






**Figure 1.** Frequency of Monitoring Chronic Kidney Disease Based on Risk of Disease Progression Assessed Using eGFR and Urine Albumin-Creatinine Ratio (Kidney Profile, test code 39165)

			Albuminuria categories and ACR ranges (mg/g creatinine)		
			Normal to mildly increased	Moderately Increased	Severely increased
			<30	30-300	>300
CKD stage and eGFR range (mL/min/1.73 m <sup>2</sup> )	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/1.73m<sup>2</sup> be reported only as >60 due to variability near the upper limit of the reference range.<sup>12</sup>
-  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; C, confirm using eGFR based on (1) cystatin C (test code 94588) or (2) creatinine plus cystatin C; CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate; NKDEP, National Kidney Disease Education Program; R, refer to specialist

This figure was adapted from references 1 (with permission) and 12, 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.