

ABSTRAK

Latar Belakang: *Metastatic Bone Disease* (MBD) merupakan kondisi yang sering dijumpai pada pasien kanker stadium lanjut dan memerlukan pemeriksaan diagnostik yang komprehensif. Di Indonesia, pembiayaan pelayanan kesehatan diatur melalui sistem INA-CBGs, namun kesesuaiannya dengan tarif diagnostik riil pada pasien MBD masih belum jelas.

Tujuan: Mengetahui perbandingan tarif diagnostik riil rumah sakit dan selisihnya terhadap tarif INA-CBGs antara pasien MBD dengan *known* dan *unknown primary origin* di RSUP Dr. Sardjito.

Metode: Studi observasional analitik potong lintang menggunakan data rekam medis pasien MBD dengan kode ICD-10 C79.51 dengan pembiayaan BPJS pada periode 2020-2024; dikumpulkan jenis pemeriksaan diagnostik, tarif diagnostik riil RS, tarif INA-CBGs, kemudian dianalisis dengan uji non-parametrik dan regresi linear multivariat (log tarif diagnostik) dengan usia dan jenis kelamin sebagai variabel perancu.

Hasil: Dari 53% pasien MBD, 58,5% merupakan *known origin* dan 41,5% *unknown origin*; median tarif diagnostik riil RS dan selisih dengan tarif INA-CBGs tidak berbeda bermakna antara kedua kelompok, dan setelah dikontrol usia serta jenis kelamin, status identifikasi tumor primer tidak berhubungan signifikan dengan tarif diagnostik.

Kesimpulan: Tidak terdapat perbedaan bermakna tarif diagnostik riil RS maupun selisih biaya terhadap INA-CBGs antara pasien MBD *known* dan *unknown origin*, dan variasi biaya diagnostik pada populasi ini tidak dipengaruhi usia maupun jenis kelamin.

Kata kunci: penyakit tulang metastatik, tarif diagnostik, INA-CBGs, BPJS Kesehatan, *unknown primary origin*.

ABSTRACT

Background: Metastatic Bone Disease (MBD) is a common condition in patients with advanced-stage cancer and requires comprehensive diagnostic evaluation. In Indonesia, healthcare financing is regulated through the INA-CBGs system; however, its alignment with the actual diagnostic costs for MBD patients remains unclear.

Objective: To compare the actual hospital diagnostic costs and their differences from INA-CBGs tariffs between MBD patients with known and unknown primary origin at Dr. Sardjito General Hospital.

Method: This analytical cross-sectional observational study used medical record data of MBD patients coded ICD 10 C79.51 financed by the national health insurance (BPJS) from 2020 to 2024; data on diagnostic modalities, actual hospital diagnostic costs, and INA-CBGs tariffs were collected and analyzed using non-parametric tests and multivariable linear regression (log-transformed diagnostic costs), with age and sex as confounding variables.

Results: Among MBD patients, 58,5% had a known primary origin and 41,5% an unknown origin; the median actual hospital diagnostic costs and their differences from INA-CBGs tariffs did not differ significantly between the two groups, and after adjusting for age and sex, primary tumor identification status was not significantly associated with diagnostic costs.

Conclusion: There was no significant difference in actual hospital diagnostic costs or their differences from INA-CBGs tariffs between MBD patients with known and unknown primary origin, and variability in diagnostic costs in this population was not influenced by age or sex.

Keywords: metastatic bone disease, diagnostic costs, INA-CBGs, national health insurance, unknown primary origin.