Chronic Kidney Disease (CKD)

When it comes to kidney disease, are you seeing both sides of the equation?

Detect and manage CKD with comprehensive, guideline-based testing

Quest Diagnostics®

Assess both sides of the kidney health equation: function + damage

Chronic kidney disease (CKD) is an underrecognized disorder that increases the risk for cardiovascular disease, end-stage renal disease, and mortality. CKD affects 37 million people in the US, but the vast majority don't know they have the disease.[1] Despite efforts to raise awareness and prevent or delay disease progression, very little progress has been made over the last 3 decades.[2]

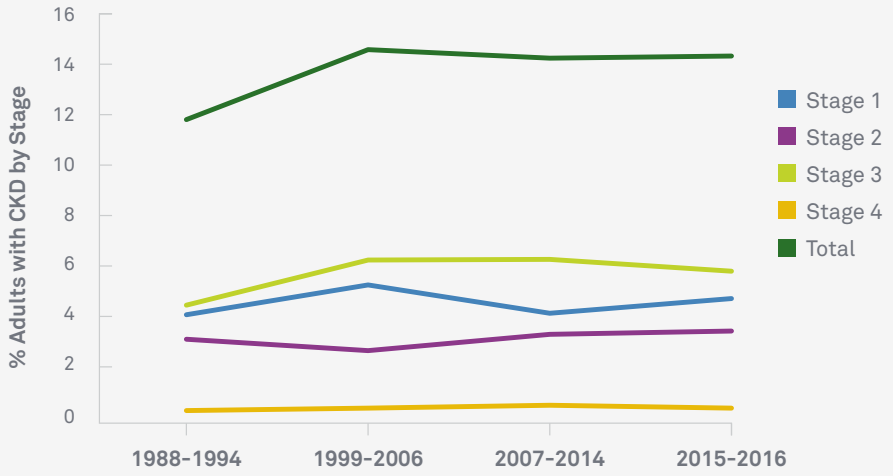
9 in 10

adults with CKD don't know they have it[1]

1 in 4

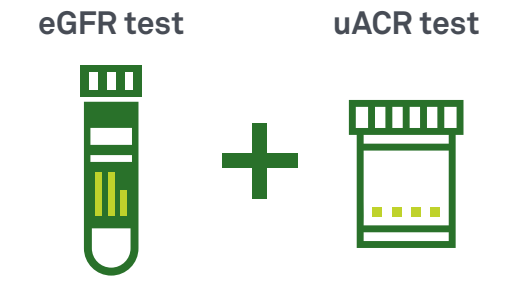
patients "crash" into dialysis[3]

Despite efforts, there has been virtually no improvement in CKD management over the last 30 years[2]



Traditional serum creatinine (eGFR) testing may only reveal one side of the CKD story. For the complete picture, guidelines recommend both the eGFR blood test and the urine albumin-to-creatinine ratio (uACR) test to assess kidney function and damage.[4] This combination enables early detection, essential to managing CKD progression.

Quest Diagnostics offers the comprehensive, guideline-based testing you need to help diagnose CKD, manage disease progression, and establish follow-up testing frequency. You'll also know when referral to a nephrologist is recommended.



Put your patients on the **right side of kidney health**

Quest goes beyond diagnostics to empower you to monitor patients at high risk for impaired kidney function. We provide access to clinical algorithms and other educational resources, as well as advanced expertise on kidney health, to help you navigate care along the complex cardiometabolic continuum.

Which patients should be tested?

CKD testing should be conducted at least annually for **asymptomatic individuals who are at high risk for CKD,**[1] including those who have diabetes, hypertension, a family history of kidney disease, and cardiovascular disease.[5,6]

Reporting that makes detection and referral easier

Monitor your patients more closely with help from our Kidney Profile (test code 39165)*.

Frequency of monitoring CKD based on risk of disease progression assessed using eGFR and uACR[7,8]

CKD stage and eGFR range (mL/min/1.73 m²)			Albuminuria categories and ACR ranges (mg/g creatinine)		
			Normal to mildly increased <30	Moderately increased 30–300	Severely increased >300
1 and 2	≥60		1	1	2,R
3A	45–59		1,C	2	3,R
3B	30–44		2	3	3,R
4	15–29		3,R	3,R	≥4,R
5	<15		≥4,R	≥4,R	≥4,R

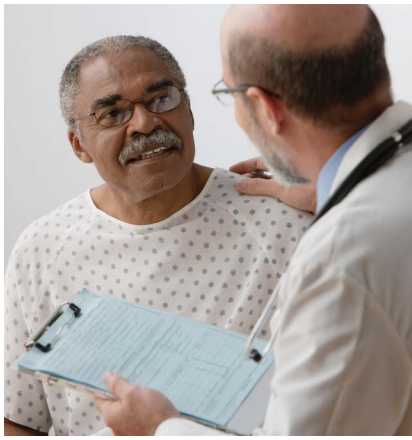
- **Low risk:** monitor yearly if evidence of kidney damage (eg, indicated by imaging or biopsy). The NKDEP recommends that actual values above 60 mL/min/1.73m² be reported only as >60 due to variability near the upper limit of the reference range.
- **Moderately high risk:** monitor yearly
- **High risk:** monitor 2 times yearly
- **Very high risk:** monitor 3 times yearly
- **Very high risk:** monitor ≥4 times yearly

ACR=albumin-creatinine ratio; eGFR=estimated glomerular filtration rate; C=confirm using eGFR based on (1) cystatin C (test code 94588) or (2) creatinine plus cystatin C; **R=refer to specialist**

This figure was adapted from References 7 (with permission) and 8, is provided for informational purposes only as a guide for using laboratory tests, and is not intended as medical advice. A physician's test selection and interpretation, diagnosis, and patient management decisions should be based on his/her education, clinical expertise, and assessment of the patient.

Quest is committed to supporting you with the testing, education, tools, and resources you need to guide your patients' kidney health.

A complete picture to help patients slow CKD progression



Once CKD is detected, you can help your patients slow disease progression. This includes better management of the chronic conditions that contribute to CKD (eg, diabetes); lifestyle changes such as physical activity and a lower-protein diet; and the avoidance of some medication where indicated. Quest offers testing solutions that can help, every step of the way.

Test Name	Panel Description	Test Code	CPT Code(s)
Kidney Profile*	Creatinine (includes eGFR), Albumin, Random Urine with Creatinine (includes Albumin/ Creatinine Ratio)	39165	82043, 82565, 82570

Assess both sides of the kidney health equation. To learn more, contact your Quest Diagnostics sales representative or visit the Test Directory.

References

1. Centers for Disease Control and Prevention. Chronic kidney disease in the United States, 2019. Accessed November 6, 2020. https://www.cdc.gov/kidneydisease/publications-resources/2019-national-facts.html
2. Centers for Disease Control and Prevention. Chronic kidney disease surveillance system: tracking kidney disease in the United States. https://nccd.cdc.gov/CKD/detail.aspx?Qnum=Q372#refreshPosition
3. Molnar AO, Hiremath S, Brown PA, et al. Risk factors for unplanned and crash dialysis starts: a protocol for a systematic review and meta-analysis. *Syst Rev.* 2016;5:117.
4. National Kidney Foundation. Quick reference guide on kidney disease screening. Accessed November 12, 2020. https://www.kidney.org/kidneydisease/siemens_hcp_quickreference#
5. Vassalotti JA, Centor R, Turner BJ, et al. Practical approach to detection and management of chronic kidney disease for the primary care clinician. *Am J Med.* 2016;129(2):153-62.e7.
6. Inker LA, Astor BC, Fox CH, et al. KDOQI US commentary on the 2012 KDIGO clinical practice guideline for the evaluation and management of CKD. *Am J Kidney Dis.* 2014;63:713-35.
7. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int Suppl.* 2013;3(1):1-150.
8. Myers GL, Miller WG, Coresh J, et al. Recommendations for improving serum creatinine measurement: a report from the Laboratory Working Group of the National Kidney Disease Education Program. *Clin Chem.* 2006;52(1):5-18. doi:10.1373/clinchem.2005.0525144

*Panel components: 6517—Albumin, Random Urine with Creatinine; 375—Creatinine, Serum. Panel components may be ordered separately.

Image content features models and is intended for illustrative purposes only.

The CPT codes provided are based on American Medical Association 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.

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