HEDIS MEASURE OVERVIEW

Kidney Health Evaluation for Patients With Diabetes (KED)

Clinical practice guidelines from the American Diabetes Association and the National Kidney Foundation recommend screening patients with diabetes for kidney disease every year using an estimated glomerular filtration rate (eGFR) and a urine albumin-to-creatinine ratio (uACR). The National Committee for Quality Assurance (NCQA) also requires both tests to be completed during the measurement year (either on the same or different dates of service) to satisfy the KED measure. Utilize these two tests to achieve a holistic view of diabetic patient kidney health to prevent or manage chronic kidney disease (CKD).

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Measure description

The percentage of patients 18–85 years of age with diabetes (type 1 or type 2) who received a kidney health evaluation—defined by an eGFR and a uACR—during the measurement year.

Who is included in the KED measure?

Patients 18–85 years of age with diabetes (type 1 or type 2).

To be identified as diabetic, a patient must have one of the following during the measurement year or the year prior to the measurement year:

- At least two diagnoses of diabetes on different dates of service
  or
- A dispensed insulin or hypoglycemics/antihyperglycemic and at least one diagnosis of diabetes

Exclusions

- Patients with evidence of end-stage renal disease or dialysis anytime during the patient's history on or prior to Dec. 31 of the measurement year
- Patients in hospice, using hospice services or receiving palliative care
- Patients with a date of death
- Patients 66 years of age and older who live long-term in an institutional setting or are enrolled in an Institutional Special Needs Plan (I-SNP)
- Patients 66–80 years of age who have both frailty and advanced illness
- Patients 81 years of age and older with frailty only

Humana®

Frailty and advanced illness can be diagnosed in the following ways:

- Frailty can be diagnosed via a real-time, interactive audio/video telehealth visit.
- Advanced illness can be diagnosed via telehealth visits including audio-only and online assessments and includes any patients diagnosed with dementia.

Find more information about advanced illness and frailty:
https://assets.humana.com/is/content/humana/Advanced illness and frailty guide Humanapdf

Addressing the measure

Patients should have a kidney health evaluation in the measurement year. A kidney health evaluation consists of both an eGFR and a uACR during the measurement year on the same or different dates of service.

Please note this is a two-part measure and requires **both** the blood and urine assessments to address the measure.

- An eGFR meets the blood assessment requirement.
- To meet the urine assessment requirement the patient can either receive a uACR or get both a quantitative urine albumin test and a urine creatinine test with service dates four days apart or fewer.

Service needed for measure compliance: kidney health evaluation in the measurement year

Blood test	**and**	**Urine test**			
Estimated glomerular filtration rate lab test (eGFR)		**Option 1**	**or**	**Option 2**	
		Urine albumin-creatinine ratio (uACR)		Quantitative urine albumin lab test	Urine creatinine lab test
Current Procedural Terminology (CPT®) 80047, 80048, 80050*, 80053, 80069, 82565		**Logical Observation Identifiers Names and Codes (LOINC®)** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7		**CPT code** 82043	**CPT code** 82570
				If submitting two urine tests: • One must be quantitative urine albumin lab test • The other must be urine creatinine lab test • The two test dates must be within the measurement year **and** the test dates must be within four days of each other	
* 80050 is a general health panel; providers must share the components of the panel for Humana to pay. CPT codes provided in this document are limited to those that will address care opportunities for the measures included. For a full description of CPT codes, please refer to the American Medical Association CPT Professional Edition Book or coding platform.					

*** Please note: CPT 82044, Semi-quantitative urine albumin test, will not satisfy any part of the KED Stars measure. See above for measure compliance codes and specifications.**

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Measure best practices

- Utilize appropriate coding for both the blood and urine components of the measure to reflect care provided.
- Order **both the blood and urine lab components** to follow the National Diabetes Association and National Kidney Foundation's clinical guidelines.
- Educate patients on how diabetes can affect the kidneys, recommend strategies to prevent kidney damage (including controlling blood pressure and blood sugar) and provide diabetes education materials and support resources, if available.
- Remind patients to take medication as prescribed; if the patient has CKD, avoid nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen.
- Coordinate diabetic care as needed with specialists, such as endocrinologists, nephrologists, cardiologists and ophthalmologists.

NCQA copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by NCQA. The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2026 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The full text of this notice and disclaimer is available here:
https://assets.humana.com/is/content/humana/NCQA copyright notice and disclaimerpdf