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 167 99J0100301L00000000000000000000000000

肝內胆管、腹腔鏡超音波檢查
 肝內胆管、腹腔鏡超音波穿刺檢查
 總胆管、經皮的超音波檢查
 總胆管、經皮的超音波穿刺檢查
 總胆管、腹腔鏡超音波檢查
 總胆管、腹腔鏡超音波穿刺檢查
 胆道、經皮的超音波檢查
 胆道、經皮的超音波穿刺檢查
 胆道、腹腔鏡超音波檢查
 胆道、腹腔鏡超音波穿刺檢查
 胰臟、經皮的超音波檢查
 胰臟、經皮的超音波造影檢查
 胰臟、經皮的超音波穿刺檢查
 胰臟、術中超音波檢查
 胰臟、術中超音波造影檢查
 胰臟、術中超音波穿刺檢查
 胰臟、腹腔鏡超音波檢查
 胰臟、腹腔鏡超音波造影檢查
 胰臟、腹腔鏡超音波穿刺檢查
 胰管、經皮的超音波檢查
 胰管、經皮的超音波穿刺檢查
 胰管、腹腔鏡超音波檢查
 胰管、腹腔鏡超音波穿刺檢查
 胆管、胰管、經皮的超音波檢查
 胆管、胰管、經皮的超音波穿刺檢查
 胆管、胰管、經食道的超音波檢查
 胆管、胰管、經食道的超音波穿刺檢查
 胆管、胰管、腹腔鏡超音波檢查
 胆管、胰管、腹腔鏡超音波穿刺檢查
 脾臟、經皮的超音波檢查
 腹腔、經皮的超音波檢查
 腹腔、經皮的超音波穿刺檢查
 腹腔、腹腔鏡超音波檢查
 腹腔、腹腔鏡超音波造影檢查
 腹腔、腹腔鏡超音波穿刺檢查
 後腹膜、經皮的超音波檢查
 兩腎、副腎、經皮的超音波檢查
 左腎、副腎、經皮的超音波檢查
 右腎、副腎、經皮的超音波檢查
 左腎、副腎、經皮的超音波穿刺檢查
 右腎、副腎、經皮的超音波穿刺檢查
 左腎、副腎、術中超音波檢查
 右腎、副腎、術中超音波檢查
 左腎、副腎、術中超音波穿刺檢查
 右腎、副腎、術中超音波穿刺檢查
 兩腎臟、經皮的超音波檢查
 左腎臟、經皮的超音波檢查
 右腎臟、經皮的超音波檢查
 兩腎臟、經皮的超音波造影檢查
 左腎臟、經皮的超音波造影檢查
 右腎臟、經皮的超音波造影檢查
 左腎臟、經皮的超音波穿刺檢查
 右腎臟、經皮的超音波穿刺檢查
 左腎臟、術中超音波檢查
 右腎臟、術中超音波檢查
 左腎臟、術中超音波造影檢查

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右腎臟.術中超音波造影檢查
 左腎臟.術中超音波穿刺檢查
 右腎臟.術中超音波穿刺檢查
 兩腎盂.經皮的超音波檢查
 左腎盂.經皮的超音波檢查
 右腎盂.經皮的超音波檢查
 左腎盂.經皮的超音波穿刺檢查
 右腎盂.經皮的超音波穿刺檢查
 兩副腎.經皮的超音波檢查
 左副腎.經皮的超音波檢查
 右副腎.經皮的超音波檢查
 左副腎.經皮的超音波穿刺檢查
 右副腎.經皮的超音波穿刺檢查
 兩副腎皮質.經皮的超音波檢查
 左腎皮質.經皮的超音波檢查
 右副腎皮質.經皮的超音波檢查
 兩副腎髓質.經皮的超音波檢查
 左副腎髓質.經皮的超音波檢查
 右副腎髓質.經皮的超音波檢查
 移植腎.經皮的超音波檢查
 移植腎.經皮的超音波穿刺檢查
 移植腎.術中超音波檢查
 移植腎.術中超音波穿刺檢查
 腹部骨盤部.經皮的超音波檢查
 子宮.卵巢.經皮的超音波檢查
 子宮.卵巢.經皮的超音波造影檢查
 子宮.卵巢.經腔的超音波檢查
 子宮.卵巢.經腔的超音波造影檢查
 子宮.卵巢.經腔的超音波穿刺檢查
 子宮.卵巢.經腔的超音波3D檢查
 子宮.卵巢.術中超音波檢查
 子宮.卵巢.術中超音波穿刺檢查
 子宮.卵巢.腹腔鏡超音波檢查
 子宮.卵巢.腹腔鏡超音波造影檢查
 子宮.卵巢.腹腔鏡超音波3D檢查
 子宮.卵巢.經皮的超音波檢查
 子宮.卵巢.經皮的超音波造影檢查
 子宮.卵巢.經腔的超音波檢查
 子宮.卵巢.經腔的超音波造影檢查
 子宮.卵巢.經腔的超音波穿刺檢查
 子宮.卵巢.經腔的超音波3D檢查
 子宮.卵巢.術中超音波檢查
 子宮.卵巢.術中超音波造影檢查
 子宮.卵巢.術中超音波穿刺檢查
 子宮.卵巢.腹腔鏡超音波檢查
 子宮.卵巢.腹腔鏡超音波造影檢查
 子宮.卵巢.腹腔鏡超音波3D檢查
 子宮.經皮的超音波檢查
 子宮.經皮的超音波造影檢查
 子宮.經腔的超音波檢查
 子宮.經腔的超音波造影檢查
 子宮.經腔的超音波穿刺檢查
 子宮.經腔的超音波3D檢查
 子宮.術中超音波檢查
 子宮.術中超音波穿刺檢查
 子宮.腹腔鏡超音波檢查

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子宮 腹腔鏡超音波造影檢查
 子宮 腹腔鏡超音波3D檢查
 子宮頸部 經皮的超音波檢查
 子宮頸部 經腔的超音波檢查
 子宮頸部 經腔的超音波造影檢查
 子宮頸部 經腔的超音波穿刺檢查
 腔 經皮的超音波檢查
 腔 經腔的超音波檢查
 兩卵巢 經皮的超音波檢查
 左卵巢 經皮的超音波檢查
 右卵巢 經皮的超音波檢查
 兩卵巢 經腔的超音波檢查
 左卵巢 經腔的超音波檢查
 右卵巢 經腔的超音波檢查
 兩卵巢 經腔的超音波造影檢查
 左卵巢 經腔的超音波造影檢查
 右卵巢 經腔的超音波造影檢查
 兩卵巢 經腔的超音波穿刺檢查
 左卵巢 經腔的超音波穿刺檢查
 右卵巢 經腔的超音波穿刺檢查
 左卵巢 腹腔鏡超音波檢查
 右卵巢 腹腔鏡超音波檢查
 左卵巢 腹腔鏡超音波造影檢查
 右卵巢 腹腔鏡超音波造影檢查
 左卵巢 腹腔鏡超音波3D檢查
 右卵巢 腹腔鏡超音波3D檢查
 兩卵巢 經皮的超音波檢查
 左卵巢 經皮的超音波檢查
 右卵巢 經皮的超音波檢查
 兩卵巢 經腔的超音波檢查
 左卵巢 經腔的超音波檢查
 右卵巢 經腔的超音波檢查
 兩卵巢 經腔的超音波造影檢查
 左卵巢 經腔的超音波造影檢查
 右卵巢 經腔的超音波造影檢查
 兩卵巢 經腔的超音波穿刺檢查
 左卵巢 經腔的超音波穿刺檢查
 右卵巢 經腔的超音波穿刺檢查
 兩卵巢 經腔的超音波3D檢查
 左卵巢 經腔的超音波3D檢查
 右卵巢 經腔的超音波3D檢查
 左卵巢 腹腔鏡超音波檢查
 右卵巢 腹腔鏡超音波檢查
 左卵巢 腹腔鏡超音波造影檢查
 右卵巢 腹腔鏡超音波造影檢查
 左卵巢 腹腔鏡超音波3D檢查
 右卵巢 腹腔鏡超音波3D檢查
 前立腺 經皮的超音波檢查
 前立腺 經皮的超音波造影檢查
 前立腺 經皮的超音波穿刺檢查
 前立腺 經直腸的超音波檢查
 前立腺 經直腸的超音波造影檢查
 前立腺 經直腸的超音波穿刺檢查
 前立腺 經直腸的超音波3D檢查
 精囊 經皮的超音波檢查
 精囊 經直腸的超音波檢查

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精囊 経直腸の超音波穿刺検査
 精巣 経皮的超音波検査
 精巣 経直腸の超音波検査
 陰囊 経皮的超音波検査
 陰茎 経皮的超音波検査
 膀胱 経皮的超音波検査
 膀胱 経尿道の超音波検査
 膀胱 経直腸の超音波検査
 左腎臓・尿路 経皮的超音波検査
 右腎臓・尿路 経皮的超音波検査
 両尿管 経皮的超音波検査
 左尿管 経皮的超音波検査
 右尿管 経皮的超音波検査
 尿管 経尿道の超音波検査
 上部尿路 経皮的超音波検査
 上部尿路 経尿道の超音波検査
 下部尿路 経皮的超音波検査
 下部尿路 経尿道の超音波検査
 尿道 経皮的超音波検査
 尿道 経尿道の超音波検査
 尿道 経直腸の超音波検査
 脊椎 術中超音波検査
 脊椎 術中超音波穿刺検査
 頸椎 術中超音波検査
 頸椎 術中超音波穿刺検査
 脊髓 術中超音波検査
 脊髓 術中超音波穿刺検査
 髓腔 術中超音波検査
 髓腔 術中超音波穿刺検査
 硬膜周囲 術中超音波検査
 硬膜周囲 術中超音波穿刺検査
 左手根部 術中超音波検査
 右手根部 術中超音波検査
 左手関節 術中超音波検査
 右手関節 術中超音波検査
 左手根管 術中超音波検査
 右手根管 術中超音波検査
 股関節 超音波健診・人間ドック
 両股関節 経皮的超音波検査
 左股関節 経皮的超音波検査
 右股関節 経皮的超音波検査
 左膝部 術中超音波検査
 右膝部 術中超音波検査
 左膝関節 術中超音波検査
 右膝関節 術中超音波検査
 心臓 超音波健診・人間ドック
 心臓 経皮的超音波検査
 心臓 経皮的超音波造影検査
 心臓 経皮的超音波穿刺検査
 心臓 経皮的超音波3D検査
 心臓 経皮的超音波造影3D検査
 心臓 経皮的運動ストレスエコー検査
 心臓 経皮的薬物ストレスエコー検査
 心臓 経皮的薬物造影ストレスエコー検査
 心臓 経食道の超音波検査
 心臓 経食道の超音波造影検査

336	99C05002050000000000000000000000	心臓.経食道の超音波穿刺検査
337	99C6A002050000000000000000000000	心臓.経食道の超音波3D検査
338	99D6F002050000000000000000000000	心臓.経食道の薬物ストレスエコー検査
339	99D6J002050000000000000000000000	心臓.経食道の薬物造影ストレスエコー検査
340	99J000020500000000000000000000000	心臓.術中超音波検査
341	99J050020500000000000000000000000	心臓.術中超音波穿刺検査
342	99K000020500000000000000000000000	心臓.経血管の超音波検査
343	99M000020500000000000000000000000	心臓.超音波モニタリング検査
344	99A000020600000000000000000000000	心筋.経皮の超音波検査
345	99A010020600000000000000000000000	心筋.経皮の超音波造影検査
346	99A050020600000000000000000000000	心筋.経皮の超音波穿刺検査
347	99A6A002060000000000000000000000	心筋.経皮の超音波3D検査
348	99A6B002060000000000000000000000	心筋.経皮の超音波造影3D検査
349	99B6E002060000000000000000000000	心筋.経皮の運動ストレスエコー検査
350	99B6F002060000000000000000000000	心筋.経皮の薬物ストレスエコー検査
351	99B6J002060000000000000000000000	心筋.経皮の薬物造影ストレスエコー検査
352	99C00002060000000000000000000000	心筋.経食道の超音波検査
353	99C01002060000000000000000000000	心筋.経食道の超音波造影検査
354	99C05002060000000000000000000000	心筋.経食道の超音波穿刺検査
355	99C6A002060000000000000000000000	心筋.経食道の超音波3D検査
356	99D6F002060000000000000000000000	心筋.経食道の薬物ストレスエコー検査
357	99D6J002060000000000000000000000	心筋.経食道の薬物造影ストレスエコー検査
358	99J000020600000000000000000000000	心筋.術中超音波検査
359	99K000020600000000000000000000000	心筋.経血管の超音波検査
360	99M000020600000000000000000000000	心筋.超音波モニタリング検査
361	99K000043100000000000000000000000	心.血管.経血管の超音波検査
362	99A000043200000000000000000000000	左心系.経皮の超音波検査
363	99A010043200000000000000000000000	左心系.経皮の超音波造影検査
364	99A6A004320000000000000000000000	左心系.経皮の超音波3D検査
365	99A6B004320000000000000000000000	左心系.経皮の超音波造影3D検査
366	99B6E004320000000000000000000000	左心系.経皮の運動ストレスエコー検査
367	99B6F004320000000000000000000000	左心系.経皮の薬物ストレスエコー検査
368	99B6J004320000000000000000000000	左心系.経皮の薬物造影ストレスエコー検査
369	99C00004320000000000000000000000	左心系.経食道の超音波検査
370	99C01004320000000000000000000000	左心系.経食道の超音波造影検査
371	99C6A004320000000000000000000000	左心系.経食道の超音波3D検査
372	99J000043200000000000000000000000	左心系.術中超音波検査
373	99K000043200000000000000000000000	左心系.経血管の超音波検査
374	99A000043300000000000000000000000	右心系.経皮の超音波検査
375	99A010043300000000000000000000000	右心系.経皮の超音波造影検査
376	99A6A004330000000000000000000000	右心系.経皮の超音波3D検査
377	99A6B004330000000000000000000000	右心系.経皮の超音波造影3D検査
378	99C00004330000000000000000000000	右心系.経食道の超音波検査
379	99C01004330000000000000000000000	右心系.経食道の超音波造影検査
380	99C6A004330000000000000000000000	右心系.経食道の超音波3D検査
381	99J000043300000000000000000000000	右心系.術中超音波検査
382	99K000043300000000000000000000000	右心系.経血管の超音波検査
383	99A000043500000000000000000000000	冠動脈.経皮の超音波検査
384	99A6A004350000000000000000000000	冠動脈.経皮の超音波3D検査
385	99B6F004350000000000000000000000	冠動脈.経皮の薬物ストレスエコー検査
386	99C00004350000000000000000000000	冠動脈.経食道の超音波検査
387	99C01004350000000000000000000000	冠動脈.経食道の超音波造影検査
388	99C6A004350000000000000000000000	冠動脈.経食道の超音波3D検査
389	99J000043500000000000000000000000	冠動脈.術中超音波検査
390	99K000043500000000000000000000000	冠動脈.経血管の超音波検査
391	99A000072300000000000000000000000	左心室.経皮の超音波検査

392 99A01007230000000000000000000000000
 393 99A6A007230000000000000000000000000
 394 99A6B007230000000000000000000000000
 395 99B6E007230000000000000000000000000
 396 99B6F007230000000000000000000000000
 397 99B6J007230000000000000000000000000
 398 99C00007230000000000000000000000000
 399 99C01007230000000000000000000000000
 400 99C6A007230000000000000000000000000
 401 99J00007230000000000000000000000000
 402 99K00007230000000000000000000000000
 403 99M00007230000000000000000000000000
 404 99A00008140000000000000000000000000
 405 99A6A008140000000000000000000000000
 406 99C00008140000000000000000000000000
 407 99C01008140000000000000000000000000
 408 99C6A008140000000000000000000000000
 409 99J00008140000000000000000000000000
 410 99K00008140000000000000000000000000
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 412 99A6A008150000000000000000000000000
 413 99C00008150000000000000000000000000
 414 99C01008150000000000000000000000000
 415 99C6A008150000000000000000000000000
 416 99J00008150000000000000000000000000
 417 99K00008150000000000000000000000000
 418 99A00007240000000000000000000000000
 419 99A01007240000000000000000000000000
 420 99A6A007240000000000000000000000000
 421 99A6B007240000000000000000000000000
 422 99C00007240000000000000000000000000
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 424 99C6A007240000000000000000000000000
 425 99J00007240000000000000000000000000
 426 99K00007240000000000000000000000000
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 437 99C01008170000000000000000000000000
 438 99C6A008170000000000000000000000000
 439 99J00008170000000000000000000000000
 440 99K00008170000000000000000000000000
 441 99A00007250000000000000000000000000
 442 99A6A007250000000000000000000000000
 443 99K00007250000000000000000000000000
 444 99A00007260000000000000000000000000
 445 99A6A007260000000000000000000000000
 446 99A00008180000000000000000000000000
 447 99A6A008180000000000000000000000000

左心室 経皮的超音波造影検査
 左心室 経皮的超音波3D検査
 左心室 経皮的超音波造影3D検査
 左心室 経皮的運動ストレスエコー検査
 左心室 経皮的薬物ストレスエコー検査
 左心室 経皮的薬物造影ストレスエコー検査
 左心室 経食道の超音波検査
 左心室 経食道の超音波造影検査
 左心室 経食道の超音波3D検査
 左心室 術中超音波検査
 左心室 経血管の超音波検査
 左心室 超音波モニタリング検査
 僧坊弁 経皮的超音波検査
 僧坊弁 経皮的超音波3D検査
 僧坊弁 経食道の超音波検査
 僧坊弁 経食道の超音波造影検査
 僧坊弁 経食道の超音波3D検査
 僧坊弁 術中超音波検査
 僧坊弁 経血管の超音波検査
 大動脈弁 経皮的超音波検査
 大動脈弁 経皮的超音波3D検査
 大動脈弁 経食道の超音波検査
 大動脈弁 経食道の超音波造影検査
 大動脈弁 経食道の超音波3D検査
 大動脈弁 術中超音波検査
 大動脈弁 経血管の超音波検査
 右心室 経皮的超音波検査
 右心室 経皮的超音波造影検査
 右心室 経皮的超音波3D検査
 右心室 経皮的超音波造影3D検査
 右心室 経食道の超音波検査
 右心室 経食道の超音波造影検査
 右心室 経食道の超音波3D検査
 右心室 術中超音波検査
 右心室 経血管の超音波検査
 三尖弁 経皮的超音波検査
 三尖弁 経皮的超音波3D検査
 三尖弁 経食道の超音波検査
 三尖弁 経食道の超音波造影検査
 三尖弁 経食道の超音波3D検査
 三尖弁 術中超音波検査
 三尖弁 経血管の超音波検査
 肺動脈弁 経皮的超音波検査
 肺動脈弁 経皮的超音波3D検査
 肺動脈弁 経食道の超音波検査
 肺動脈弁 経食道の超音波造影検査
 肺動脈弁 経食道の超音波3D検査
 肺動脈弁 術中超音波検査
 肺動脈弁 経血管の超音波検査
 心臓その他 経皮的超音波検査
 心臓その他 経皮的超音波3D検査
 心臓その他 経血管の超音波検査
 頭部血管 経皮的超音波検査
 頭部血管 経皮的超音波3D検査
 ウィリス動脈輪 経皮的超音波検査
 ウィリス動脈輪 経皮的超音波3D検査

448 99A0000819000000000000000000000
449 99A6A008190000000000000000000000
450 99A0000441000000000000000000000
451 99A6A004410000000000000000000000
452 99A0000442000000000000000000000
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454 99K0000442000000000000000000000
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498 99K0000470000000000000000000000
499 99K6A004700000000000000000000000
500 99A0000471000000000000000000000
501 99A6A004710000000000000000000000
502 99A0000472000000000000000000000
503 99A6A004720000000000000000000000

中大腦動脈.經皮的超音波檢查
中大腦動脈.經皮的超音波3D檢查
腦血管.經皮的超音波檢查
腦血管.經皮的超音波3D檢查
總頸動脈.經皮的超音波檢查
總頸動脈.經皮的超音波3D檢查
總頸動脈.經血管的超音波檢查
總頸動脈.經血管的超音波3D檢查
外頸動脈.經皮的超音波檢查
外頸動脈.經皮的超音波3D檢查
外頸動脈.經血管的超音波檢查
外頸動脈.經血管的超音波3D檢查
內頸動脈.經皮的超音波檢查
內頸動脈.經皮的超音波3D檢查
內頸動脈.經血管的超音波檢查
內頸動脈.經血管的超音波3D檢查
椎骨動脈.經皮的超音波檢查
椎骨動脈.經皮的超音波3D檢查
腕頭動脈.經皮的超音波檢查
腕頭動脈.經皮的超音波3D檢查
頸部血管.經皮的超音波檢查
頸部血管.經皮的超音波3D檢查
頸部血管.經血管的超音波檢查
頸部血管.經血管的超音波3D檢查
鎖骨下動脈.經皮的超音波檢查
鎖骨下動脈.經皮的超音波3D檢查
鎖骨下動脈.經血管的超音波檢查
鎖骨下動脈.經血管的超音波3D檢查
內胸動脈.經皮的超音波檢查
內胸動脈.經皮的超音波3D檢查
肋間動脈.經皮的超音波檢查
肋間動脈.經皮的超音波3D檢查
甲狀腺動脈.經皮的超音波檢查
甲狀腺動脈.經皮的超音波3D檢查
大動脈.經皮的超音波檢查
大動脈.經皮的超音波3D檢查
大動脈.經食道的超音波檢查
大動脈.經食道的超音波3D檢查
大動脈.經血管的超音波檢查
大動脈.經血管的超音波3D檢查
胸部大動脈.經皮的超音波檢查
胸部大動脈.經皮的超音波3D檢查
胸部大動脈.經食道的超音波檢查
胸部大動脈.經食道的超音波3D檢查
胸部大動脈.經血管的超音波檢查
胸部大動脈.經血管的超音波3D檢查
肺動脈.經皮的超音波檢查
肺動脈.經皮的超音波3D檢查
腹部大動脈.經皮的超音波檢查
腹部大動脈.經皮的超音波3D檢查
腹部大動脈.經血管的超音波檢查
腹部大動脈.經血管的超音波3D檢查
腹腔動脈.經皮的超音波檢查
腹腔動脈.經皮的超音波3D檢查
脾動脈.經皮的超音波檢查
脾動脈.經皮的超音波3D檢查

504 99A000047300000000000000000000000000000
 505 99A6A004730000000000000000000000000000000
 506 99A000047400000000000000000000000000000
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 543 99A0000821R000000000000000000000000000000
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 548 99A0000745L000000000000000000000000000000
 549 99A0000745R000000000000000000000000000000
 550 99A6A00745B000000000000000000000000000000
 551 99A6A00745L000000000000000000000000000000
 552 99A6A00745R000000000000000000000000000000
 553 99A0000822B000000000000000000000000000000
 554 99A0000822L000000000000000000000000000000
 555 99A0000822R000000000000000000000000000000
 556 99A6A00822B000000000000000000000000000000
 557 99A6A00822L000000000000000000000000000000
 558 99A6A00822R000000000000000000000000000000
 559 99A0000749B000000000000000000000000000000

胃十二指腸動脈:経皮的超音波検査
 胃十二指腸動脈:経皮的超音波3D検査
 肝動脈:経皮的超音波検査
 肝動脈:経皮的超音波3D検査
 胆のう動脈:経皮的超音波検査
 胆のう動脈:経皮的超音波3D検査
 上腸間膜動脈:経皮的超音波検査
 上腸間膜動脈:経皮的超音波3D検査
 腎動脈:経皮的超音波検査
 腎動脈:経皮的超音波3D検査
 腹部血管:経皮的超音波検査
 腹部血管:経皮的超音波3D検査
 腹部血管:経血管の超音波検査
 腹部血管:経血管の超音波3D検査
 総腸骨動脈:経皮的超音波検査
 総腸骨動脈:経皮的超音波3D検査
 総腸骨動脈:経血管の超音波検査
 総腸骨動脈:経血管の超音波3D検査
 外腸骨動脈:経皮的超音波検査
 外腸骨動脈:経皮的超音波3D検査
 外腸骨動脈:経血管の超音波検査
 外腸骨動脈:経血管の超音波3D検査
 内腸骨動脈:経皮的超音波検査
 内腸骨動脈:経皮的超音波3D検査
 内腸骨動脈:経血管の超音波検査
 内腸骨動脈:経血管の超音波3D検査
 内腸骨静脈:経皮的超音波検査
 内腸骨静脈:経皮的超音波3D検査
 骨盤部血管:経皮的超音波検査
 骨盤部血管:経皮的超音波3D検査
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 両上肢の動脈:経皮的超音波検査
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 右上肢の静脈.経皮的超音波検査

616	99A6A00496B00000000000000000000	両上肢の静脈経皮的超音波3D検査
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620	99A0000497L00000000000000000000	左下肢の静脈経皮的超音波検査
621	99A0000497R00000000000000000000	右下肢の静脈経皮的超音波検査
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625	99K0000497L00000000000000000000	左下肢の静脈経血管の超音波検査
626	99K0000497R00000000000000000000	右下肢の静脈経血管の超音波検査
627	99K6A00497L00000000000000000000	左下肢の静脈経血管の超音波3D検査
628	99K6A00497R00000000000000000000	右下肢の静脈経血管の超音波3D検査
629	99A0000501000000000000000000000	門脈(肝門脈)経皮的超音波検査
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650	99A0100520L00000000000000000000	左乳房・乳腺経皮的超音波造影検査
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653	99A0500520L00000000000000000000	左乳房・乳腺経皮的超音波穿刺検査
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656	99A6A00520L00000000000000000000	左乳房・乳腺経皮的超音波3D検査
657	99A6A00520R00000000000000000000	右乳房・乳腺経皮的超音波3D検査
658	99A0000781B00000000000000000000	両乳房経皮的超音波検査
659	99A0000781L00000000000000000000	左乳房経皮的超音波検査
660	99A0000781R00000000000000000000	右乳房経皮的超音波検査
661	99A0100781B00000000000000000000	両乳房経皮的超音波造影検査
662	99A0100781L00000000000000000000	左乳房経皮的超音波造影検査
663	99A0100781R00000000000000000000	右乳房経皮的超音波造影検査
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667	99A6A00781L00000000000000000000	左乳房経皮的超音波3D検査
668	99A6A00781R00000000000000000000	右乳房経皮的超音波3D検査
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671	99A0000782R00000000000000000000	右乳腺経皮的超音波検査

【資料 3】

JAMI Viewpoint Concerning the Definition
of the Electronic Medical Record

Japan Association of Medical Informatics
2003.

JAMI Viewpoint Concerning the Definition of the Electronic Medical Record

Japan Association of Medical Informatics

February 2003

A. Background

In recent years, clinical and related medical information is increasingly managed by information systems as so-called the electronic medical record (EMR). However, a common definition of the term "electronic medical record" has not yet been established, causing problems in business transactions as well.

First of all, even the term "medical record" has not been given a steady definition, and although it is difficult to provide a fixed and permanent definition for such a developing concept, we at the Japan Association of Medical Informatics publish our opinion on how the EMR should be defined under the present circumstances, to solve some of the aforementioned problems. It is evident that these opinions should be revised along with technological advances and environmental changes.

To present a meaningful opinion under the present circumstances, we should primarily evaluate the current situation, since various functions expected of the EMR and its current achievements need to be taken into consideration.

Also, since functions are to be focused, we defined the EMR in the manner we considered the most adequate at present, by grasping each individual function of various existing information systems (for example, systems such as hospital information system, clinic information system, order entry system, department-specific system) rather than treating them as given infrastructures (actor analysis).

Finally, we added brief technical explanations, implementation checkpoints, as well as our thoughts on the EMR's potential contributions to the medical reforms, described in the Grand Design.

B. Current Evaluation

Current goal attainment of the existing systems has been evaluated.

B-1. Clinical Information Sharing

A large percentage of information is successfully shared within each facility. However, information exchanges between outside institutions are few, and, if any, are limited to specific partners, and even in these cases they seldom occur routinely. Nonexclusive information exchanges are extremely rare, despite the importance of information sharing across medical institutions in improving transparency of medical practices.

B-2. Data Presentation at physician's terminal

The increased in-house information sharing enhanced the on-demand availability of medical data on physician's terminals, as compared to the individual order system. These systems are also helpful in providing patients with explanations.

B-3. Data Reuse

Data reuse for clinical support, management support, education, and research support has not been realized as much as we expected. However, there are some instances in hospital logistics where targeted investments have contributed to successful data reuse.

B-4. User Interface and Responses

Data entry, depending on the type of information, often requires more time than hand-writing on paper charts. This is particularly true for information generated by medical personnel, such as findings. A majority of the facilities prefers, depending on physicians' specialties, entering free-format text data by keyboard to entering data on document templates. Few facilities are effectively utilizing mouse or tablet for graphical data entry.

C. Electronic Medical Record – Its Position and Functions

The so-called "order entry systems" have two major functions: order transmission and result query. The EMR logically includes the latter. While prescriptions and instructions must be documented in medical records, the EMR functions do not necessarily include order transmissions through information systems. Results of laboratory tests for which orders are not transmitted through information systems may be referenced by the EMR. The EMR is not the same as order transmission systems and does not necessarily include full-featured ordering systems.

The term "hospital information systems" has a very broad concept. It can include tasks ranging from basic patient information management to order transmission, performed procedure information, result database, accounting, and appointment management. It may also include various department-specific systems. It is quite natural for the order entry system and the EMR, not to mention the various department-specific systems, to share functions such as basic patient information management.

According to this point of view based on actor analysis, the main function of the EMR is to store patients' medical documents such as clinical findings and examination results, while the main function of order entry systems is

to transmit hospital information such as physician's orders and test results. These two systems share some functions in common and constitute a part of the hospital information system or the clinic information system.

D. Definition

We defined the EMR, distinguishing the standard EMR (with the least functional requirements: Bottom-line) and the paperless EMR. In reality, EMRs at different degree of electronization exist between these two.

D-1. Standard EMR (with the least functional requirements):

- (1) It does not cover all application areas, but it must support the order transmission system and the order result reference system in many of these areas, and in each of these, must form the basis for medical record information.
- (2) It does not cover all information types constituting the medical record, but for many of these types, it must allow prompt information retrieval simultaneously at different places. This must be possible even for sufficiently old information. Also, such information must be retrievable in various axes (such as in chronological order, in department-specific or clinical division-specific form, or in pathway format).
- (3) It must adopt standardized data formats and codes such as Health Level 7 (HL7) and Digital Imaging and Communications in Medicine (DICOM) wherever possible, taking into consideration the transition of these data into a new system after a future model update, as well as the information sharings with other medical institutions. Additionally, the mutuality between the information stored in traditional media, such as paper and films, and the electronic information must be preserved.
- (4) It must significantly improve information service for patients as compared to paper presentations, through direct viewing of a monitor screen, or utilizing a monitor screen.
- (5) It must be managed with the privacy protected. Concerning the information for which the original material in the form of traditional media such as paper and films is not preserved, the implementation must satisfy the three conditions of electronic storage (securing authenticity, securing readability, and securing storability).

D-2. Paperless EMR:

- (1) It must support the order transmission system and the order result reference system in all application areas, and in each of these, it must form the basis for medical record information.
- (2) It must allow electronic management of all types of information constituting the medical record, and must allow prompt information retrieval simultaneously at different places. This must be possible even for sufficiently old information. Also, such information must be retrievable in various axes (such as in chronological order, in department-specific or clinical division-specific form, or in pathway format).
- (3) It must satisfy D-1 (3), (4) and (5).

D-3. Additional Functions

- (1) The following two functions, although not required of the EMR at present, are quite important. Therefore, positive exploitation is desirable.
 - o Hospital logistics (these require too much hardware and software investments to be made an essential requirement at this point of time. The Grand Design also describes hospital logistics and the EMR as separate entities).
 - o Data Reuse (data contents such as terms and codes are not standardized enough to make data reuse a requirement at this point of time. However, positive implementations are encouraged for the well standardized items such as drug names, clinical examination names, and disease names).

D-4. Supplement

Concerning the following issue, in addition to satisfying the three conditions of electronic storage and the privacy protection requirements, continuous measures should be taken in accordance with technological advances.

- o Data security and privacy protection measures that should be taken when exchanging electronic clinical information within the facility as well as among institutions.

E. Technical Explanation

E-1. Paperless

Upon evaluating the current status, we considered that the key point in classifying EMRs was whether the management of such information as physicians' findings was paperless or not. Achieving paperless management is not easy, and it currently requires a large amount of investment and the facility's effort. However, even if paperless documentation of findings is implemented, effective data reuse cannot take place without data items such as disease names and finding description being standardized; in deed, the number of institutions effectively reusing data is limited. Efforts for such standardization are being made, but if a sufficient amount of reusable data cannot be generated, one of the benefits of going through the trouble of realizing paperless management in this area cannot be expected. On the other hand, other items such as images, examination results, prescriptions, and reports are relatively well standardized, and a variety of products for these is available and is relatively inexpensive. Although they do not constitute the entire clinical information, presenting such information in visually ingenious forms to health care personnel and patients is very meaningful. Therefore, it is not appropriate to exclude such benefits from the EMR just because it's not entirely paperless. Nevertheless, the situation differs considerably by whether the management is paperless or not, and we considered this to be the key point in classifying EMRs.

E-2. Relationship with Critical Pathway

Whether managed by paper or an information system, there are three types of Critical Pathway (CP) with different degrees of implementation: CP that is simply for informing patients before the treatment; CP in which various orders are initially generated but with the subsequent changes made individually; and CP in which orders as well as subsequent changes are generated. The most important point is that, when changes are made in response to the patient's conditions, the latest and the most reliable instructions be clearly indicated. In view of accident prevention, the third type appears to be desirable, but this requires the system to be something close to the "paperless EMR" defined above. In addition, all health care personnel must check the latest To-Do list before engaging in a medical practice. In other words, medical practice becomes too risky to perform in the case of system failure, thus requiring the hospital information system an extremely high degree of reliability. As a result, constructions of hospital information systems would require a significant amount of investment. Even then, because there may be several medical personnel who make changes to the CP, there must be a person responsible of the patient's treatment process. The same thing can be said to both CPs implemented through paper and information system. This is reflected by the fact that CPs are more effectively used in facilities where nursing staff is playing

more active roles, given the present circumstances in which nursing staff communicates information better than doctors.

Nevertheless, Critical Pathway is a very effective tool for informing patients, and should be adopted positively. However, CP is basically built upon order entry, transmission, and change implementation functions. These are not required of the EMR nor premise the use of paperless EMR. Also, changes do not have to be made electronically. On the other hand, even in the case of paperless management, the person in charge of the treatment process must not be disregarded.

E-3. Number of Information Types to be Handled

According to the definition described above, even in-hospital Picture Archiving & Communication System (PACS) alone can be referred to as EMR if the display at physicians' terminal is well thought-out. It is desirable that not only images but as much information as possible be comprehensively displayed. However, the scope of information to be handled changes with the time. For example, even a simple system allowing only prescription and examination orders within a hospital ward was called an order entry system at the time of its initial introduction, but such a system is no longer sufficient even for business transactions. It is expected that the EMR would go through a similar process. In the present circumstances, the appropriate scope of information to be handled would be most of the information for which the data is generated from machines (clinical examinations, images), and for which the order entry is implemented (prescriptions and injection). In other words, at this point of time, systems that only allow examination result reference inside the hospital would be insufficient, while systems that allow reference of information encompassing examination results, prescriptions, and images would satisfy the requirements (provided that other conditions such as an improved information service are satisfied. Particularly, the requirements such as prompt retrieval and retrieval of sufficiently old information are often not adequately satisfied even at the present time). However, concerning the latter type of information (information for which the order entry is implemented), the system must mainly handle not only order information but also implementation information. In the case of drug prescriptions, for example, the order information would be the drug name and the implementation information would be the preparation instruction. Although prescriptions in generic names and query processing should be considered, instances of such achievement are rare. It is because of these reasons that in this definition, we did not lightly regard this type of information as a necessary requirement, and that the conditions concerning on information types are not set strict.

E-4. Information Storage

Long-term storage of important information must not be interfered with by system replacement or vendor change. Although this has been accomplished in areas well standardized by such systems as HL7 or DICOM, if information is stored in proprietary formats, measures to be taken at the time of future system upgrade must be carefully considered. Also, in the case where physicians' findings are documented electronically, if all the information subject to authenticity is to be stored in the database, in the worst case, the existing equipment may have to be maintained for as long as 5 years after the system replacement. This is an extreme view, since such information as under which circumstances and from what options the user entered the data is for usability purposes; therefore, it is not appropriate to document the user's each and every action and make it subject to authenticity. In information system management, the documented information needs to be confirmed by the user him/herself, and it is this confirmed information that should be subject to the authenticity.

E-5. Component-Based Approach, Multi-Vendor System, and Internationalization

EMR component products are already available for some applications such as image management solutions. Good examples of such are the component products using DICOM to receive images and Web to reference them within the hospital, or those storing images in the DICOM format. Standardization allowed the use of these products which are supplied by vendors different from that of the EMR. Naturally, in these limited vertical segments, new entries into the market are promoted, giving the possibility for users to purchase better quality products inexpensively. As the standardization progresses, component-based approach will probably be possible in wider application areas. Until now, Japanese hospital information systems and order entry systems have been rarely sold abroad, and, in the same manner, foreign systems have been rarely sold in Japan. However, EMR component businesses are expected to spread into imaging modalities and bed-side monitors, and many of these are supplied by foreign vendors; some Japanese vendors also sell to overseas markets. Therefore, international procurement is inevitable, and we must say that procurement based on some proprietary standard, which doesn't measure up to the international standard, is somewhat of a problem. On the other hand, Japan has the world highest diffusion rate of order entry systems, and given the hectic environment of hospital administration in Asian countries as compared to the Western countries, the technology which has been tested under such conditions must be of high-level. The Japanese vendors must have a vision to spread their high-level technologies through international standards.