EQUALITY HEALTH

Quality Measures Guide

Kidney Health Evaluation for Patients with Diabetes (KED)

Why is KED important?

People living with diabetes are at high risk for chronic kidney disease (CKD), affecting about 1 in 3 adults with diabetes. Because CKD often has no symptoms, up to 90% of people don't know they have it, making yearly kidney health checks important. Early detection and treatment can help prevent or slow kidney damage and reduce the risk of heart disease, stroke, and kidney failure.

KED HEDIS Quality Measure Description

Kidney Health Evaluation for Patients with Diabetes assesses whether adults 18–85 years of age with diabetes (type 1 and type 2) received an annual kidney health evaluation, which requires **both** a blood test for kidney function (estimated glomerular filtration rate [eGFR]) **AND** a urine test for kidney damage (urine albumin creatinine ratio [uACR]).

Numerator Compliance

Members will need to have both an eGFR and a uACR during the measurement year on the same or different dates of service:

One eGFR (blood) + One uACR (urine) + accurate billing and coding = Compliance with the KED measure

To satisfy compliance and fully close the measure gap, both of the following laboratory tests must be **ordered, performed, and properly billed: Quantitative urine albumin test** – CPT code 82403 **Urine creatinine test** – CPT code 82570. These two CPT codes must be submitted **together**, as they represent the only acceptable combination for fulfilling the measure requirement.

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Best Practices

- **Order both required tests annually:** Ensure patients with diabetes receive both an estimated glomerular filtration rate (eGFR) blood test and a urine albumin creatinine ratio (uACR) test during the measurement year.
- **Use the correct urine test:** Order a quantitative uACR test rather than a urine dipstick or a standalone urine protein test, which do not satisfy the measure.
- **Build reminders into workflows:** Use EHR alerts, standing orders, or pre visit planning to identify patients who are due for kidney health testing.
- **Coordinate lab work:** Bundle kidney health tests with other routine diabetes labs, such as A1C or lipid testing, to reduce missed opportunities.
- **Review results and act promptly:** Discuss abnormal findings with patients, optimize diabetes and blood pressure management, and consider evidence based therapies that help protect kidney function when appropriate.
- **Refer when needed:** Coordinate care with nephrology for patients with advanced CKD, rapidly declining kidney function, or persistent significant albuminuria.
- **Educate patients:** Explain that CKD often has no symptoms and that annual testing helps detect problems early, when treatment is most effective. Also educate patients on the importance of managing chronic conditions such as hypertension, diabetes and elevated cholesterol are important in kidney health.
- **Track performance:** Regularly review CareEmpower to identify patients who still need one or both kidney health tests before the end of the measurement year.