



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Kidney Health Evaluation for Patients with Diabetes (KED)

Effectiveness of Care HEDIS® Measure

Measurement description

Percentage of diabetic patients who received a kidney health evaluation.

Measure population (denominator)

Patients 18-85 years old with diabetes (Type 1 or Type 2).

Either of the following during the measurement year or the year prior to the measurement year:

- **Encounter data:** at least two diagnoses of diabetes on different dates of service
- **Pharmacy data:** dispensed insulin or hypoglycemics/antihyperglycemics AND have at least one diagnosis of diabetes
 - This includes semaglutides

Did you know?

- Diabetes and high blood pressure are the most common causes of kidney disease.
- Adequate control of blood sugar and blood pressure have been shown to lower the risk of developing kidney disease.
- Kidney disease often develops slowly, consequently many are unaware until the disease is advanced and requires dialysis or a kidney transplant.
- Kidney disease is more common in women, people over 65, as well as Black and Hispanic adults.

Diabetes medications

Alpha-glucosidase inhibitors	Amylin analogs	Antidiabetic combinations	Biguanides
Insulin	Meglitinides	Sulfonylureas	Thiazolidinediones
Glucagon-like peptide-1 (GLP I) agonists	Dipeptidyl peptidase-4 (DDP-4) inhibitors	Sodium glucose cotransporter 2 (SGLT2) inhibitor	

Measure compliance (numerator)

Diabetic patients who received **both** of the following during the measurement year:

1. Serum estimated glomerular filtration rate (eGFR)
 2. Urine albumin creatinine ratio (uACR) identified by *either* of the following:
 - **Both** a quantitative urine albumin test **and** a urine creatinine test from the same urine sample
- Or**
- Urine albumin creatinine ratio test (uACR). Closed by LOINC codes only.

Exclusions

- Are age 66–80 with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*)
- Received hospice services anytime during the measurement year
- Are age 81 or older with frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*)
- Received palliative care during the measurement year
- End stage renal disease (ESRD) or dialysis anytime during the patient's history
- Deceased during the measurement year

Helpful HEDIS hints

- 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.
- Lab test reports should indicate both an eGFR and uACR were performed during the measurement year on the same or different dates of service.
- Order labs to be completed prior to patient appointments.
- Ensure labs are ordered at least annually, preferably at the beginning of the year.
- Educate patients about the importance of routine screening and medication compliance.
- Review diabetic services needed at each office visit.
- When ordering the urine test, be sure that the albumin and creatinine values are being measured, reported, and **both codes are being billed (82043, 82570)**.

Tips for coding

To ensure gap closure, verify the practitioner orders and lab facilities include all three tests below:

Note: Measure can only be closed through claims or EMR supplemental data feed.

CPT® code	Laboratory Test
80047, 80048, 80050, 80053, 80069, 82565	Estimated Glomerular Filtration Rate Lab Test (eGFR)
82043	Quantitative Urine Albumin Test
82570	Urine Creatinine Lab Test

Document and bill exclusions annually (see the *Advanced Illness and Frailty Guide* for details).

Resources

1. Centers for Disease Control and Prevention (CDC). 2024. "Chronic Kidney Disease." cdc.gov/diabetes/diabetes-complications/diabetes-and-chronic-kidney-disease.html
2. Centers for Disease Control and Prevention (CDC). 2024. "Chronic Kidney Disease in the United States, 2023." cdc.gov/kidney-disease/php/data-research/"cdc.gov/kidney-disease/php/data-research/
3. Centers for Disease Control and Prevention (CDC). 2024. "Preventing Chronic Kidney Disease." cdc.gov/kidney-disease/prevention/

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