# Kidney Health Evaluation for Patients with Diabetes (KED)

2025

Members ages 18-85

#### COMMERCIAL | MEDICARE | MEDICAID

#### **Measure definition**

Members with diabetes (type 1 or type 2) who received a kidney health evaluation including **both** of the following during measurement year (MY):

- Estimated glomerular filtration rate (eGFR) and
- Urine albumin-creatinine ratio (uACR)

**Both** a quantitative urine albumin test **and** a urine creatinine test with service dates **four days or less apart** 



### **Medical record requirements**

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected



#### Commonly used claim codes\*

(Not all-inclusive)

- eGFR: 80047, 80048, 80050
   -and-
- Quantitative urine albumin test: 82043
- Urine creatinine lab test: 82570
- Urine albumin creatinine ratio lab test: 9318-7

#### **Exclusions:**

- ESRD: N18.6
- Chronic kidney disease, stage 5: N18.5
- Dependence on renal dialysis: Z99.2
- Dialysis procedure: 90999

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your HEDIS plan representative.

# Required exclusions (Other exclusions may also apply)

- · Members with evidence of ESRD
- Members who had dialysis
- Members who have died during the measurement year
- Members in hospice or using hospice services during the measurement year
- Members receiving palliative care anytime during the measurement year
- Members who had an encounter for palliative care anytime during the measurement year
- Medicare Members ages 66 and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an institutional SNP (I-SNP) anytime during the measurement year
  - Living long-term in an institution anytime during the measurement year as identified by the LTI flag in the Monthly membership Detail Data File



- Members ages 66–80 and older by end of the measurement year with frailty and advanced illness.
   Members must meet both frailty and advanced illness criteria to be excluded:
  - For frailty: At least two indications of frailty with different dates of service during the measurement year
  - For advanced illness: Either of the following during the measurement year or year prior to the measurement year:
    - · Advanced illness on at least two different dates of service
    - · Dispensed dementia medication
- Members ages 81 and older as of December 31 of the measurement year with at least two
  indications of frailty with different dates of service during the measurement year

## **Insights and recommendations**

- To be identified as diabetic, member must have one of the following during the measurement year **or** year prior to the measurement year:
  - At least two diagnoses of diabetes on different dates of service or
  - A dispensed insulin or hypoglycemics/antihyperglycemic and at least one diagnosis of diabetes
- · Order both the blood and urine components and apply appropriate coding
- Bill/code labs performed in-house
- Remind members to take medication as prescribed
- Educate members how diabetes affects kidneys and how to prevent kidney damage
- Coordinate diabetic care as needed with specialists, such as endocrinologists, nephrologists, cardiologists and ophthalmologists

\*FOR COMMONLY USED CODES: Not a comprehensive list of codes.

For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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The above information is not a complete list of services for this measure. For a complete list, please refer to the NCQA website at **NCQA.org**. HEDIS 2025 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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