



American Academy
of Value Based Care

Chronic Kidney Disease

Quick Reference Guide

2025

AAVBC Chronic Kidney Disease (CKD) Quick Reference Guide

1. CLINICAL SNAPSHOT

Definition: CKD is defined as abnormalities of kidney structure or function present for ≥ 3 months with health implications. Diagnostic criteria include a sustained eGFR < 60 mL/min/1.73 m² or one or more markers of kidney damage such as albuminuria (≥ 30 mg/g), hematuria, histologic abnormalities, or structural findings on imaging^{1,2}

ICD-10 Codes: N18.1-2 (stages 1-2), N18.31-32 (stage 3a/3b), N18.4 (stage 4), N18.5 (stage 5), N18.6 (ESRD); E11.22 (type 2 DM with CKD) maps to HCC 37 with RAF 0.166, I12.0 maps to HCC 326 /I12.9 does not map to HCC (hypertensive CKD)²

HCC/RAF V28 Mapping: Code **HCC 329** (CKD Moderate Stage 3a) N18.31 with RAF (0.127) ; **HCC 328** (CKD Moderate Stage 3b) N18.32 with RAF (0.127), **HCC 327** (CKD Stage 4) N18.4 with RAF (0.514), **HCC 326** (CKD Stage 5) N18.5 & N18.6 with RAF (0.815); **HCC 325** (ESRD) N18.6 with RAF (0.817)³⁻⁵

Prevalence: ~37M or 1 in 7 of US adults have CKD; ~34% of adults ≥ 65 ; Awareness is low (~ 40% for stage 3, < 15% for stage 4); Costs increase sharply by stage from \approx \$2,500 per member-year in early CKD to $>$ \$90,000 in ESRD patients on dialysis.⁶⁻⁸

2. RECOGNITION & DIAGNOSIS

Medicare Screenings (≥ 65 yr, at-risk population)^{1,9-11}

Test	Coverage	Frequency	CPT Code	Guideline Basis / Quality Alignment
eGFR	Covered under preventive/risk-based testing	Annual for at-risk patients ≥ 65	82565	USPSTF: I (general pop). KDIGO 2024, NKF, CMS MIPS #489, HEDIS KED: annual eGFR in at-risk patients
Urine ACR	Covered if medically necessary (Medicare Part B)	Annual for DM/HTN ; repeat if abnormal	82043 82570	KDIGO 2024, ADA 2024 Standards of Care, NCQA KED metric
Cystatin C (GFR confirmation)	Limited per MAC LCD when creatinine unreliable (e.g., low muscle mass, borderline eGFR)	As needed to confirm CKD or refine GFR category	82610	Limited KDIGO 2024 1.1.3.2
Renal ultrasound	Covered when clinically indicated (suspected structural disease, obstruction, or rapid decline)	Once at diagnosis or as indicated	76770	KDIGO 2024 1.1.5; CMS LCD L36967

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