

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

## Chronic Kidney Disease (CKD)

Kidney disease is the leading cause of death in US.



Of patients with diabetes develop CKD.



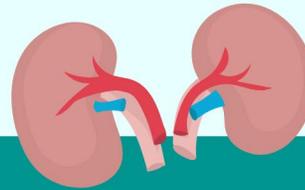
Of patients with diabetes are not receiving recommended testing for CKD.



More than 1 in 7 US adults (about 35.5 million people) have CKD – as many as 90% are undiagnosed because it has no symptoms.

**CKD is a disease multiplier – it significantly increases risk for cardiovascular events and mortality.**

**380**  
The number of people who begin dialysis treatment for kidney failure every day.



**\$86.1 Billion**

In 2021, Medicare fee-for-service (FFS) spending for beneficiaries with CKD was \$86.1B, 22.6% of total Medicare FFS spending.



Medicare FFS spending for CKD increased by 40% between 2011 and 2021.

## KED Measure Description

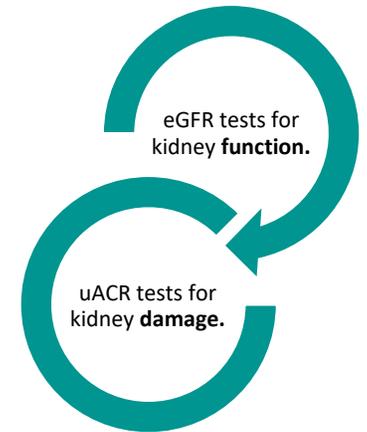
Percent of beneficiaries 18-85 years old with diabetes (type 1 or 2) who received a kidney health evaluation – estimated glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (uACR) – during the measurement year.

## Why test both?

Both tests are needed to have a clear picture of kidney health. Early recognition can slow progression and reduce rising cardiovascular risk.

## What qualifies as a uACR?

Both a quantitative urine albumin test AND a urine creatinine test with service dates ≤ 4 days apart OR a uACR.



## Exclusions

- Patients in hospice, using hospice services or receiving palliative care
- Patients with ESRD or on dialysis during the measurement year
- Patients 66+ years who
  - Live in a long-term institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP)
- Have frailty and advanced illness

## Medical Codes

Code Description	CPT/LOINC Codes
eGFR lab test	80047, 80048, 80050, 80053, 80069, 82565
Quantitative urine albumin lab test	82043
Urine creatinine lab test	82570
uACR	13705-9, 14958-3, 14959-1, 3000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 8998-9, 9318-7

**You can help! Annual monitoring of kidney health is crucial for people with diabetes.**

## Best Practices

- Utilize appropriate coding to reflect care provided (see table below).
- Educate patients on how diabetes can affect the kidneys and recommend strategies to prevent kidney damage, like controlling blood pressure, blood sugar, cholesterol and lipid levels.
- Remind patients to take medication as prescribed (ACE inhibitors and ARBs).
- Avoid NSAIDs.
- Coordinate diabetic care with specialists, including endocrinologists, nephrologists, cardiologists, and ophthalmologists as needed.
- Provide diabetes education and support resources - limit protein intake and salt in diet.
- Follow up with patients to discuss and educate on lab results.

Humana. 2022. [HEDIS Measure Overview: Kidney Health Evaluation for Patients with Diabetes \(KED\)](#).

John Hopkins Health Plans. 2024. [KED-Kidney Health Evaluation for Patients with Diabetes](#).

NCQA. [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#).

National Institute for Health. 2023. [Healthcare Expenditures for Persons with CKD](#).

National Kidney Foundation. 2024. [Chronic Kidney Disease: Quality Care Begins with Measurement](#).