HEDIS® Toolkit

Kidney Health Evaluation for Patients With Diabetes (KED)

Texas Children's® Health Plan

Who is eligible?

Members 18–85 years old with diagnosis of Diabetes (Type 1 or Type 2).

Why it matters?

Diabetes is the leading cause of chronic kidney disease (CKD)—approximately 1 in 3 adults with diabetes have CKD. CKD happens when an individual's kidneys are damaged and unable to filter blood as well as usual. As many as 90% of people with CKD do not know they have it, because it often has no symptoms. CKD gets worse over time and can lead to heart disease, stroke and kidney failure. For these reasons, annual monitoring of kidney health is crucial for people with diabetes. Primary detection (kidney health evaluation) and management of kidney disease can prevent these complications and can stop or slow further kidney damage.[1]

Measure Description

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

Best Practices

- Utilize TCHP's population health management tool Inovalon's Converged Provider Enablement to identify comprehensive care gaps when patients are due for care.
- Order both the blood and urine lab components to follow the National Diabetes Association and National Kidney Foundation's clinical guidelines.
- Ensure that members have an eGFR and uACR each calendar year by ordering annual labs and following up to ensure tests were completed.
- Ensure use of proper coding for blood and urine lab components and submit claims timely.
- Coordinate care with specialty provider groups, such as endocrinology, nephrology, cardiology, and ophthalmology.
  - Endorse the use of HIEs, such as Greater Houston Health Connect and Care Everywhere to promote better coordination of care.
- Refer members to TCHP Care Coordination for the Diabetes Disease Management Program.
- Refer patients to community resources that provide diabetes education and support such as Registered Dieticians or Diabetes Educators.
- Address behavioral health and social determinants of health needs that may be creating barriers to self-management.
- Stress the importance of medication adherence and the effects of blood glucose management to prevent complications.
- Monitor for medication side or adverse effects and address accordingly.

Diabetes Diagnosis

It is important to code with precision, as claim/encounter data is one of the two ways NCQA identifies members with diabetes. The other means of identification is pharmacy data. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

- **Claim/encounter data** Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- **Pharmacy data** Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Codes listed below are the most commonly used codes to identify diagnosis of diabetes. Providers should use diagnosis codes with the **highest level of specificity** appropriate for their members.

Code System	Definition	Coding Examples*
ICD-10	Type 1 diabetes mellitus	E10._ (i.e. E10.10 or E10.3512)
ICD-10	Type 2 diabetes mellitus	E11._ (i.e. E11.01 or E11.3211)
ICD-10	Other specified diabetes mellitus that does not fit into Type 1 or Type 2 categories	E13._ (i.e. E13.9 or E13.3533)

*For a full list of diabetes codes, refer to the latest NCQA Quality Rating System (QRS) HEDIS Value Set Directory, available on NCQA's site.

Diabetes Medications

Description	Prescription
Alpha-glucosidase inhibitors	• Acarbose • Miglitol
Amylin analogs	• Pramlintide
Antidiabetic	• Tirzepatide
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin • Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin • Linagliptin-metformin • Metformin-pioglitazone • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart, human • Insulin aspart, human / insulin aspart protamine, human • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide • Insulin glulisine, human • Insulin isophane, human • Insulin isophane, human / insulin, regular, human • Insulin lispro • Insulin lispro / insulin lispro protamine, human • Insulin, regular, human
Meglitinides	• Nateglinide • Repaglinide
Biguanides	• Metformin
Glucagon-like peptide-1 (GLP1) agonists	• Albiglutide • Dulaglutide • Exenatide • Liraglutide • Lixisenatide • Semaglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin • Dapagliflozin • Ertugliflozin • Empagliflozin
Sulfonylureas	• Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone • Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	• Alogliptin • Linagliptin • Saxagliptin • Sitagliptin

Kidney Health Evaluation

Members who received both an eGFR and a uACR during the measurement year on the same or different dates of service:

Please note that BOTH the blood and urine test are needed for HEDIS compliance. The blood test shows how the kidneys are functioning and the urine test shows how much damage there is to the kidneys. BOTH are important for evaluation of kidney health.

- **Estimated glomerular filtration rate** (eGFR) - At least one eGFR that is calculated based on the results of creatinine test as defined by any of the following codes:

Code System	Definition	Code
CPT	Basic metabolic panel (calcium, ionized)	80047
CPT	Basic metabolic panel (calcium, ionized)	80048
CPT	General health panel	80050
CPT	Comprehensive metabolic panel	80053
CPT	Renal function panel	80069
CPT	Creatinine; blood	82565

- **Urine albumin to creatinine ratio** (uACR) - Additionally, at least one uACR identified by **both** a quantitative urine albumin **and** creatinine test with service dates four days or less apart as defined by the following codes:

Code System	Definition	Code
CPT	Albumin; urine (eg, microalbumin), quantitative	82043
CPT	Creatinine; other source	82570

[1]"State of Health Care Quality Report." NCQA, 15 Dec. 2025, www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/.