

Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> of North Carolina (Blue Cross NC) | Healthy Blue + Medicare<sup>SM</sup>  
(HMO-POS D-SNP)

## Kidney Health Evaluation for Patients With Diabetes (KED) 2025



HEDIS<sup>®</sup> (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

### **HEDIS Measure**

This measure evaluates patients 18 to 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.

### **Numerator (Kidney Health Evaluation)**

Patients ages 18 to 85 with type 1 or type 2 diabetes who received both an eGFR and a uACR during the measurement year on the same or different dates of service:

- At least one eGFR
- At least one uACR identified by either of the following:
  - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must

*HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).*

<https://bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC).

Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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NCBCBS-CR-075747-24-CPN74992 January 2025

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare  
Kidney Health Evaluation for Patients With Diabetes (KED) 2025

have a service date on or between November 27 and December 5 of the measurement year.

- A uACR

**Denominator (Eligible Patients)**

Patients ages 18 to 75 years as of the end of the measurement year meeting criteria for diabetes, which requires either of the following:

- At least two diagnoses of diabetes on different dates of service during the measurement year or the prior year
- At least one prescription claim for insulin or oral hypoglycemic medication dispensed in the 730 days before the end of the measurement period and at least one diagnosis of diabetes in the 730 days before the end of the measurement period

Members must also be continuously enrolled for the entire 365-day measurement period, with no more than one gap of no more than 45 days.

**Exclusions:**

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year
- Patients who had an encounter for palliative care anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients with a diagnosis of end-stage renal disease (ESRD) any time during the member's history on or prior to the end of the measurement year. Do not include laboratory claims (claims with POS code 81).
- Patients who had dialysis any time during the patient's history on or prior to December 31 of the measurement year
- Patients 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Advanced illness on at least two different dates of service
- Dispensed dementia medication

**Closing the Gap**

Documentation needed:

- Evidence of both estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR)

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare  
Kidney Health Evaluation for Patients With Diabetes (KED) 2025

Test	Codes
Estimated Glomerular Filtration rate (eGFR) lab test	CPT®: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
Urine albumin creatinine ratio lab test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Quantitative urine albumin lab test	CPT: 82043 LOINC: 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine creatinine lab test	CPT: 82570 LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5 <b>Note:</b> This method requires both tests to be performed within a four-day window

**Note:** Two patient identifiers are required.

**Best Practices:**

- Educate patients on the value of and expectations surrounding nephropathy screening.
- Assist patients in scheduling laboratory testing.
- Order eGFR prior to appointment.
- Follow up with patients on scheduled appointments.
- Collect a urine sample for protein testing during annual visit or any other visit.
- Document point of care urine testing on the claim.
- Hold diabetes wellness clinics.
- Add ticklers to electronic medical record (EMR) for advanced illness and frailty exclusions.

**Let's Work Together**

Measure is closed via:

- Claims.
- Consolidated Clinical Document Architecture (CCDA).
- SFTP/flat files.

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Kidney Health Evaluation for Patients With Diabetes (KED) 2025

Please visit **My Diverse Patients** for additional information about eLearning experiences on provider cultural competency and health equity. You can also go to <https://bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>.