

|   |   |                         |        |                       |   |     |
|---|---|-------------------------|--------|-----------------------|---|-----|
| → 1) Post Orchiopexy, 6 wks.<br>→ 2) Post Orchiectomy, 6 wks. | → | N/A                     | →      | Post surgery < 6 wks. | → | N/A |
| ↓   |   | ↓                       |        | ↓                     |   | ↓   |
| CLEAR   |   | CLEAR WITH RESTRICTIONS | UNTIL: | DEFER                 |   | MNQ |

**CLEAR**

**CLEAR WITH  
RESTRICTIONS**

UNTIL:

**DEFER**

**MNQ**

RESTRICTIONS/  
DEFER

Post surgery, 6 wks.

## RATIONALE

**MEDICAL INFORMATION NEEDED:**

## Generic information

# UNDESCENDED TESTICLE (186.0)

| CRITERIA            | <ul style="list-style-type: none"> <li>→ 1) Resolved in Infancy, medically or with orchiopexy.</li> <li>→ 2) Post-orchietomy, 6 wks. no CA.</li> <li>→ 3) Resolved at puberty.</li> </ul> | → N/A                   | → Partially descended testicle | <ul style="list-style-type: none"> <li>→ 1) Discovered post-puberty.</li> <li>→ 2) Post orchietomy &lt; 6 wks.</li> </ul>          | → N/A |
|---------------------|---|-------------------------|--------------------------------|--|-------|
| ACTION              | CLEAR   | CLEAR WITH RESTRICTIONS | MRB/ MED ADVISOR               | DEFER  | MNQ   |
| RESTRIC-TIONS/DEFER |   |                         |                                | UNTIL: <ul style="list-style-type: none"> <li>1) Orchiectomy advised</li> <li>2) Post orchietomy 6 wks., no malignancy.</li> </ul> |       |
| RATIONALE           | Undescended testicle discovered post-puberty is resolved surgically with orchietomy. Needs urological evaluation to R/O CA in the undescended testicle.                                   |                         |                                |  |       |

## MEDICAL INFORMATION NEEDED:

Generic Information

Urology evaluation, if not resolved.

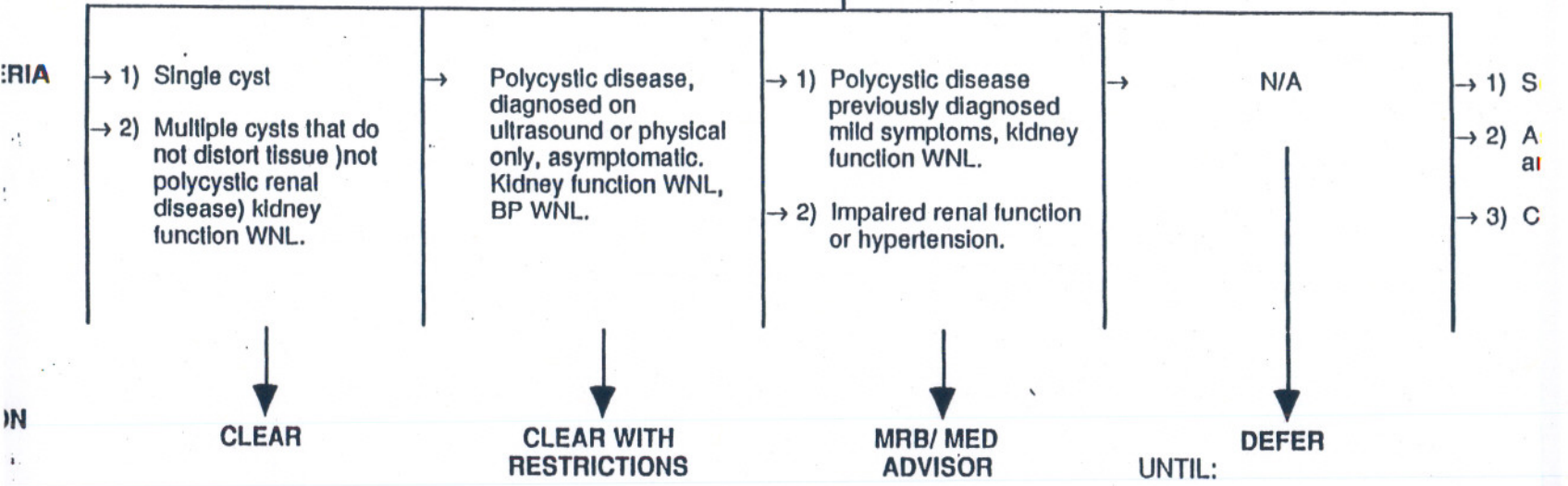
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**CARCINOMA OF THE KIDNEY (189), NEPHRECTOMY (55.5), SOLITARY KIDNEY (753.3), HORSESHOE KIDNEY (753.3)**

| Criteria  |  |  |  |   |     |
|---|--|--|--|---|-----|
| → 1) Adenocarcinoma of the kidney > 5 yrs. post treatment, kidney function normal.                            | N/A  | → Unilateral nephrectomy or solitary kidney with abnormal kidney function. | → 1) Adenocarcinoma of the kidney < 5 yrs. post treatment. | → N/A   |     |
| → 2) Post nephrectomy, partial resection, for benign cause, post obstruction > 6 mos. kidney function normal. |  |  | → 2) Post nephrectomy benign cause < 6 mos.                |   |     |
| → 3) Asymptomatic horseshoe kidney, kidney function WNC.  |  |  |  |   |     |
| ACTION  | CLEAR  | CLEAR WITH RESTRICTIONS  | MRB/ MED ADVISOR   | UNTIL:<br>DEFER   | MNQ |
| RESTRICTIONS/<br>DEFER  |  |  |  | 1) Five yrs. post all treatment and CA free, kidney function WNL.<br><br>2) Period > 6 mos.                   |     |
| RATIONALE   | Localized tumors indicate a good prognosis. Can recur up to 20 yrs. later.<br><br>As long as kidney function remains normal, can maintain normal body homeostasis. |  |  | Kidney function normal: BUN, creatinine normal or just above upper "mfr" and creatinine clearance > 50 ml/hr. |     |
| MEDICAL INFORMATION<br>NEEDED:  | Generic Information<br>Urologist or Oncologist evaluation (if renal carcinoma).<br>BUN/creatinine; creatinine clearance.   |  |  |   |     |



# CYSTIC DISEASE OF THE KIDNEYS: SINGLE OR MULTIPLE CYSTS, ACQUIRED (593.2), POLYCYSTIC DISEASE



ADDITIONAL INFORMATION: No motorcycles.

|  |   |
|--|---|
| <p><b>DEFINITION:</b></p> <p>Polycystic kidney disease: inherited progressive kidney disorder with many bilateral cysts that cause enlargement of the kidneys, but reduce, by compression, the functioning renal tissue. Often asymptomatic for decades, however. Symptoms include lumbar pain, hematuria, colic recurrent infections. Usually do not become symptomatic until 45 - 50 yrs. old.</p> | <p>Place for physical disease examination</p> |
|--|---|

|                                       |  |
|---------------------------------------|--|
| <p><b>ADDITIONAL INFORMATION:</b></p> | <p>Generic information</p> <p>Nephrologist if polycystic kidney disease.</p> <p>BUN, creatinine; creatinine clearance.</p> |
|---------------------------------------|--|

## GLOMERULONEPHRITIS, ACUTE (580), CHRONIC (582)

| CRITERIA           | Acute Glomerulonephritis, resolved, kidney function WNL. Two yrs. post episode.  | N/A                     | Acute incident < 2 yrs. post, kidney function WNL. | 1) Chronic, progressive<br>2) History, of chronic or acute with impaired renal function.  |
|--------------------|--|-------------------------|--|---|
| ACTION             | CLEAR.   | CLEAR WITH RESTRICTIONS | UNTIL:<br>DEFER                                    | MNQ   |
| RESTRICTIONS/DEFER |  |                         | Resolved, kidney function WNL for 2 yrs.           |   |
| RATIONALE          | <p>Spontaneous remission is rare, but does occur. While some patients do recover normal renal function, they usually have some histologic changes.</p> <p>Acute glomerulonephritis due to Streptococcal causes resolves in 90% of cases.</p> |                         |  | <p>Chronic usually progresses.</p> <p>Treatment not available in PCMU's. PCV at great risk for severe exacerbation and/or kidney failure.</p> |

### MEDICAL INFORMATION NEEDED:

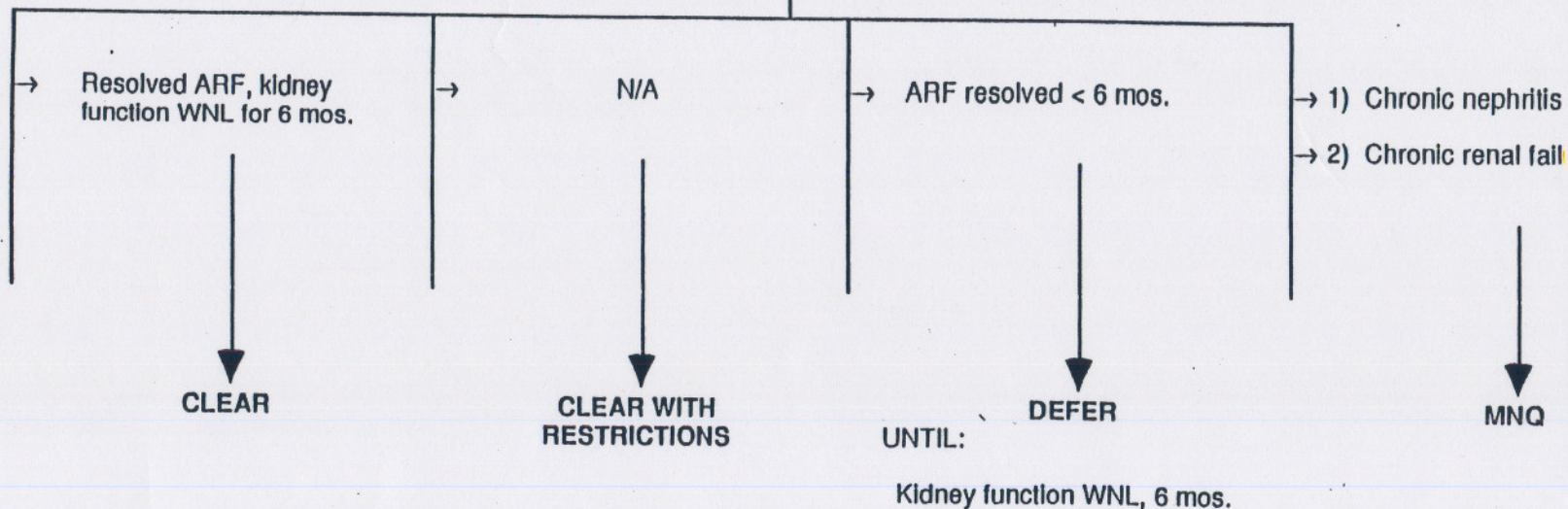
Generic Information

Microscopic U/A

BUN, creatinine, creatinine clearance.



# NEPHRITIS (583), RENAL FAILURE: ACUTE (ARF) (584), & CHRONIC (585)



ALE

- 1) Acute Nephritis = ARF (acute renal failure) most commonly due to drug hypersensitivity, affecting tubules & interstitial tissue. Renal function usually returns when offending agent is removed.
- 2) Chronic Nephritis: Chronic kidney disorders causing changes in the tubulo-interstitial area, such as pyelonephritis, Gout, analgesic abuse, or can be idiopathic.

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## General Information

Renal function (BUN, creatinine, creatinine clearance)

Microscope U/A

inary

GU-12

## HYDRONEPHROSIS (591)

| CRITERIA | → 1) Transient hydronephrosis, resolved (pregnancy, stone, etc)   | → | N/A                            | → | Resolved hydronephrosis with continued impaired renal function. | → | 1) Ureteral obstruction no hydronephrosis resolved < 6 wks. kidney function normal.<br>→ 2) Post surgery, for hydronephrosis < 1 yr., kidney function WNL. | → | 1) Renal failure<br>→ 2) Cause non-resolvable |
|----------|---|---|--------------------------------|---|---|---|--|---|---|
| ACTION   | → 2) Ureteral obstruction resolved > 6 wks., no hydronephrosis, kidney function normal.<br>→ 3) Post surgery, for hydronephrosis > 1 yr., renal function WNL, cause resolved. |   |                                |   |   |   |  |   |   |
|          | ↓   |   | ↓                              |   | ↓   |   | ↓  |   | ↓   |
|          | <b>CLEAR</b>  |   | <b>CLEAR WITH RESTRICTIONS</b> |   | <b>MRB/ MED ADVISOR</b>   |   | <b>DEFER</b>   |   | <b>MNQ</b>                                    |

### RESTRICTIONS/ DEFER

1) Post surgery, 1 yr. or post episode 1 yr.

### RATIONALE

Hydronephrosis:

Dilatation of the renal pelvis

Primary Hydronephrosis:

Without ureteral dilatation, results from obstruction at uretero-pelvic junction, prognosis is better than secondary hydronephrosis.

Secondary Hydronephrosis:

Results from obstruction distal to renal pelvis or from urinary reflux, i.e., tumors, stones, ureterocele.

### MEDICAL INFORMATION NEEDED:

Generic Information  
Nephrologist if continued impaired renal functions  
BUN, creatinine, creatinine clearance.



**CRITERIA**

→ 1)

→ 1)

→ 1)

→ 1)

**ACTION**

**RESTRICTIONS/  
DEFER**

**RATIONALE**

**CLEAR**

**CLEAR WITH  
RESTRICTIONS**

**UNTIL:**

**DEFER**

**MNQ**

**MEDICAL  
INFORMATION  
NEEDED:**

Generic Information

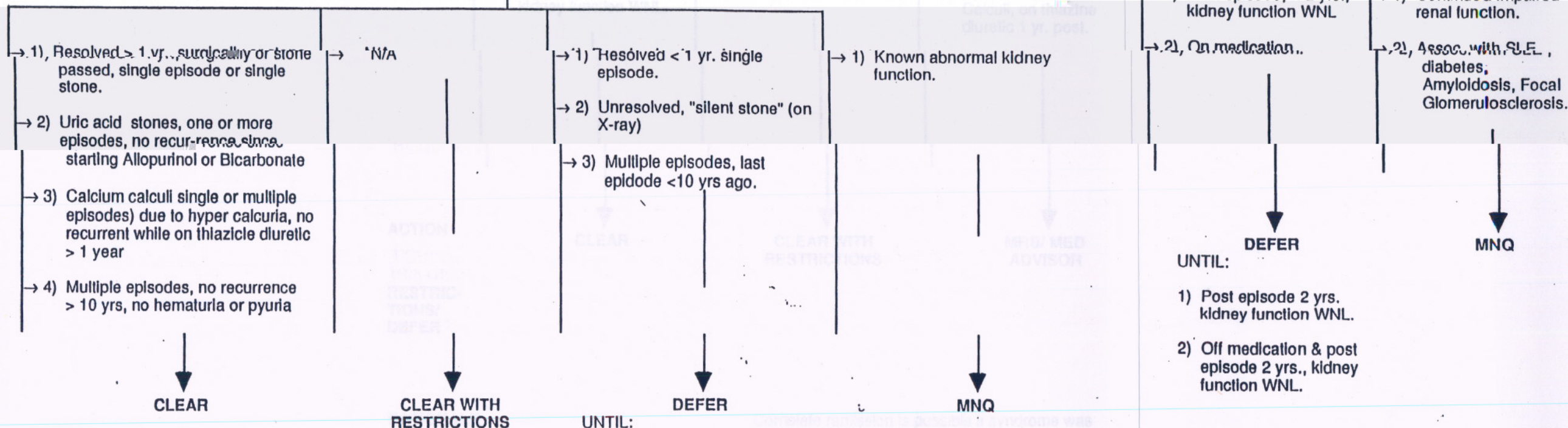
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Genito-urinary

GU-14



# NEPHROLITHIASIS (592.0), URETEROLITHIASIS (592.1)



Urinary calculi are very common. Found in 1% of all autopsies. 10% repeat incidence.

- 1) Most calculi in USA are calcium. Thiazide diuretics decrease stone production, but effectiveness diminishes with time. Increase fluid intake, avoid dark sodas (high oxalate content)
- 2) Uric acid stones can be controlled by low purine diet (animal protein) and Allopurinol or Na Bicarb.
- 3) >10 yrs symptom free

Treatment not available in PCMU's.

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Generic Information  
ON If multiple episodes > 10 yrs ago: and microscopic urinalysis and KUB to rule out current renal stone

10/4/93