

# Kidney Health Evaluation for Patients With Diabetes (KED)


## New for 2023

### Added

- A direct reference code, Z51.5, for an encounter for palliative care
- Frailty exclusion now requires 2 different dates of service during the measurement year

### Updated

- Members with no diagnosis of diabetes and a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes are now required exclusions
- Members who died during the measurement year is now a required exclusion



**Yes!**  
Supplemental Data Accepted

## Definition

Percentage of members ages 18–85 with diabetes (Types 1 and 2) who had a kidney health evaluation in the measurement year. **Both** an eGFR and a uACR test are required on same or different dates of service.

- At least 1 estimated glomerular filtration rate (eGFR); **AND**
- At least 1 urine albumin-creatinine ratio (uACR) test identified by one of the following:
  - A quantitative urine albumin test **AND** a urine creatinine test 4 or less days apart; OR
  - A uACR

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> <li>• Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quality Rating System</li> <li>• NCQA Health Plan Ratings</li> </ul>	<b>Administrative</b> <ul style="list-style-type: none"> <li>• Claim/Encounter Data</li> </ul>

## Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

Estimated Glomerular Filtration Rate Lab Test	
<b>CPT®/CPT II</b>	80047, 80048, 80050, 80053, 80069, 82565
<b>LOINC</b>	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6
<b>SNOMED</b>	12341000, 18207002, 241373003, 444275009, 444336003, 446913004, 706951006, 763355007

(Codes continued)

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## Codes (continued)

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

### Quantitative Urine Albumin Lab Test

<b>CPT®/CPT II</b>	82043
<b>LOINC</b>	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
<b>SNOMED</b>	104486009, 104819000

### Urine Creatinine Lab Test

<b>CPT®/CPT II</b>	82570
<b>LOINC</b>	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
<b>SNOMED</b>	8879006, 36793009, 271260009, 444322008

### Urine Albumin Creatinine Ratio Test

<b>LOINC</b>	13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
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## Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> <li>Members in hospice or using hospice services</li> <li>Members receiving palliative care</li> <li>Members age 81 years or older who had at least 2 frailty diagnoses on different dates of service</li> <li>Members who died</li> </ul>	Any time during the measurement year
Members with evidence of ESRD or dialysis	Any time during the member’s history on or prior to December 31 of the measurement year
<p>Members ages 66-80 as of December 31 of the measurement year who had at least 2 diagnoses of frailty on different dates of service and advanced illness.* Advanced illness is indicated by one of the following:</p> <ul style="list-style-type: none"> <li>Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s) on separate dates of service with a diagnosis of advanced illness</li> <li>One or more acute inpatient encounter(s) with a diagnosis of advanced illness</li> <li>One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim</li> <li>Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine</li> </ul>	<p><b>Frailty</b> diagnoses must be in the measurement year and on different dates of service</p> <p><b>Advanced illness</b> diagnosis must be in the measurement year or year prior to the measurement year</p>
<p>Medicare members ages 66 and older as of December 31 of the measurement year who are either:</p> <ul style="list-style-type: none"> <li>Enrolled in an Institutional Special Needs Plan (I-SNP)</li> <li>Living long term in an institution*</li> </ul>	Any time during the measurement year
Members with no diagnosis of diabetes and a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes are now required exclusions	Any time during the measurement year or the year prior to the measurement year

\*Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.

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## Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- The American Diabetes Association (ADA) and National Kidney Foundation (NKF) guidelines recommend annual kidney health evaluation for patients with diabetes.
- Advise members that some complications from diabetes may be **asymptomatic**. For example, kidney disease is **asymptomatic** in its earliest stages and routine testing and diagnoses may help prevent/delay some life-threatening complications.
- Create automatic flags in EHR to alert staff to know when members are due for screenings. Use EHR to send text reminders that labs are due.
- Educate and remind members of the importance and rationale behind having these labs completed annually.
- Provide education to members about the disease process to help increase health literacy and improve management of the health condition.
- Foster a PCP-specialist collaboration to ensure labs are completed annually and to prevent duplicate labs or non-compliance.
- Order and request labs to have members complete prior to appointment to allow results to be available for discussion on the day of the office visit.
- Track and reach out to members who have missed appointments.