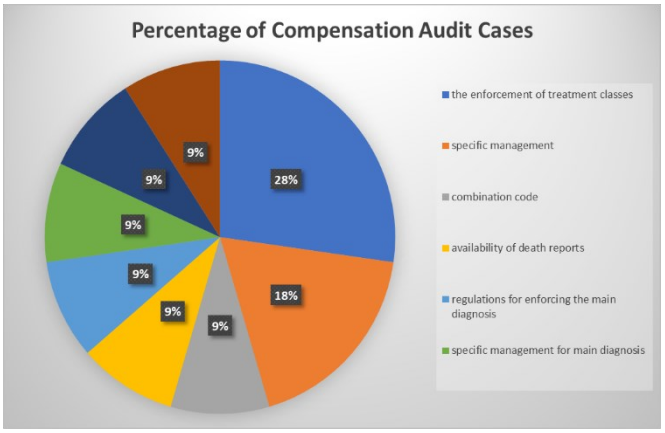

Fig. 1 Frequency of EMR Evaluation Results Based on Human Aspects

Analysis of Compensation Audit Cases in Casemix Hospital X

In-depth analysis was carried out on 11 samples, so that the problems that resulted in code errors in the compensation audit at hospital X were identified as follows:

Table 1. Analysis of Compensation Audit Cases at Casemix Unit

NO	Compensation Audit Case	Case Analysis Based on Medical Resumes and Applicable Regulations
1	Konfirmasi indikasi dilakukan tindakan?	Based on the patient's medical documents, it is known that DU: BBL SC NCB SMK P03.4 DS: Ankyloglossia Pros: Inj Vit K, Asi Od, Rawat Gabung, Alkafil, Frenectomy On the operation sheet, it is known that the medical indication for Frenulectomy is a short tongue tie condition, which causes the baby to have difficulty sucking breast milk, adhesions and is disturbed so that it does not get maximum breast milk. On the CPPT sheet, it is known that the baby has difficulty getting breast milk. This case was canceled for inpatient treatment, because the Frenectomy procedure is included in essential neonatal care. This case was audited for compensation because Health insurance provider asked for confirmation of the indication why this patient underwent Frenulectomy. Medical Resume: DU : BBL SC NCB SMK P03.4 DS : Ankloglossia Q38.1 Pros : Frenulotomy Claim Submission: DU : Q38.1 Ankyloglossia DS : - Pros : 25.92 Lingual Frenectomy

NO	Compensation Audit Case	Case Analysis Based on Medical Resumes and Applicable Regulations
		The codes on the medical resume and claim submission are not the same.
2	Confirm specific management for DU?	In the medical document it is known DU: BBL + CTEV P03.4 DS: - Pros: Inj Vit K, Asi Od, Joint treatment, Monitor Orthopedi This case is a compensation audit because health insurance provider requested confirmation of the management for the enforcement of DU. In the patient's medical document it is known that the patient was diagnosed with CTEV and consulted with the Orthopedic Specialist. Advice for observation control at the polyclinic, so the patient's condition is not an essential neonatal condition, because there is a diagnosis and treatment of the disease that is enforced by the DPJP. The CPPT also explains more specifically regarding the management of CTEV, namely the existence of conservative actions by positioning the baby's feet so that they are in a safe condition. This case, which was initially billed as inpatient, was changed to outpatient, because there were no resources to support the enforcement of the diagnosis. Medical Resume: DU : BBL + CTEV P03.4 DS : - Pros : - Claim Submission DU : Q66.0 Talipes Equinovarus DS :- Pros : - The codes on the medical resume and claim submission are not the same.
3	Please confirm the combination code dm and ckd E11.2 +N08.3 (dagger and asterisk)	In the medical document it is known DU: DM TP II E14.9 DS: Hyponatremia E87.1, TB (A16.2), CKD (N18.5), Hypoglcaemia (E16.2), Anemia (D64.9) Pros: Trf Prc 2 Units, Install Ngt, Ufd Easpimer, Iufd Nacl, Apidra Survey Proplapse, Prolapse Hipglycemia, Curuma, Obh, Azithromycin, Bicnas, Rhze (Fdc), Apsor, Lasix, Sphinoclator, Glukaidhan, there is an EKG. This compensation audit case is related to the use of a combination of DM and CKD codes, because in ICD-10 for DM accompanied by complications, the code that is in the stand is a combination code so the correct code is E11.2+N08.3* DM with CKD complications. (ICD-10, INA-CBG Claims Variation Manual Guide 2018 and BA 2019). Medical Resume: DU: Dm Tp II E14.9 DS: Hyponatremia E87.1, TB (A16.2), CKD (N18.5), Hypoglcaemia (E16.2), Anemia (D64.9) Pros : TRF PRC 2 UNIT 99.04 Claim Submission DU: E11.9 Diabetes Mellitus TYPE II DS: N18.9 Chronic Kidney Disease A16.2 Tb Of Lung, Without Mention Of Bacteriological Or Histological Confirmation

NO	Compensation Audit Case	Case Analysis Based on Medical Resumes and Applicable Regulations
		D64.9 Anemia Unspecified E87.1 Hypo-Osmolality And Hyponatremia E16.2 Hypoglcaemia, Unspecified Pros : 99.04 Transfusion Of Packed Cell The codes on the medical resume and claim submission are not the same.
4	Confirm please attach patient death report, R57.9 as DU?	In the medical document it is known DU: Colestyasis K81.0 DS: I48 Paroxysmal atrial fibrillation+ R57.9 Shock, unspecified Pros: 88.76, Iufd, Inj Omz, Inj Onddi, Inj Lasix, Inj Bisopolol This compensation audit case is related to the patient's death report not attached and problems in enforcing DU. For the enforcement of code R57.9, it can be seen in the cppt, namely abdominal pain as the main complaint that makes the patient come to the hospital and the therapy given is appropriate.
5	Confirmation that the patient is already in an unconscious state, the patient is DOA? Please do not charge	In the medical document it is known: DU: I46.9 Cardiac Arrest, Unspecified DS: - Pros: 93.93 Nonmechanical Method of Resuscitation This case is a Compensation Audit because Cardiac Arrest cannot be enforced on DOA patients (INA-CBG Claim Verification Manual Edition 2 of 2018 and BA 2019).
6	STT confirmation does not match BA	On medical resume examination, it is known, DU: STT (Soft Tissue Tumor) DS: - Pros: Exc STT (Excision Soft Tissue Tumor) On CPPT examination, the patient was given Exc STT. On the CPPT sheet, it is known that the patient has granuloma with bleeding, so it must be done with wide excision under general anesthesia. In the patient's medical documents, a photo of the tumor is attached, the results of the PA are dermoid cyst. This case is a compensation audit because the enforcement of the STT diagnosis is not in accordance with the Minutes (BA) of the Joint Agreement on the Guidelines for Managing INA-CBG Claim Problem Solutions in 2019. The results of the PA examination state the patient's results are Dermoid Cyst, not STT. Because the inpatient SEP has been issued, it is billed to inpatient care, and paid by health insurance provider to the inpatient bill, then continued to outpatient care, and a refund is made according to the difference in compensation audit payments. STT can be enforced because the actions given are appropriate, namely STT Excision 86.3 so that STT can be enforced. (ICD-10 and ICD-9-CM). Medical Resume: DU: STT D21.9 DS : - Pros : Exc STT Claim Submission DU : Epidermal Cyst (L72.0) DS : -

NO	Compensation Audit Case	Case Analysis Based on Medical Resumes and Applicable Regulations
		Pros : Exc of Lesion or Tissue of Skin and Subcutaneous Tissue (86.3) The code on the medical resume and claim submission is not the same.
7	Confirmation of management in accordance with essential neonatal care, please do not charge	In the patient's medical documents it is known that DU: Aterm Neonate born Ve P03.3 DS: Mild Asphyxia Pros: Inj Vit K, Breast Milk Od, Joint Care, Neo Puff Peep, Incubator Care, O2 0.5 This case is a compensation audit because according to the health insurance provider verifier, the management is in accordance with essential neonatal and is billed together with the mother. After analyzing the patient's medical documents, on the CPPT sheet it is known that the baby received neopuff peep 5 (special equipment) management, continued oxygen administration 0.51/l until 19.00 WIB, and incubator care until stable, then transferred to the room at 21.30 WIB, this is not a condition of essential neonatal care. In addition, in the assessment the baby experienced shortness of breath and the baby was given oxygen from 14.50-19.00 WIB because the baby experienced shortness of breath, and received neo puff peep treatment. Based on BA and PPK regulations, this case is included/not included in essential neonatal care (BA 2019 and PPK RS).
8	Confirmation of patient referred less than 6 hours, please bill rajal	In the medical document it is known DU: BBLSC NCB SMK + Asphyxia P03.4 DS: Respiratory Failure P28.5 Pros: Neonatal Resuscitation (99.93), Intubation (96.05), Ventilation (93.90). This case occurred because the care provided was less than 6 hours so it could not be billed to inpatient care, with details of the nurse, the baby was admitted at 08.00 WIB, at 08.50 WIB the baby was prepared for intubation, at 09.10 WIB the baby would be treated with a ventilator because there was no ventilator so at 11.30 the baby was referred to RSAM (PMK No. 26 of 2021). Medical Resume: DU: BBLSC NCB SMK + Asphyxia P03.4 DS: Respiratory Failure P28.5 Pros: Neonatal Resuscitation (99.93), Intubation (96.05), Ventilation (93.90). Claim Submission DU: P21.1 Mild And Moderate Birth Asphyxia DS: P28.5 Respiratory Failure Of Newborn Pros: 93.93 Nonmechanical Methods Of Resuscitation 96.05 Other Intubation Of Respiratory Tract 93.90 Non-Invasive Mechanical Ventilatation DU codes on medical resume and claim submission are not the same.
9	Confirmation please attach PA results	In the medical document it is known DU: M71.2 Baker's Cyst DS: - Pros: 88.39 X-ray, Ibuprofen This compensation audit case is related to PA not being attached so that inpatient care cannot be billed because in the enforcement of cysts or tumors, PA must be attached in the claim submission. PA cannot be issued because in the operation report the cyst was removed in a ruptured state so that the dpjp cannot issue PA.

NO	Compensation Audit Case	Case Analysis Based on Medical Resumes and Applicable Regulations
10	Confirmation of normal baby leukocytes?	Based on the patient's medical documents, it is known that DU: Intra Amnion BBL + Risk of Infection (P39.2) DS: BBLR P07.1 Pros: Alkfil, Inj Vit K This case is a compensation audit because the indication for establishing a diagnosis from the treatment given is not in accordance with the hospital PPK. In the patient's medical resume, it is known that thick green amniotic fluid is the result of an examination to establish a diagnosis of neonatal infection, and the baby received antibiotic injection management for 4 days of treatment. Based on the hospital PPK, in order to be billed for inpatient care, antibiotic injections must be given for at least 5 days. On the blood test sheet, leukocytes are 9.79 µl, meaning that they are still within the normal threshold, secondary diagnoses cannot be billed (Hospital Regulation/ PPK). Based on ICD 10, DS should still be coded.
11	Please confirm bill 1 episode with mom	In the medical document it is known DU: BBLSC +BBLR NCB SMK P03.4 DS: Angkloglossia (Tongue Tie) Pros: Frenutomy, Alkafil Administration, Inj Vit K, Cendofenicol Eye Drops, Hbc Immunization This compensation audit case is related to the billing of claims for mothers and babies. This case did not include the lingual frenulum assessment form when submitting a claim, but it was passed when submitting the claim so that when the audit was carried out it turned out that the lingual frenulum assessment form was not attached (Practical Guide to health insurance provider Kesehatan Health Facility Claim Administration).

IV. CONCLUSIONS AND SUGGESTIONS

The analysis of compensation audit cases at Casemix Hospital X revealed key findings related to coding discrepancies, incomplete documentation, and non-compliance with health insurance claim regulations, impacting financial and operational efficiency. Common issues included mismatches in diagnosis and procedure codes, insufficient attachments like anatomical pathology reports, and inconsistencies in enforcing treatment class regulations. These findings underscore the critical need for accurate coding practices, adherence to regulatory guidelines, and effective communication among healthcare providers, coders, and health insurance verifiers. The implications suggest that targeted training for coders, improved documentation standards, and streamlined claim submission processes can mitigate compensation audit cases. Future research should explore the integration of automated coding systems and enhanced auditing frameworks to ensure compliance and reduce disputes in health insurance claims.

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