



2024 KED
Kidney Health Evaluation for Patients
with Diabetes

Kidney Health Evaluation for Patients with Diabetes (KED)

Diabetes & Kidney Health



Diabetes is the leading cause of chronic kidney disease (CKD)—approximately 1 in 3 adults with diabetes has CKD.



CKD gets worse over time and can lead to heart disease, stroke and kidney failure.



As many as 90% of people with CKD do not know they have it, because it often has no symptoms.



Primary detection (kidney health evaluation) and management of kidney disease can prevent these complications and can stop or slow further kidney damage.

Kidney Health Evaluation for Patients with Diabetes (KED)

- Quick Overview

Measure Description

The percentage of patients 18-85 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 an urine albumin creatinine ratio (uACR) during 2024 on the same or different dates of service.

Required:

- At least one eGFR during 2024
- At least one uACR during 2024 identified by either of the following:
 - A quantitative urine albumin test and a urine creatinine test with service dates four or less days apart
 - A uACR

Measure Steward: National Committee for Quality Assurance (NCQA)



Patients 18-85 years of age with diabetes (Type 1 and Type II)



estimated glomerular filtration rate (eGFR) **and** an urine albumin creatinine ratio (uACR) during 2024

Reminder: A urinalysis will NOT close this care opportunity.

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Required Exclusions

- **Hospice or palliative care services** anytime during the current performance year
- Patients who **passed away** anytime during the current performance year
- Patients with evidence of **end stage renal disease** (ESRD) **or dialysis** anytime during the patient's history through the end of the current performance year



The following exclusions are closed by **claims only**.

- Medicare patients 66 years of age and older as of the end of the current performance year who meet either of the following: enrolled in an Institutional SNP (I-SNP) or residing in long-term care as identified by the LTI flag in the CMS Monthly File any time during the performance year
- Patients 66-80 years of age and older as of the end of the current performance year with two frailty indications on different dates of service during the current performance year and an advanced illness diagnosis on at least two different dates of service or dispensed dementia medication during the current performance or prior year.
- Patients 81 years of age and older as of the end of the current performance year with two frailty indications on different dates of service during the current performance year.

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Best Practices

- Order a diabetes screening test every year
- Build care gap “alerts” in your electronic medical record
- Follow up with patients to discuss and educate on effects of diabetes
- Coordinate care with patients’ other providers
- Outreach patients who have not had their labs and ask them to complete as soon as possible
- Educate the patient on symptoms of new-onset diabetes
- Educate the patient about the importance of early detection and encourage screening

eGFR CPT: 80047, 80048, 80050, 80053, 80069, 82565

Quantitative Urine Albumin Lab CPT: 82043

AND

Urine Creatinine Lab Test CPT: 82570

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Other care for the diabetic patient



Compliance with diabetic medications

Hemoglobin A1C monitoring

Statin - either intermittent or daily use

Diabetic retinal eye exams



Thank You!