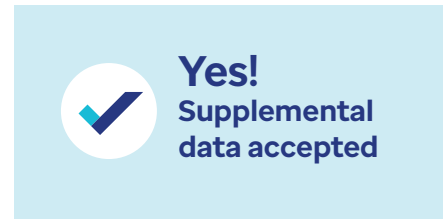


# Kidney Health Evaluation for Patients With Diabetes (KED)

## New for 2026

- No applicable changes for this measure



## Definition

Percentage of members ages 18–85 with diabetes (Types 1 and 2) who had a kidney health evaluation in the measurement year. **Both** an eGFR and a uACR test are required on same or different dates of service.

- At least 1 estimated glomerular filtration rate (eGFR); AND
- At least 1 urine albumin-creatinine ratio (uACR) test identified by one of the following:
  - A quantitative urine albumin test AND a urine creatinine test (billed for service dates 4 days or less apart);OR
  - A uACR

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quality Rating System</li> <li>• CMS Star Ratings</li> <li>• NCQA Health Plan Ratings</li> </ul>	<p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Claim/encounter data</li> </ul>

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# Kidney Health Evaluation for Patients With Diabetes (KED) (cont.)

## Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

### Estimated glomerular filtration rate lab test

**CPT®/CPT II** 80047, 80048, 80050, 80053, 80069, 82565

**LOINC** 102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6

### Quantitative urine albumin lab test

**CPT®/CPT II** 82043

**LOINC** 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7, 100158-5

### Urine creatinine lab test

**CPT®/CPT II** 82570

**LOINC** 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

### Urine albumin creatinine ratio test

**LOINC** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

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# Kidney Health Evaluation for Patients With Diabetes (KED) (cont.)

## Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members receiving palliative care</li> <li>Members age 81 years or older who had at least 2 frailty diagnoses on different dates of service</li> <li>Members who died</li> </ul>	<p>Any time during the measurement year</p>
<p>Members with evidence of ESRD or dialysis</p>	<p>Any time during the member’s history on or prior to Dec. 31 of the measurement year</p>
<ul style="list-style-type: none"> <li>Members 66-80 years of age as of Dec. 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify as an exclusion:                             <ul style="list-style-type: none"> <li>Frailty: At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81).</li> <li>Advanced illness: Indicated by 1 of the following:                                     <ul style="list-style-type: none"> <li>At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81).</li> <li>Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</li> <li><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</li> </ul>
<p>Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution*</li> </ul>	<p>Any time during the measurement year</p>

\*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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# Kidney Health Evaluation for Patients With Diabetes (KED) (cont.)

## Tips and best practices to help close this care opportunity

- The American Diabetes Association (ADA) and National Kidney Foundation (NKF) guidelines recommend annual kidney health evaluation for patients with diabetes
- Advise members that some complications from diabetes may be asymptomatic. For example, kidney disease is asymptomatic in its earliest stages and routine testing and diagnoses may help prevent/delay some life-threatening complications.
- Create automatic flags in EHR to alert staff to know when members are due for screenings. Use EHR to send text reminders that labs are due. Educate and remind members of the importance and rationale behind having these labs completed annually.
- Provide education to members about the disease process to help increase health literacy and improve management of the health condition
- Foster a PCP-specialist collaboration to ensure labs are completed annually and to prevent duplicate labs or non-compliance
- Order and request labs to have members complete prior to appointment to allow results to be available for discussion on the day of the office visit
- Track and reach out to members who have missed appointments

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