# QUALITY IMPROVEMENT CLINICAL

## Coding Best Practices: Kidney Health Evaluation for Patients with Diabetes (KED)

#### **HEDIS Measure Description**

Percentage of patients 18–85 years of age with diabetes (type 1 and type 2) who had a kidney health evaluation in the measurement year. Both eGFR and a uACR are required on the same or different dates of service.

- At least 1 estimated glomerular filtration rate (eGFR); AND
- At least 1 urine albumin-creatinine ratio test identified by the following:
  - O A quantitative urine albumin test **AND** a urine creatinine test 4 or less days apart
    - 1. Quantitative Urine Albumin Test:
      - CPT Code: 82043
    - 2. Urine Creatinine Lab Test:
      - CPT Code: 82570

#### **Helpful Hints**

- Ensure that both eGFR and uACR tests are performed during the measurement year.
- 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).** 
  - ☆ If performing Point-of-care (POC) testing, ensure the correct urine test is being measured, reported, and billed.
- Ensure that all diabetic lab panels include the following **three** tests below.

### **Tips for Coding**

• To ensure gap closure, verify the orders and lab facilities including Point-of-care (POC) labs include all three tests below:

CPT® Code	Laboratory Test
80047, 80048,	1. Estimated
80050,80053,	Glomerular
80069, 82565	Filtration Rate Lab
	Test (eGFR)
82043	2. Quantitative
	Urine Albumin Test
82570	<b>3.</b> Urine Creatinine
	Lab Test

<sup>\*</sup>Document and bill exclusions annually



