



## Proteinuria

Normal urine contains a tiny amount of protein, with albumin being one type of protein. The normal cut-off for proteinuria (protein in the urine) is less than 10 mg/dl or 150 mg per 24 hours and the normal cut-off for albuminuria (often referred to as the microalbumin test) is less than or equal to 3 mg/dl. The concentration of the urine can affect the reported protein level. To correct for that, the protein/ creatinine ratio (P/C) is often looked at as a more accurate indicator of true proteinuria. A normal P/C ratio is less than 0.2.

Frequent or persistent albuminuria indicates possible kidney disease. Other causes of increased albuminuria include recent illness, fever, or exercise but these should only cause transient and not persistent albuminuria. A benign condition that causes persistent proteinuria/albuminuria is orthostatic proteinuria where protein levels in the urine rise only after a person has been in a standing position. This requires careful evaluation by an attending physician with urine collections done in the morning before rising from bed, which will be normal. Once diagnosed, orthostatic proteinuria would not be rated.

Underwriting considerations, absent other significant impairment.

**Unexplained, persistent proteinuria is rated per the following schedule:**

Protein (mg/dl)

|           |           |
|-----------|-----------|
| < 30      | Non-Rated |
| 30 - 50   | Table A*  |
| 51 - 125  | Table D*  |
| 126 - 200 | Table G*  |
| > 200     | Decline*  |

\*Proteinuria may be considered non-rated if the P/C ratio is normal or if the microalbumin level is < 3mg/dL

Proteinuria due to known glomerulonephritis (kidney disease) is rated by the glomerulonephritis schedule. See Rx #70 Glomerulonephritis. Proteinuria with diabetes may be rated Table A to decline based on age and the amount of proteinuria.

To get an idea of how a client with *Proteinuria* would be viewed in the underwriting process, feel free to use the Ask "Rx" *per underwriter* on the reverse side for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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## Proteinuria - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a history of Scleroderma/CREST, please answer the following:

1. How long has this abnormality been present? \_\_\_\_\_ (years)
2. Has a specific cause for the proteinuria been found:  
 yes, please give most recent test results \_\_\_\_\_  
 no
3. Please give the date and results of the most recent urinalysis:  
a) protein \_\_\_\_\_  
b) Red Blood Cells (RBC's) \_\_\_\_\_  
c) White Blood Cells (WBC's) \_\_\_\_\_  
d) protein/creatinine ratio \_\_\_\_\_
4. Please check if your client has had any of the following:  
 weight loss                       biliary cirrhosis  
 heart disease                       liver enzyme abnormality  
 lung disease                       kidney disease  
 Raynaud's disease                       trouble swallowing
5. If any of the following urinary tests have been completed, please give the date and result:  
a) Microalbumin \_\_\_\_\_  
b) 24 hour protein \_\_\_\_\_  
c) 24 hour Creatinine Clearance \_\_\_\_\_  
d) other: \_\_\_\_\_
6. Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
7. Has your client smoked cigarettes in the last 12 months?  
 yes, please give details \_\_\_\_\_  
 no
8. Does your client have any other major health problems (ex: cancer, etc.)?  
 yes, please give details \_\_\_\_\_  
 no

After reading the Rx for Sucess on *Proteinuria*, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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