

October 31, 2023

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

The purpose of this letter is to ensure provider awareness of covered Medicaid services important in the identification of chronic kidney disease (CKD) in patients who may benefit from early diagnosis.

The Michigan Department of Health and Human Services (MDHHS) and the National Kidney Foundation of Michigan (NKFM), as part of a Chronic Kidney Disease Prevention Strategy, encourage Michigan Medicaid providers to use laboratory tests to screen patients with diabetes or hypertension for CKD, and to consider the same screening for other conditions with increased risk of CKD.

Chronic Kidney Disease Overview

CKD is defined by kidney damage or a decrease in kidney function for three or more months regardless of cause. CKD affects 15% of the United States (U.S.) population, including more than one million adults in Michigan age 20 and older, yet fewer than 1 in 10 are aware of their diagnosis. Health disparities for CKD are prominent. Compared to White individuals, communities of color have a higher risk of developing end-stage kidney disease (ESKD), including Black individuals (4 times higher), Native American and Hispanic (2 times higher), and Asian (1.4 times higher).¹ Among adults aged 18 years or older in the U.S., diabetes and high blood pressure are the main causes of ESKD, accounting for approximately 65% of reported causes.² Using laboratory tests to screen patients with diabetes or hypertension will identify a majority of those with CKD.

Early detection holds the potential to slow or prevent progression to kidney failure and dialysis by prompting the start of certain medications, such as those recommended in the [Standards of Care in Diabetes](#), avoiding others, assertively targeting glucose and blood pressure goals, and recognizing illness and injury that can further harm kidneys. Furthermore, identifying those with an estimated glomerular filtration rate (eGFR) less than 30 mL/min per 1.73 m² (CKD stage 4) or a urine albumin-creatinine ratio (uACR) result over 300 mg/g and referring them to a nephrologist for co-management is recommended. Kidney disease is a risk factor for cardiovascular disease and can accelerate risk of heart attack and heart disease, stroke, fluid buildup, anemia, gout, mineral bone disease, and

other serious complications.

Medicaid Covered Services

MDHHS and NKFM support annual CKD screening for patients with diabetes and/or hypertension. Determining a beneficiary's [CKD stage](#) will further inform clinical decisions, patient counseling, and referral to a nephrologist.

Medicaid currently covers the following laboratory services to help identify CKD when performed by enrolled practitioners (e.g., physicians and advanced practice providers), clinics, health centers, or laboratories.

- Serum estimated glomerular filtration rate (eGFR).
- Urine albumin-creatinine ratio (uACR).
- Additional laboratory services determined clinically appropriate.

Some laboratories offer the eGFR and uACR in a combined panel for ease of ordering. Look for the “Kidney Profile”.

Medicaid covered procedure codes fee schedules are located on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters, such as age restrictions, prior authorization (PA) requirements, and other billing indicators, are accessible via the Medicaid Code and Rate Reference tool within the Community Health Automated Medicaid Processing System (CHAMPS) at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

In addition to laboratory tests, Medicaid covers CKD diagnostic services including, but not limited to, kidney imaging and biopsy. For beneficiaries diagnosed with CKD, monitoring, education, and treatment services are also covered.

Medicaid Health Plans

Medicaid Health Plans (MHPs) must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters in the MDHHS Medicaid Provider Manual at www.michigan.gov/medicaidproviders >>Policy, Letters & Forms >> Medicaid Provider Manual.) MHPs must provide the full range of CKD diagnostic services and may provide services over and above those listed in this letter. MHPs are allowed to develop PA requirements and utilization management and review criteria that differ from Medicaid requirements.

Additional Resources

For more information about CKD:

- Michigan Department of Health and Human Services:
 - [Michigan Chronic Kidney Disease](#)
 - [Medicaid Health Plan Common Formulary](#)
 - [The Chronic Kidney Disease Prevention Strategy in Michigan](#)
- National Institute of Diabetes and Digestive and Kidney Diseases:
www.niddk.nih.gov
- National Kidney Foundation of Michigan: www.nkfm.org

References

¹ [Kidney Disease Statistics for the United States - NIDDK \(nih.gov\)](#)

² [Chronic Kidney Disease in the United States, 2021 \(cdc.gov\)](#)

An electronic version of this document is available at www.michigan.gov/medicaidproviders
>> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director
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