## **Urine Screening for Microalbumin or Medical Attention for Nephropathy** in Diabetic Patients

PQRI Data Collection Sheet			
			/ / □ Male □ Female
ient's Name Practice Medical Record Number (MRN)		Birth Date (mm/dd/yyyy) Gender	
ational Provider Identifier (NPI)			Date of Service
Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 through 75 years on date of encounter.			Verify date of birth on claim form.
Patient has a line item diagnosis of diabetes mellitus.			Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as
There is a CPT E/M Service Code for this visit.			
If $\mathbf{No}$ is checked for any of the above, STOP. Do not repor a CPT category II code.			the quality code(s) identified below.
Step 2 Does patient meet the measure?			
Nephropathy Screening OR Treatment for Nephropathy	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)
Screening Performed — Positive microalbuminuria test result			3060F
Screening Performed — Negative microalbuminuria test result			3061F
Screening Performed — Positive macroalbuminuria test result			3062F
Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)			3066F
Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy			G8506
		1	If <b>No</b> is checked for <b>all</b> of the above, report 3060F-8P OR 3061F-8P OR 3062F-8P (Nephropathy screening was not performed, reason not otherwise specified.)