

# PROVIDER BULLETIN

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



### Importance of Kidney Screenings

Diabetes is the leading cause of chronic kidney disease (CKD). Diabetic kidney disease is one of the most common adverse effects of Diabetes affecting 20 – 40% of the diabetic population.

NCQA developed a new measure Kidney Health Evaluation for Patients with Diabetes (KED) to assess kidney function and damage and enable early diagnosis of chronic kidney disease (CKD).

This bulletin will offer tips, best practice suggestions, coding, useful information, and links to resources to help Aetna providers deliver high-quality, timely care, and ensure the proper billing of these services.



### Documentation Requirements

The medical record must contain the following evidence during the measurement year :

- Date of Service
- One eGFR
- One uARC defined by:
  - A quantitative urine albumin AND urine creatinine test less than four days apart



### Coding Information

To improve HEDIS scores, include the appropriate ICD-10 informational codes with your claims for administrative compliance. By doing this you will be acknowledged for the services you provide and it will decrease the need for medical record reviews.

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

LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 62238-1, 70969-1

Quantitative Urine Albumin CPT: 82043 and Urine Creatinine CPT: 82590



### Measure Requirements

HEDIS requires individuals 18–85 years of age with diabetes (type 1 or type 2) to receive a kidney health evaluation, defined by two tests :

An estimated glomerular filtration rate (eGFR) and

A urine albumin-creatinine ratio (uACR), during the measurement year.

\*Lab results meet criteria



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## Chronic Kidney Disease Facts

Kidney disease is underdiagnosed in primary care with as many as 90% of diabetics unaware they have the disease. This includes as many as 50% of people with advanced kidney disease who may ultimately require dialysis or a transplant to survive.

According to current estimates:\*

CKD is more common in people aged 65 years or older (38%) than in people aged 45–64 years (13%) or 18–44 years (7%).

CKD is more common in women (15%) than men (12%).

CKD is more common in non-Hispanic blacks (16%) than in non-Hispanic whites (13%) or non-Hispanic Asians (12%).

About 14% of Hispanics have CKD.

Almost 90% of adults with type-2 diabetes and CKD are not currently diagnosed, and as many as 50% of patients with advanced CKD (Stage G4) remain undiagnosed in primary care populations.



## Great KED Resources

NCQA: Kidney Health: A New HEDIS Measure  
<https://blog.ncqa.org/kidneyhealth/>

CDC: Take care of your kidney and they will take care of you  
<https://www.cdc.gov/kidneydisease/prevention-risk/take-care.html>

NKF: Free Screening  
<https://www.kidney.org/keephealthy>

NKF: Free Risk Test  
[https://www.kidney.org/phi/form?version=awareness&utm\\_source=CVS&utm\\_medium=web&utm\\_campaign=RiskCampaign&source=CVS](https://www.kidney.org/phi/form?version=awareness&utm_source=CVS&utm_medium=web&utm_campaign=RiskCampaign&source=CVS)



## Here For You

Thank you for the excellent care provided to our members!

For questions or for more information, send an email to:  
[FLMedicaidQualityDept@aetna.com](mailto:FLMedicaidQualityDept@aetna.com)



## BEST PRACTICES

### Tips to improve KED results

- Timely submission of claims and encounter data
- Use of complete and accurate Value Set Codes

### Patient Education

- Provide free educational material regarding ways they can lower their risk for kidney failure
- Discuss the importance of reaching their blood glucose goals and controlling their blood pressure
- Educate patients about diabetes effect on kidneys and the importance of these tests
- Encourage patients about developing or maintaining a healthy lifestyle habit
- Emphasize the importance of medication adherence.
- Schedule follow up visits for diabetic testing and blood pressure readings