



UM-CDG-071 Cystatin C Measurement

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address cystatin C, a low molecular weight protein, produced by all nucleated cells in the body at a constant rate. It is freely filtered by the renal glomerulus, completely reabsorbed by the proximal tubule, and then metabolized by the proximal tubule. It has been proposed and investigated as an improved marker of renal function and as a potential alternative to serum creatinine based estimated glomerular filtration rate (eGFR) as well as a biomarker for predicting cardiovascular risk.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers cystatin C testing as medically necessary when the following are met:

1. Member has eGFR_{creat} 45-59 mL/min/1.73 m² (chronic kidney disease (CKD) stage 3A mildly to moderately decreased GFR) who do not have markers of kidney damage, and
2. If confirmation is warranted:
 - When GFR estimates based on serum creatinine are thought to be inaccurate, and
 - When decision depend on a more accurate knowledge of the GFR, such as confirming diagnosis of CKD, determining eligibility for kidney donation, or adjusting the dosing of toxic drugs that are excreted by the kidneys.

SECUR Health Plan considers the following as not medically necessary:

1. Measurement of cystatin C to assess cardiovascular risk is considered experimental, investigational, or unproven. Cystatin C is not covered according to Title XVIII of the Social Security Act, §1861(xx)(1).
2. Based on the Kidney Disease Outcomes Quality Initiative (KDOQI)™ US Commentary on the 2012 Kidney Disease: Improving Global Outcomes (KDIGO) Clinical Practice Guideline for the Evaluation and Management of CKD, cystatin C testing is considered not medically necessary for members with the following stages of CKD:
 - Stage I Kidney damage with normal or elevated GFR greater than 90 mL/min/1.73 m²
 - Stage 2 Kidney damage with mild decrease in GFR 60-89 mL/min/1.73 m²
 - Stage 3B Moderately to Severely decreased GFR 30-44 mL/min/1.73 m²

- Stage 4 Severely decreased GFR 15-29 mL/min/1.73 m²
- Stage 5 Kidney Failure GFR less than 15 mL/min/1.73 m²

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