

PATIENT POPULATION: Patients 18-85 years of age with a diagnosis of diabetes (Type I or Type II) during the measurement year or the year prior to the measurement year. All payers.

NUMERATOR COMPLIANCE: Per HEDIS®, patients in the eligible population must receive a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin creatinine ratio (uACR) during the measurement year.

EXCLUSIONS

- » Patients receiving hospice or palliative care services, dialysis, or have evidence of ESRD

DOCUMENTATION REQUIREMENTS

Patients received both an eGFR and a uACR during the measurement year (can be 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 lab test and a urine creatinine lab test with service dates four days or less apart
 - » A urine albumin creatinine ratio lab test

COMMON DOCUMENTATION INSUFFICIENCIES

- » No date of service or only lab ordered date
- » No Diabetes diagnosis
- » Only one test instead of both eGFR and uACR
- » Only quantitative urine albumin lab test or a urine creatinine lab test
- » Albumin and creatine tests completed more than 4 days apart

BEST PRACTICES

- 1 Use care gap lists to identify and outreach diabetic patients in need of kidney health evaluation.
- 2 Educate patients about the effect of diabetes on kidneys and the importance of these tests.
- 3 Ensure workflows are in place to notify and remind providers of when a patient's screening test is due. Utilize ACN Provider Portal when chart prepping.
- 4 Check in with patients regarding diabetes care at all visits, regardless of reason for visit.
- 5 Submit timely, accurate, and complete claims.
- 6 Our care coordination team can provide patients with individualized support. To refer a patient please contact us:

602-406-7226

CareCoordination@azcarenetwork.org

CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
80047; 80048; 80050; 80053; 80069; 82565	Estimated Glomerular Filtration Rate
82043	Quantitative Urine Albumin Lab Test
82570	Urine Creatinine Lab Test
82043, 82570	Urine Albumin Creatinine Ratio Lab Test

