





Kidney Health Evaluation for Patients With Diabetes

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

Measure

The percentage of members ages 18-85 with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** urine albumin-creatinine ratio (uACR) during the measurement year, on the same or different dates of service (DOS), as defined by the following criteria:

- At least one estimated glomerular filtration rate (eGFR).
- At least one urine albumin-creatinine ratio (uACR) test identified by one of the following:
 Both a quantitative urine albumin test AND a urine creatinine test four or less days apart.

OR

- A urine albumin-creatinine ratio (uACR) test.

Updates:

- Updated the age stratifications to align with the National Kidney Foundation.
- Stratification by race and ethnicity for each product line.

Members who meet any of the following criteria are excluded from the measure:

- 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.

Required exclusions

- 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.
- Dispensed dementia medication.

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.
- Ask members if they are at risk due to social determinants of health.
- Lab test reports should indicate both an eGFR and uACR were performed during the measurement year on the same or different dates of service.
- If using an in-office analyzer for urine testing, be sure to confirm the type of urine albumin test that is performed. Some analyzers only measure semi-quantitative urine albumin, require a different CPT code, and will not close this measure.
- When ordering the urine test, be sure that the albumin and creatinine values are being measured and reported, and that both codes are being billed (82043, 82570).

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Code sets	Description	CPT/CPT II/LOINC codes
	Estimated Glomerular Filtration Rate Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 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: 82043 LOINC: 100158-5, 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, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

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Best practices