

循環系統 QA

Q1：PTCA LM-D-LAD-M stent *1 (Drug)?

A1：經查看心導管報告後得知阻塞部位是從 LM 遠端一直延伸至 LAD 中段，所以算一處病灶，建議編碼 027034Z Dilation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach。

Q2：Port-A :Insertion infusion 的 Body part 若病歷未寫 Tip 的部位也是 code 上腔靜脈嗎？

A2：如果無特殊原因一般都是放在上腔靜脈。

Q3：請問左心收縮不好的病人是否有分 EF 程度而編碼不同呢？

A3：ICD-10-CM 沒有以 EF 程度來區分心衰竭的型態，而是以急慢性、收縮性或舒張性、左側或右側來分類。

消化系統 QA

Q 1：Hernia in scrotum, body system 與 body part ,如何 code?

A1：腹股溝疝氣(Inguinal hernia)，可能導致 groin or scrotum 隆起。由醫院提供所附 2 次手術紀錄資料並未提及 hernia in scrotum 的資訊，故無法提供編碼。。

Q2：婦癌病人做子宮根除術，合併沾黏分離，沾黏分離的部位算 Peritoneal?(P.46)

A2：需依個案實際發生沾黏部位編碼，不是都編於 Peritoneal, P.46 Peritoneal adhesion，只是範例。

泌尿系統 QA

Q1：病歷資訊管理學會 QA 編號：002340 Optic urethrotomy, Urethral sounding 建議編 Dilatation--0T7D8ZZ。但 Urethrotomy 工具書指引為「Drainage」，想確認 Optic urethrotomy, Urethral sounding 編碼 Dilatation 0T7D8ZZ 或 Drainage 0T9D8ZZ。

出院診斷：urethral stricture

手術方式：Otis urethrotomy + sounding

Operative Procedure：

1. Spinal anesthesia, lithotomy position
2. skin preparation and draping
3. 21F cystoscope usage
4. urethral stricture, about 18F -> otis urethrotomy + sounds to 28F
5. check whole urethra and bladder
6. 20F 3-way Foley cath placement with 30mL balloon

A1 : Optic urethrotomy, Urethral sounding 建議編 0T7D8ZZ Dilation of Urethra, Via Natural or Artificial Opening Endoscopic。另提及之個案 Otis urethrotomy + sounding 建議編 0T7D7ZZ Dilation of Urethra, Via Natural or Artificial Opening 。

Q2 : Left ureteral stenosis with hydronephrosis, Left renal stone 的編碼為何?

A2 : 建議可再與醫師確認 (1) 若因結石造成之狹窄, 建議編至 N13.2 即可, (2) 若狹窄為其他原因造成, 建議編 N13.1+N13.2 。

Q3 : P't use Laser Endoscopic ureterotomy 手術處置編碼 0TN68ZZ 是否正確?

出院診斷 : Right ureteral stricture with hydronephrosis

手術方式 : Right endoscopic ureterotomy 、 Right 7x26 D-J

A3 : 建議編碼 0T768DZ Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic 。

http://www.brighamandwomens.org/Departments_and_Services/surgery/services/urology/ureteral-stricture.aspx?sub=6

Endoscopic Ureterotomy:

After retrograde (or antegrade) pyelography and insertion of a guide wire, **the stricture is cut under endoscopic vision**. A full thickness cut through the ureteral wall is done until the periureteral fat can be seen. Visualization is possible with retrograde (URS) or antegrade (nephroscope) techniques. Different technical solutions exist for the ureterotomy: cold knife (without cauterization), laser fibers (holmium or Neodym:YAG).

Care has to be given to vessels near the ureter. Proximal strictures (above the iliac vessels) should be cut latero-dorsally. Strictures near the iliac vessels and below should be cut anterior-medially. **After ureterotomy, a thick ureteral stent is placed for 8–10 weeks**. The success rate is slightly higher than for balloon dilatation, especially after strictures of ureteral anastomosis. The length of the stricture is the most important prognostic factor.

建議編碼 0T768DZ Dilation of Right Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic 。

Q4 : 78003C: Cystostomy-Trocar method 目前健保局對應不到 0T9B30Z 手術編碼是否正確?

出院診斷 : Neurogenic bladder with urine retention

手術方式 : Neurogenic bladder with urine retention S/p cystostomy which was loss and foley insertion

Operative Procedure :

1. On supine position disinfected with betadine
2. one small incision below previous stoma
3. trocar inserted smoothly and 14 F silicon foley inserted

4.wound covered with gauze

A4：膀胱造瘻術是經局部或全身麻醉下，在恥骨上劃開一公分左右的傷口，再將穿刺針插到漲尿的膀胱，以形成一個尿液引流的瘻管。建議編碼 0T9B30Z Drainage of Bladder with Drainage Device, Percutaneous Approach。

Q5：醫生認為精索靜脈曲張手術是將精索靜脈綁住再截斷，醫學術語稱為結紮，並不會將靜脈切除，也不是 spermatic cord。是 ligation 精索靜脈非 ligation 或 excision spermatic cord；建議 06LB0ZZ (因左側的精索靜脈以直角注入較高位的左腎靜脈)，但 Q&A 1803：建議編碼 0VB(F,G,H)0ZZ (切除 spermatic cord)是否仍維持 Q&A 的建議或可用 06LB？

出院診斷：Left varicocele

手術方式：Left varicocelectomy with high ligation

Operative Procedure：

1. Under epidural anesthesia, the patient was put on supine position.
2. Skin was prepared and draped as usual aseptic manners.
3. A small transverse skin incision was made at left lower quadrante of abdomen.
4. Wound was deepened along the retroperitoneal space.
5. Identify the left testicular vein. Ligate it with 2-O silk.
6. Bleeders were checked.
7. Wound was closed by layers.

A5：精索靜脈曲張(**Varicocele**)是指陰囊內的精索蔓狀靜脈叢不正常扭曲(**tortuosity**)、擴張(**dilatation**)的情況，表現為陰囊大小不對稱，以手觸摸或目視陰囊，可發現曲張靜脈有如蚯蚓般(**a bag of worm**)。手術治療：透過外科手術，於陰囊切開小孔並結紮其內擴張的靜脈血管，而阻止血液倒流。
建議編碼 0VBG0ZZ Excision of Left Spermatic Cord, Open Approach。

Q6：病管學會編號 002101 手術 TUIP 編碼為 0TNC8ZZ，但目前醫令對應不到，不知是否編碼正確？

出院診斷：Hypertrophy (benign) of prostate

Operative Procedure：

1. ETGA, lithotomy position, disinfection and draping as usual
2. Urethrocystoscopy, check whole urethra and bladder
3. 16 Fr Urethral catheter and trocar cystostomy was performed first
4. Inserted planned cryo probes: 6 probes
5. Inserted Temp probes: bil NVB, Apex, ES
6. Urethral warming catheter
7. Two cycles of cryoablation
8. Removed probes and then hemostasis

9. TUIP using 26Fr resectoscopy

10. 22 Fr 3-way Foley catheter with contineous N/S irrigation

A6：經尿道攝護腺切開術(TUIP, Transurethra incision of prostate)：適用於攝護腺輕微增大但症狀較嚴重的病人，手術不會切除攝護腺組織，而是在膀胱頸上作一個切口，以放寬尿道，從而舒緩症狀。經尿道攝護腺切開術較少的手術時間，也較少產生逆行性射精。通常都是使用在較小的攝護腺(<40 克)、年輕病

患。 <https://www.ntuh.gov.tw/urology/patient/DocLib/%E6%94%9D%E8%AD%B7%E8%85%BA%E8%AC%9B%E5%BA%A7-2014-09-20-%E6%98%8E%E4%BA%AE%E7%89%88.pdf>

故建議其 Root Operation 選取"Release", Body part 選取"Bladder neck", 編碼為 0TNC8ZZ Release Bladder Neck, Via Natural or Artificial Opening Endoscopic。

Q7：請問 Double-J cath 之 root operation 是使用"Drainage"或"Dilation"？

A7：『輸尿管』進行手術後，經常需要放置導管：包括結石手術、內視鏡術後、輸尿管狹窄切開手術後、切除或重接手術，或是輸尿管發炎、結疤、膿瘍、腫瘤、沾黏或壓迫輸尿管的時候，會選擇放置雙J導管。它的功能在暫時性的引流尿液，等待腎功能恢復正常、等待輸尿管恢復蠕動、或等待輸尿管重接處生長完好、並預防狹窄之形成、或等待輸尿管內多顆結石碎片陸續排出。

由 AHA Coding Clinic 2015 2Q P.8-9staghorn stone of the left kidney and a left ureter stone without obstruction or hydronephrosis.... Stone fragments were removed from both sites endoscopically via basket, and a ureteral stent was placed.針對放置 Double-J cath 之建議編碼為 0T778DZ Dilation of Left Ureter with Intraluminal Device, Via Natural or Artificial Opening Endoscopic。

Q8：長期洗腎病人住院只洗一次，請問是算 single 或 multiple？

A8：建議編碼 5A1D00Z Performance of Urinary Filtration, Single。