

# Kidney Health Evaluation for Patients With Diabetes (KED)

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Kidney Health Evaluation for Patients With Diabetes measure, best practices and more resources.

The percentage of members 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 a urine albumin-creatinine ratio (uACR), during the measurement year

**LOB**  
Medicare  
Commercial  
Medicaid

**CMS Weight**  
N/A

**HEDIS**  
2024

## Compliance

- Members are compliant and included if they received both of the following during the measurement year on the same or different dates of service:
  - At least one estimated glomerular filtration rate (eGFR) any time during the measurement year
  - A urine albumin-creatinine (uACR): a quantitative urine albumin test and urine creatinine test four or fewer days apart during the measurement year. The albumin measurement cannot be taken from the same sample but can be collected the same day

**Note: Both urine tests need service dates four or fewer days apart.**

## Exclusions

- Are age 66–80 with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide)
- Received hospice services anytime during the measurement year
- Are age 81 and older with frailty during the measurement year
- Received palliative care during the measurement year
- End stage renal disease (ESRD) or dialysis
- Deceased during the measurement year

Diabetes is the leading cause of chronic kidney disease (CKD)—approximately 1 in 3 adults with diabetes has CKD. CKD happens when an individual’s kidneys are damaged and unable to filter blood as well as usual.

**Best Practices**

- Lab test reports should indicate both an eGFR and uACR were performed during the measurement year on the same or different dates of service.
- Order labs to be completed prior to patient appointments.
- Ensure labs are ordered at least annually, preferably at the beginning of the year.
- Educate patients about the importance of routine screening and medication compliance.
- Review diabetic services needed at each office visit.
- When ordering the urine test, be sure that the albumin and creatinine values are being measured, reported, and both codes are being billed (82043, 82570).

**Tips for coding:**

To ensure gap closure, verify the practitioner orders and lab facilities include all three codes below.

CPT Code	Lab Test
80047, 80048, 80050, 80053, 80069, 82565	Estimated Glomerular Filtration Rate Lab Test (eGFR)
82043	Quantitative Urine Albumin Test
82570	Urine Creatinine Lab Test

**Note: Measure can only be closed through claims. CPT® code Laboratory Test**

**For additional best practices regarding KED:**

<https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>

<https://www.kidney.org/atoz/content/about-chronic-kidney-disease>