

Kidney Health Evaluation for Patients With Diabetes (KED)

New for 2024

Added

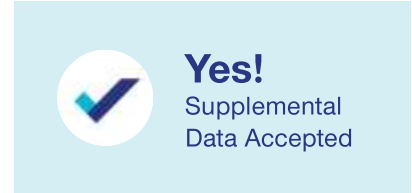
- Rates are stratified by race and ethnicity

Updated

- Method for identifying advanced illness in exclusions
- Members who do not have a diagnosis of diabetes is no longer a required exclusion

Clarified

- Laboratory claims cannot be used for exclusions related to ESRD, palliative care, advanced illness and frailty



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"> • Commercial • Exchange/Marketplace • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> • Claim/Encounter Data

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	
CPT®/CPT II	80047, 80048, 80050, 80053, 80069, 82565
LOINC	50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
SNOMED	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

CPT®/CPT II	82043
LOINC	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7, 100158-5
SNOMED	104486009, 104819000

Urine Creatinine Lab Test

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

Urine Albumin Creatinine Ratio Test

LOINC	13705-9, 14958-3, 14959-1, 30000-4, 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"> Members in hospice or using hospice services Members receiving palliative care Members age 81 years or older who had at least 2 frailty diagnoses on different dates of service Members who died 	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
<ul style="list-style-type: none"> Members 66-80 years of age as of December 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to qualify as an exclusion: <ul style="list-style-type: none"> – Frailty: At least 2 diagnoses of frailty on different dates of service during the measurement year. Do not include claims where the frailty diagnosis was from an independent lab (POS 81). – Advanced Illness: Indicated by one of the following: <ul style="list-style-type: none"> o At least 2 diagnoses of advanced illness on different dates of service during the measurement year or year prior. Do not include claims where the advanced illness diagnosis was from an independent lab (POS 81). o Dispensed dementia medication Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine. 	<p>Frailty diagnoses must be in the measurement year and on different dates of service</p> <p>Advanced illness 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"> Enrolled in an Institutional Special Needs Plan (I-SNP) Living long term in an institution* 	Any time during the measurement year

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

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association. UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member’s benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

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Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist 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.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
 - As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.