GENITOURINARY
### II. CONDITIONS

#### MALE GENITAL TRACT

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer of the Testicle</td>
<td>GU-1</td>
</tr>
<tr>
<td>Epididymitis</td>
<td>GU-2</td>
</tr>
<tr>
<td>Epididymectomy</td>
<td>GU-2</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>GU-3</td>
</tr>
<tr>
<td>Orchiopexy</td>
<td>GU-7,5</td>
</tr>
<tr>
<td>Orchiectomy</td>
<td>GU-7,1</td>
</tr>
<tr>
<td>Hydrocele</td>
<td>GU-3</td>
</tr>
<tr>
<td>Spermatocele</td>
<td></td>
</tr>
<tr>
<td>Varicocele</td>
<td></td>
</tr>
<tr>
<td>Orchiopexy</td>
<td></td>
</tr>
<tr>
<td>Orchiectomy</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td></td>
</tr>
<tr>
<td>Prostatic Hypertrophy</td>
<td>GU-4</td>
</tr>
<tr>
<td>Carcinoma</td>
<td>GU-6</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>GU-4, GU-6</td>
</tr>
<tr>
<td>Partial</td>
<td>GU-4</td>
</tr>
<tr>
<td>Radical</td>
<td>GU-4</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>GU-5</td>
</tr>
<tr>
<td>Acute</td>
<td>GU-5</td>
</tr>
<tr>
<td>Chronic</td>
<td>GU-5</td>
</tr>
<tr>
<td>TURP</td>
<td>GU-4</td>
</tr>
<tr>
<td>Testicular Torsion</td>
<td>GU-7</td>
</tr>
<tr>
<td>Undescended Testicle</td>
<td>GU-8</td>
</tr>
</tbody>
</table>

#### RENAL DISEASE

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carcinoma of the Kidney</td>
<td>GU-9</td>
</tr>
<tr>
<td>Congenital Abnormalities</td>
<td>GU-9</td>
</tr>
<tr>
<td>Congenital Absence of Kidney</td>
<td>GU-9</td>
</tr>
<tr>
<td>Cystic Disease</td>
<td></td>
</tr>
<tr>
<td>Polycystic Disease</td>
<td>GU-10</td>
</tr>
<tr>
<td>Glomerulonephritis</td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>GU-11</td>
</tr>
<tr>
<td>Chronic</td>
<td>GU-11</td>
</tr>
<tr>
<td>Horseshoe Kidney</td>
<td>GU-9</td>
</tr>
<tr>
<td>Hydronephrosis</td>
<td>GU-9</td>
</tr>
<tr>
<td>Nephrectomy</td>
<td>GU-13</td>
</tr>
<tr>
<td>Nephritis</td>
<td>GU-12</td>
</tr>
<tr>
<td>Acute</td>
<td>GU-12</td>
</tr>
<tr>
<td>Chronic</td>
<td>GU-12</td>
</tr>
<tr>
<td>Nephrolithiasis</td>
<td>GU-15</td>
</tr>
<tr>
<td>Ureterolithiasis</td>
<td></td>
</tr>
</tbody>
</table>

Nephrotic Syndrome (581) ......................................................... GU-16
Pyelonephritis
  - Acute (590.1) ......................................................... GU-17
  - Chronic (590.0) ....................................................... GU-17

URINARY TRACT
Carcinoma of the Bladder (188) ........................................ GU-18
Cystitis
  - Acute (595.0) ......................................................... GU-19
  - Chronic (595.2) ....................................................... GU-19
  - Diverticulum of the Bladder (596.3) .......................... GU-19
  - Bladder Neck Obstruction (596.0) ............................. GU-19
  - Interstitial (595.1) ................................................ GU-19
  - Stricture of Urinary Meatus (598) .............................. GU-19
Cystoplasty (57.89) ......................................................... GU-20
Ureteral Obstruction (593.4), Stricture (593.3) .................. GU-21
Urethral Stricture (598.9) ............................................... GU-21
Urethritis (597.0) ......................................................... GU-22
Urinary Incontinence (788.3)
  - Cystocele (618.0) ................................................... GU-23
  - Stress Incontinence (625.6) .................................... GU-23
  - Urinary Fistula (596) ............................................... GU-23
**Cancer of the Testicle (186), Orchiectomy (62.3)**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Orchiectomy for trauma, torsion, benign tumor, recurrent hernia, varicocele, benign cyst, 6 wks. post-op.</td>
<td>CLEAR</td>
<td>Several different testicular cancers exist. Three year survival rates vary from &gt; 80% in Seminomas to very low in Choriocarcinomas. Needs blood work and CXR q 6 mos. for 3 yrs. for F/U, then annually.</td>
</tr>
<tr>
<td>2) Seminoma or teratocarcinoma &gt; 3 yrs. post.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>F/U usually includes CXR, alpha-fetoprotein, and Beta HCG q year (tumor markers).</td>
</tr>
<tr>
<td>3) Other testicular cancers &gt; 5 yrs. post.</td>
<td>DEFER</td>
<td>At risk for Infection.</td>
</tr>
<tr>
<td>4) Other testicular cancers &gt; 5 yrs. post.</td>
<td>MNQ</td>
<td>Functioning as PCV impaired.</td>
</tr>
</tbody>
</table>

**MEDICAL INFORMATION NEEDED:**
- Generic Information
- Specific Information: Urology evaluation or Oncology evaluation, stating no evidence of disease, and required F/U.

5/4/93
- Genito-urinary
- GU-1
Epididymitis (604.90), EPIDIDYMECTOMY (69.4)

CRITERIA
→ 1) Isolated acute episode resolved (bacterial or non-bacterial)
→ 2) Resolved, post surgery (epididymectomy, vasectomy), 6 wks.

ACTION
→ CLEAR
→ CLEAR WITH RESTRICTIONS
→ N/A
→ DEFER
→ N/A

RESTRIC-
TIONS/ DEFER

RATIONALE
Epididymitis is usually a complication of bacterial urethritis, prostatitis or chlamydia.

Surgery sometimes required in chronic or relapsing cases. Vasectomy cuts the path of infection from the prostate.

MEDICAL INFORMATION NEEDED:
Generic Information
Urologist evaluation if chronic or recurrent, including severity of symptoms.

5/4/93
HYDROCELE (603.9), SPERMATOCELE (608.1), VARICOCELE (456.4)

**CRITERIA**
1) Asymptomatic, urologist evaluation specifies no treatment needed for 3 years.
2) Post surgical correction 6 wks.

**ACTION**
CLEAR

**RESTRICTIONS/DEFER**
CLEAR WITH RESTRICTIONS
DEFER

**RATIONALE**
Hydrocele and spermatocele are common benign conditions posing no risk, if asymptomatic.
Treatment not available in PCMU's.

**MEDICAL INFORMATION NEEDED:**
Urologist evaluation and follow-up plan
BENIGN PROSTATIC HYPERTROPHY (BPH) (600), TURP (60.2), PARTIAL PROSTATECTOMY (60)

**CRITERIA**

1. Resolved, post TURP or partial prostatectomy 6 wks.
2. Asymptomatic BPH or mild symptoms not interfering with functioning and prostate CA ruled out (see below).

**ACTION**

1) **CLEAR**
2) **CLEAR WITH RESTRICTIONS**
3) **MRB/ MED ADVISOR**
4) **DEFER**
5) **MNQ**

**RESTRICTIONS/DEFER**

**RATIONAL**

Size of enlarged prostate is not important, the severity of symptoms is important. If yes to the following questions, surgery may be indicated:

1. How many times do they get up at night to urinate? (Should be < 4).
2. Is urinary flow interrupted or weak?
3. Do they have a sensation of not emptying their bladder?
4. Do they strain at urination?
5. Is it difficult to postpone urination?

**MEDICAL INFORMATION NEEDED:**

- Generic Information: Urology evaluation, if BPH including need for surgery.
- Prostate sonogram if PSA > 4.

**Urologist evaluation plus:**

- A) PSA < 4
- B) PSA 4 - 10 plots ultrasound neg., for mass and prostate ratio.
- C) > 10 quadrants

5/4/93
**PROSTATITIS, ACUTE (601.0), CHRONIC (601.1)**

**CRITERIA**
- Isolated acute bacterial or non-bacterial resolved for 3 mos.; prostate fluid culture neg.

**ACTION**
- CLEAR
- CLEAR WITH RESTRICTIONS
- MRB/MED ADVISOR
- DEFER
- MNQ

**RESTRICTIONS/DEFER**
- Internist/Urologist for F/U as needed.
- Resolved with treatment.

**RATIONALE**
- Chronic bacterial prostatitis difficult to eradicate. Usual medications are Bactrim or nitrofurantoin at low doses. Works well to prevent recurrences without side effects.
- Chronic non-bacterial prostatitis freq. responds well to tetracycline. It is sometimes related to stress.
- Symptoms interfere with PCV's ability to function. No treatment known.

**MEDICAL INFORMATION NEEDED:**
- Generic information
- Urology evaluation if chronic or recurrent
- Severity of symptoms, F/U needed.
CARCINOMA OF THE PROSTATE (I)

- Period > 5 yrs. post treatment, no recurrence, PSA normal.

ACTION
- CLEAR

RESTRICTIONS/DEFER
- CLEAR WITH RESTRICTIONS

RATIONALE
- Ten year cure rates of localized prostatic cancer approach 65% with radical prostatectomy or radiation therapy.
- Patients with prostate cancer are followed for 10 - 15 yrs.
- State A: Found on incidental surgery for BPH.
- Stage B: Localized to Prostate.
- Stage C: Spread to nearby tissues.
- Stage D: Spread to pelvic lymph nodes and bones or distant parts of body.
- Prostate Specific Antigen (PSA) is elevated in prostate cancer. Should return to normal (< 4) after effective treatment.

MEDICAL INFORMATION NEEDED:
- Generic information

RADICAL PROSTATECTOMY (60.5)

- Carcinoma < 5 yrs. post treatment.

ACTION
- DEFER

RESTRICTIONS/DEFER
- N/A

RATIONALE
- Carcinoma < 5 yrs. post treatment.

UNTIL:
- Post all treatment 5 yrs. no recurrence.