





# **Kidney Health Evaluation for Patients with Diabetes** (KED)



#### Did you know?

According to the National Institute of Health, **diabetes is the leading cause of chronic kidney disease affecting almost one-in-three people**. While clinical guidelines recommend that all people with diabetes have routine tests to detect kidney disease, less than half get the needed tests. Because kidney disease does not show symptoms until later stages of the disease, early detection is key. The kidney health evaluation (KED) assesses both kidney function with an estimated glomerular filtration rate (eGFR) and kidney damage with a urine albumin-creatinine ratio (uACR) to develop an appropriate treatment plan.



### **Measure description**

The percentage of members 18 to 85 years of age with diabetes (type 1 and type 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.



### Key tips

- ✓ Discuss importance of regular evaluation of kidney function with patients.
- Best practice: Order estimated glomerular filtration rate (eGFR) and urine albumincreatinine ratio (uACR) lab tests.
- ✓ If urine albumin and urine creatinine tests are ordered separately, they *must be completed within four calendar days of each other*.
- ✓ Schedule routine visits with patients with diabetes.



## What do you need to do?

- ✓ **Order both** an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).
- Submit claims (CPT, CPT II codes, etc.) and encounter data in a timely manner, including diagnosis codes.

The suggested codes for these services include:



#### Measure codes

There is a large list of approved National Committee for Quality Assurance codes used to identify the services included in the KED measure.

