

Kidney Health Evaluation for Patients with Diabetes (KED)

HEDIS Tip Sheet MY 2024



Measure definition

The percentage of members 18 – 85 years of age with diabetes (types 1 and 2) during the measurement year who received a kidney health evaluation

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid Medicare	CMS Quality Rating System NCQA Health Plan Ratings	Administrative: Claim/Encounter Data

Must complete both of the following laboratory tests:

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

Best practices for quality care

- Refer members aged 18 – 85 with a diagnosis of diabetes (type 1 and 2) for both lab testing eGFR and uACR.
- Discuss and follow up lab results with patients.
- Educate on how diabetes (type 1 and 2) can affect the kidneys and offer the patient options on preventing further damage to their kidneys.
- Take medications as prescribe that can protect kidney function (ACE inhibitors or ARBs).
- Coordinate care with specialists.
- Track and reach out to members that have missed appointments.

Quality score improvement tips

- Collect the correct appropriate testing within the specific timeframe.
- Document date of services and test performed with results.
- Use the correct codes to indicate services was performed.

Exclusions

- Members with a diagnosis of ESRD or had dialysis any time during the member’s history on or prior to December 31 of the measurement year.
- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members receiving palliative care or had an encounter for palliative care during the measurement year.
- Members who died any time during the measurement period.
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an institutional SNP (I-SNP) any time during the measurement year.

- Living long-term in an institution any time during the measurement year.
- Members 66–80 years of age and older by Dec. 31 measurement year with both frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded:
 - Frailty – At least two indications of frailty with different dates of service any time during the measurement year.
 - Advanced illness – Either of the following any time during the measurement period or the year prior to the measurement year:
 - Advanced illness on at least two different dates of service.
 - Dispensed dementia medication (Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine).
- Members 81 years of age 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.

Numerator codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES		DESCRIPTIONS
CPT	80047 - 80048	Basic metabolic panel (eGFR)
CPT	80050	General health panel (eGFR)
CPT	80053	Comprehensive metabolic panel (eGFR)
CPT	80069	Renal function panel (eGFR)
CPT	82565	Creatinine; blood (eGFR)
CPT	82043	Urine, quantitative (uACR)
CPT	82570	Creatinine; other sources (uACR)

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.