

Kidney Health Evaluation for Patients with Diabetes (KED)

Measure Description: Percentage of diabetic patients who received a kidney health evaluation.

Why Does it Matter?

Diabetes and high blood pressure are the most common causes of kidney disease. Kidney disease often develops slowly, so many are not aware until their kidney disease is advanced and requires intense medical treatment, such as dialysis or a kidney transplant. Preventive measures like adequate control of blood sugar and blood pressure can help lower the risk of developing kidney disease and prevent or delay further damage. Jefferson Health Plans is considering adding this as a QCP measure in 2025, so it's important that you understand this measure and how you can positively impact your performance.

Measure Population (Denominator)

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

One 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.

Measure Compliance (Numerator)

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

- Serum estimated glomerular filtration rate (eGFR)
- Urine albumin creatinine ratio (uACR) 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, or
 - Urine albumin creatinine ratio test (uACR)

If Jefferson Health Plans adds this measure to our 2025 QCP Program, both tests will need to be performed in order for your patients to be considered compliant and for your practice to receive any incentive payment.

Best Practices

- ✓ Review diabetic services needed at each office visit and order if needed.
- ✓ Educate patients on the importance of medication adherence and attending follow up appointments to monitor if interventions are effective or need adjustments.
- ✓ Remind patients it is important to control blood glucose, cholesterol sodium levels and blood pressure to prevent or delay diabetic related complications (kidney and heart failure).
- ✓ Please ensure that both an eGFR and uACR are ordered at the beginning of each year. Each test can be performed on the same date of service or different dates of service.
- ✓ Remind your patients to complete ordered labs at least a week in advance of their scheduled appointment.
- ✓ Lab test report should indicate that both an eGFR and uACR were performed in the same measurement year.
- ✓ Please document in the patient's medical record on both the eGFR and uACR separately. Clinical documentation must include the name of the lab ordered, specimen collection date, lab result and patient notification of result. Please follow up if lab shows an abnormal result. Make sure to sign off with credentials and the date.
 - 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).
 - 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.

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Exclusions

- Are age 66–80 with advanced illness and frailty
- Received hospice services anytime during the measurement year
- Are age 81 and older with frailty during the measurement year
- Received palliative care during the measurement year
- End stage renal disease (ESRD) or dialysis
- Members 65 years of age and older as of 12/31 of the measurement year who are:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year, OR
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File
- Dispensed a dementia medication
- Deceased during the measurement year

Coding Tips

To ensure compliance, ensure the practitioner orders, and lab facilities include, **all appropriate** codes below:

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

Make sure to also document and bill exclusions annually.

Note: This measure is closed administratively via claims. It is imperative that clinical documentation supports medical coding.

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