

**Bulletin Number:** MSA 06-41

**Distribution:** Practitioners (PT 10, 11, 77)  
Podiatrists (PT 13)  
Outpatient Hospitals (PT 40, 41, 75)  
Independent Laboratories (PT 16)  
Medicaid Health Plans (PT 17)

**Issued:** June 15, 2006

**Subject:** Glomerular Filtration Rate Reporting

**Effective:** July 15, 2006

**Programs Affected:** Medicaid, CSHCS

This bulletin is being issued in response to the Michigan Department of Community Health's FY 2006 budget boilerplate contained in Public Act 154 of 2005, Section 1726.

Effective July 15, 2006, Medicaid-enrolled laboratories must calculate and report the Glomerular Filtration Rate (eGFR) for Creatinine blood tests that are processed for Medicaid beneficiaries in the following circumstances:

- Beneficiary is age 18 years or older
- Tests performed for beneficiaries in outpatient settings

The reporting requirement applies to both Medicaid fee for service and Medicaid health plan beneficiaries. Laboratories will not receive separate reimbursement for the eGFR calculation.

The eGFR test results must report two values on the lab report, one for African-American and non-African-American beneficiaries.

There are several published methods for GFR calculation. The formula endorsed by the National Kidney Foundation and many laboratory and nephrology experts is the MDRD.

$$\text{GFR (ml/min/1.73 m}^2\text{)} = 186 (P_{\text{cr}})^{-1.154} \times (\text{age})^{-0.203} \times (0.742, \text{ if female}) \times (1.210, \text{ if African American})$$

$P_{\text{cr}}$  = patient creatinine

## Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

### Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### Approved

A handwritten signature in black ink that reads "Susan Moran". The signature is written in a cursive style with a long, sweeping underline.

Susan Moran, Acting Deputy Director  
Medical Services Administration