

Condition management – diabetes

Kidney Health Evaluation for Patients With Diabetes (KED)

Kidney Health Evaluation for Patients With Diabetes (KED) Measure Year 26 | Weight = 1

Measurement period

Jan. 1–Dec. 31

Eligible population

18–85 years of age with type 1 or 2 diabetes

Service required

Diabetic patients must have an annual kidney health evaluation to assess kidney function. The evaluation is a kidney health evaluation that must include both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) within the measurement period.

- Two urine tests may replace a ratio test:
 - One must contain a quantitative urine albumin test
 - One must contain a urine creatinine test
 - The two urine tests must be performed within four days of one another.

Both eGFR and uACR results are needed for compliance. Both should be submitted within the measure year.

Supplemental data can be used to close a gap in the current year or to report a required exclusion (see exclusion list).

Exclusions

During the measurement period or the year prior:

- Patients who did not have a diagnosis of diabetes and did have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.

During the measurement period:

- Patients in hospice, using hospice services or receiving palliative care
- Patients who died
- Patients with ESRD or dialysis
- Patients 66 years of age and older living long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP)
- Patients 66–80 years of age with both [frailty and advanced illness](#)
- Patients 81 years of age and older with [frailty](#)

Measure best practices

- Review diabetes services needed at each office visit.
- Refer patients for both an estimated eGFR and a urine albumin creatinine ratio (uACR) during the measurement year if not able to complete in office.
- Ensure the practice has a process to conduct reviews of patients' records when diagnosed with diabetes, and those who are new to the practice or Medicare, especially those who are also receiving care from specialists.
- Submit records that document evidence of completed tests in the measurement year through supplemental data.
- At least once a year, ensure both tests are conducted for this measure regardless of other semi-quantitative methods that might be used.
- Ensure claims and encounters are submitted timely and, if no claim is submitted, provide evidence and results of tests via supplemental data records. Ensure tests meet the appropriate time frame for measure compliance.

Healthcare Effectiveness Data and Information Set (HEDIS®)

Blood test	AND	Urine test (must include both quantitative albumin and urine creatinine)		
		Option 1	Option 2	
Estimated glomerular filtration rate lab test (eGFR)		Urine albumin-creatinine ratio (uACR)	Quantitative urine albumin lab test	Urine creatinine lab test
CPT: 80047, 80048, 80050*, 80053, 80069, 82565		LOINC: 102097-3, 50044-7, 98979-8, 98980-650210-4, 50384-7, 62238-1, 69405-9, 70969-1,	CPT code 82043	CPT code 82570
			If submitting two urine tests: • One must be quantitative urine albumin lab test • The other must be urine creatinine lab test • The two test dates must be within the measurement year and the test dates must be within four days of each other	

* 80050 is a general health panel; providers must share the components of the panel for Humana to pay.

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