How Can I Most Confidently Monitor Albuminuria in My Patients With Diabetes and Hypertension?

Provide annual testing with HemoCue® Albumin 201

- The only CLIA-waived device for diagnosing and monitoring albuminuria at the Point-of-Care
- The only CLIA-waived device providing rapid, quantitative results to support adjusting patient medications during a visit
- The only objective, quantitative Point-of-Care urine albumin test that allows for billable positive and negative results

Patients Who Should Be Tested Annually for Albuminuria
- Diabetics: 25.8 million people, or 8.3% of the US population
- High blood pressure patients: 31% of US adults
- Patients at risk for nephrosis or cardiovascular disease (CVD)

Early Detection: Albuminur...
Point-of-Care Testing for Albuminuria

**Intended Use**
Screen, diagnose, and monitor

**Instrument Calibration**
No need for calibration. Self-testing occurs at start-up

**Packaging**
Individually wrapped disposable cuvettes available

**Connectivity**
Yes. Basic Connect software is available for connectivity to LIS, HIS, or EHR

**CLIA-waived**
Yes. Can be operated by any trained healthcare professional

**Precision**
Standard deviation ≤ 3 mg/L (according to Albumin 201 package insert, at the concentration range from 7-30mg/L)

**Higher Reimbursement Revenues**
Additional reimbursements from the increased number of clinical applications (screening, diagnosing, and monitoring) and billable positive screening results

**Reimbursement**
CPT Code: 82043; 2014 National Limit: $7.89

**Description**
Quantitative measurement of albumin in urine by immunoassay

**Testing Guidelines for Microalbuminuria**
- **TYPE 1 Diabetics:** Annually, beginning 5 years after diagnosis and older than 10 yrs.6,7
- **TYPE 2 Diabetics:** Annually after diagnosis6,7
- **HYPERTENSIVES:** Annually8,9

Comparing HemoCue® Albumin 201 With Clinitek and Micral

- ACR test results require objective interpretation to account for influencers such as gender, ethnicity, age, and muscle mass.

- HemoCue Albumin 201 quantitative results can be used for monitoring disease or therapies or for diagnosing albuminuria, and provide reimbursable negative results.

<table>
<thead>
<tr>
<th></th>
<th>HemoCue Albumin</th>
<th>Clinitek ACR</th>
<th>Micral Strips</th>
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</thead>
<tbody>
<tr>
<td><strong>Screen</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Diagnose</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td><strong>Quantitative</strong></td>
<td>Yes</td>
<td>No. Semi-quantitative</td>
<td>No. Qualitative</td>
</tr>
<tr>
<td><strong>Monitor Disease or Therapy</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Pos. Screening Results</strong></td>
<td>Billable</td>
<td>Non-billable</td>
<td>Non-billable</td>
</tr>
<tr>
<td><strong>Gender Influences</strong></td>
<td>No</td>
<td>Yes**</td>
<td>No</td>
</tr>
<tr>
<td><strong>Ethnicity Influences</strong></td>
<td>No</td>
<td>Yes**</td>
<td>No</td>
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<tr>
<td><strong>Age Influences</strong></td>
<td>No</td>
<td>Yes**</td>
<td>No</td>
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<tr>
<td><strong>Muscle Mass Influences</strong></td>
<td>No</td>
<td>Yes**</td>
<td>No</td>
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<tr>
<td><strong>Liquid Influences</strong></td>
<td>Yes***</td>
<td>No</td>
<td>Yes***</td>
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</tbody>
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*2014 CPT-code Reimbursement National Limit. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

**Creatinine concentrations vary among different groups of people. As a result, a creatinine-standardized urine albumin concentration may underestimate microalbuminuria in patients with higher-than-normal muscle mass (e.g., men) and those of certain race/ethnicity (e.g., non-Hispanic blacks and Mexican Americans) or overestimate microalbuminuria in patients with lower-than-normal muscle mass (e.g., women or the elderly). (Mattix, et al. Use of the Albumin/Creatinine Ratio to Detect Microalbuminuria: Implications of Sex and Race. JASN. 2002;13(4):1034-1039.)

**Effects on urine concentrations resulting from drinking large volumes of water or being dehydrated before testing will influence the results. Although this may be an uncommon occurrence, before measuring albumin, a history of recent fluid intake may be documented.
"The National Kidney Foundation recommends that routine check-ups include testing for excess protein in the urine, especially for people in high-risk groups." Kidney disease is one of the most serious complications of diabetes.

REFERENCES:


HemoCue has been a leader in Point-of-Care medical diagnostics for over 30 years. We specialize in giving healthcare providers lab-quality accuracy with results comparable to those of a clinical lab.