



Kidney Health Evaluation for Patients with Diabetes (KED)

The Kidney Health Evaluation for Patients with Diabetes measure evaluates patients 18-85 years of age with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR) during the measurement year.

Product lines	Quality programs impacted	Collection and reporting method
<ul style="list-style-type: none"> Commercial Medicaid Medicare 	<ul style="list-style-type: none"> CMS Star Ratings NCQA Health Plan Ratings State Performance Measure Quality Rating System 	<ul style="list-style-type: none"> Administrative Claim data

Numerator compliance	<p>Patients who received both an eGFR and a uACR during the measurement year on the same or different dates of service</p> <ul style="list-style-type: none"> At least one eGFR At least one uACR identified by either of the following: <ul style="list-style-type: none"> Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart. <i>For example:</i> If the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year A uACR 		
Denominator eligibility criteria	<p>A member is considered eligible for the KED measure if they have evidence of a diabetes diagnosis in one of the following ways:</p> <ul style="list-style-type: none"> Claims/encounter data: At least two separate diagnoses of diabetes on different dates of service, either during the measurement year or the year prior Pharmacy data: At least one diagnosis of diabetes and at least one prescription fill for a diabetes medication (such as insulin or a hypoglycemic/antihyperglycemic medication), during the measurement year or the year prior 		
Time period	Jan. 1, 2026 – Dec. 31, 2026		
Billing codes	Description	Code type	Codes
	Estimated Glomerular Filtration Rate (eGFR) lab test	CPT	80047, 80048, 80050, 80053, 80069, 82565

	LOINC	102097-3, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
Quantitative urine albumin lab test	CPT	82043
	LOINC	100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine creatinine lab test	CPT	82570
	LOINC	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Urine albumin creatinine ratio lab test	LOINC	13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Frequency/ occurrence	At least once a year	
Required exclusions	<ul style="list-style-type: none"> • End-stage renal disease (ESRD) diagnosis any time during the patient's history • Patients who had dialysis any time during the patient's history • Medicare members 66 years of age and older as of December 31 of the measurement year who are enrolled in an institutional SNP (I-SNP) or living long-term in an institution (LTI) • Members 66-80 years of age as of December 31 of the measurement year with frailty and advanced illness / dispensed dementia medication • Members 81 years of age or older as of December 31 of the measurement year with frailty 	
Test, service or procedure to close care opportunity	<ul style="list-style-type: none"> • At least 1 estimated glomerular filtration rate (eGFR) test: AND • At least 1 urine albumin-creatinine ratio (uACR) test identified by one of the following: <ul style="list-style-type: none"> ○ A quantitative urine albumin test and a urine creatinine test 4 days or less apart; OR ○ A uACR 	
Medical record documentation (including but not limited to)	<p>Medical record dates: Jan. 1, 2026 – Dec. 31, 2026</p> <ul style="list-style-type: none"> • Consultation reports • Lab reports • Progress notes <p>Submit medical record documentation for open gaps of care to Priority Health HEDIS department:</p> <ul style="list-style-type: none"> • Electronically uploading medical records – please contact HEDIS@PriorityHealth.com to get a file set up or for more information • Email: HEDIS@PriorityHealth.com • Fax: 616.975.8897 • Mail: HEDIS at 1231 E Beltline, NE Mail Stop 1280, Grand Rapids, MI, 49525 	
Common chart deficiencies	No eGFR <u>and</u> uACR test in medical record for the measurement year	

Tips and best practices

→ Check your PIP reports to identify patients with open care opportunities

- Use EHR/EMR alerts for patients due for an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)
- Coordinate care with specialists such as an endocrinologist or nephrologist as needed
- Visit [Kidney Health Toolkit – NCOA](#) to learn more about best practices in promoting kidney health

eGFR and uACR lab reports can be accepted as supplemental data.