

Kidney Health Evaluation for Patients with Diabetes (KED)

Summary

To improve quality of care and health outcomes related to chronic kidney disease (CKD), the National Committee for Quality Assurance® (NCQA), in partnership with the National Kidney Foundation®, created a diabetes related HEDIS® measure, Kidney Health Evaluation for Patients with Diabetes (KED).

Importance

In the United States, 37 million adults are estimated to have CKD, and more than 90 percent are unaware of it. One in three American adults are at risk for CKD based on risk factors including diabetes, high blood pressure, heart disease, obesity and family history. Minorities are at increased risk for developing CKD. African Americans are three times more likely than Whites, and Hispanics are nearly 1.5 times more likely than non-Hispanics to develop end-stage renal disease (kidney failure).

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
KED 18-85 years of age	Those with diabetes ages 18-85 years with a kidney evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), or BOTH a quantitative urine albumin test (QUA) and a urine creatinine test (UC) WITH SERVICE DATES FOUR DAYS OR LESS APART.	This measure looks at whether adult members with diabetes (Type 1 and Type 2) receive the two lab tests to evaluate kidney health. To qualify, the member must receive an eGFR (assessing kidney function) and uACR (assessing kidney damage) during the measurement year.	eGFR CPT: 80047, 80048, 80050, 80053, 80069, 82565 AND QUA CPT: 82043 and UC CPT: 82570 within four days or less apart OR uACR via LOINC codes

This reference provides HEDIS® coding information only, not necessarily payment guidance. Refer to your Fee Schedule and Provider Policy for details.

Results of these lab tests provide our CareSource physicians with essential information to diagnose CKD and to engage in shared decision making to create an effective treatment plan.

Provider Best Practices

Educate patients on how diabetes can damage blood vessels which can lead to loss of kidney function.

Reinforce with patients the importance of preventing kidney damage by: controlling blood pressure (BP), blood sugars, cholesterol, and lipid levels by:

- Taking ACE inhibitors or ARBs as prescribed;
- Avoiding potentially harmful medications such as naproxen and ibuprofen; and
- Limiting protein and salt in diet.

Coordinate patient care with endocrinologists and/or nephrologists, as needed.

Ensure that members have an eGFR **and** uACR each calendar year by ordering annual labs or adding HEDIS gap alerts to the EHR system.

Submit lab codes for uACR or submit separate quantitative urine albumin and urine creatinine tests that occur within four days of each other (a urine albumin test is **not** sufficient).

Verify that your lab is coding the uACR correctly. Refer to HEDIS specifications when billing for these services to ensure coding accuracy, gap closure, and compliance.

Questions? If you have questions about this measure, please feel free to contact your Provider Engagement Team Representative or Health Partner Services at the applicable number listed below, Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

- Marketplace: **1-833-230-2101**
- Medicaid: **1-844-607-2831**

Resource:

Kidney disease statistics for the United States. (2024, March 5). National Institute of Diabetes and Digestive and Kidney Diseases.

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