

Kidney Health Evaluation for Patients With Diabetes

Health Net* wants to help your practice increase HEDIS¹ rates. This tip sheet outlines key details of the Kidney Health Evaluation for Patients With Diabetes (KED)² measure, its codes and guidance for documentation.

<p>Measure</p>	<p>The percentage of members ages 18-85 with diabetes (types 1 and 2) who received both an estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR) during the measurement year, on same or different dates of service (DOS), as defined by the following criteria:</p> <ul style="list-style-type: none">■ At least one estimated glomerular filtration rate (eGFR).■ At least one urine albumin-creatinine ratio (uACR) test identified by one of the following:<ul style="list-style-type: none">- Both a quantitative urine albumin test AND a urine creatinine test four or less days apart. <p>OR</p> <ul style="list-style-type: none">- A urine albumin-creatinine ratio (uACR) test.
<p>Exclusions</p>	<p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none">■ Did not have a diagnosis of diabetes in any setting during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.■ With evidence of end-stage renal disease (ESRD) or dialysis any time during their history on or prior to December 31 of the measurement year.■ In hospice or using hospice services any time during the measurement year.■ Received palliative care or died any time during the measurement year.■ Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an Institutional SNP (I-SNP) or living long-term in an institution.■ Ages 66-80 as of December 31 of the measurement year (for all product lines) with at least two indications of frailty AND advanced illness.■ Ages 81 and older as of December 31 of the measurement year (for all product lines) with at least two indications of frailty with different dates of service during the measurement year.

¹Healthcare Effectiveness Data and Information Set (HEDIS).National Committee for Quality Assurance (NCQA). HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

²Reporting not required for Medi-Cal MCAS MY2023/RV2024.

Best practices

- Advise patients 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.
- Routinely refer patients with a diagnosis of type 1 or type 2 diabetes to have their estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR) tested.
- Order labs to have patients complete prior to appointment to allow results to be available for discussion on the day of the office visit.
- Educate patients on how diabetes can affect the kidneys and offer tips on preventing damage to their kidneys.

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	Description	CPT/CPT II/LOINC codes
Code sets	Estimated Glomerular Filtration Rate Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6
	Quantitative Urine Albumin Lab Test	CPT: 82043 LOINC: 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
	Urine Creatinine Lab Test	CPT: 82570 LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
	Urine Albumin Creatinine Ratio Lab Test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

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