Quality ID #488: Kidney Health Evaluation

<u>**2023 COLLECTION TYPE:**</u>
MIPS CLINICAL QUALITY MEASURES (CQMS)

<u>**MEASURE TYPE:**</u>
Process

<u>**DESCRIPTION:**</u>
Percentage of patients aged 18-75 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.

<u>**INSTRUCTIONS:**</u>
This measure is to be submitted a minimum of <u>**once per performance period**</u> for patients with a diagnosis of diabetes seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

<u>**DENOMINATOR:**</u>
All patients aged 18-75 years with a diagnosis of diabetes at the start of the measurement period with a visit during the measurement period

> **DENOMINATOR NOTE***: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

> <u>**Denominator Criteria (Eligible Cases):**</u>
> Patients aged 18-75 years on the date of the encounter
> <u>**AND**</u>
> **Diagnosis of Diabetes (ICD-10-CM):** E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69,

E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

AND

Patient encounter during the performance period (CPT): 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99441, 99442, 99443, G0438, G0439

AND NOT

DENOMINATOR EXCLUSION:

Patients with a diagnosis of End Stage Renal Disease (ESRD): M1187

OR

Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5: M1188

OR

Patients who have an order for or are receiving hospice or palliative care: M1186

NUMERATOR:

Patients who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.

Numerator Options:

Performance Met:	Documentation of a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) performed **(M1189)**

OR

Performance Not Met:	Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) **(M1190)**

RATIONALE:

Chronic Kidney Disease (CKD) is a major driver of morbidity, mortality, and healthcare costs in the United States. Approximately 9 percent of American adults currently have CKD (NKF, 2019), and it is projected that by 2030

approximately 17 percent of Americans aged 30 years and older will have CKD (Saran et al., 2019; Hoerger et al., 2015). Furthermore, CKD stemming from diabetes specifically occurs in almost 30 percent of patients with diabetes (Afkarian et al., 2016). In 2017 total Medicare spending on CKD patients was over $84 billion (CDC, 2020). CKD patients are readmitted to the hospital more frequently than those with other diagnoses (Saran et al., 2019) and CKD is the 9th leading cause of death in the U.S. (Hoerger et al., 2015). If left untreated, CKD can progress to kidney failure and early cardiovascular disease (CDC, 2020). The most common risk factor for CKD is diabetes (Saran et al., 2019; Bowe et al., 2018). The intent of this process measure is to improve rates of guideline-concordant kidney health evaluation in patients with diabetes to more consistently identify and potentially treat or delay progression of CKD in this high-risk population.

<u>CLINICAL RECOMMENDATION STATEMENTS:</u>
Annual kidney health evaluation using estimated glomerular filtration rate (eGFR) and urine albumin creatinine ratio (uACR) to determine risk of CKD in patients diagnosed with diabetes is recommended by clinical practice guidelines (ADA, 2018; NKF, 2007; NKF, 2012) and has been a focus of various local and national health care quality improvement initiatives, including Healthy People 2020 (United States Renal Data System, 2018). However, performance of these tests in patients with diabetes remains low, with rates that vary across Medicare (41.8 percent) and private insurers (49.0 percent) (Saran et al., 2019). Low rates of detection of CKD in a population of patients with diabetes have been demonstrated to be associated with low patient awareness of their own kidney health status (Szczech et al., 2014). Regular kidney health evaluations, utilizing both eGFR and uACR, provide an opportunity to improve identification and potential reversal of worsening kidney function, particularly in high risk populations, such as those with diabetes. Kidney health evaluation in patients with diabetes, in accordance with clinical guidelines, leads to the identification of CKD patients and the potential treatment and delay of progression of CKD.

The following evidence statements are quoted from the referenced clinical guidelines:

1) At least once a year, assess urinary albumin (e.g., spot urinary albumin-to-creatinine ratio) and eGFR in patients with type 1 diabetes with duration of ≥5 years and in all patients with type 2 diabetes regardless of treatment. (Evidence Grade = B) (American Diabetes Association, 2020)
2) Patients with diabetes should be screened annually for chronic kidney disease. Initial screening should commence: 5 years after the diagnosis of type 1 diabetes; (Evidence Grade = A) or from diagnosis of type 2 diabetes. (Evidence Grade = B) Screening should include measurements of urinary albumin-creatinine ratio (ACR) in a spot urine sample; (Evidence Grade = B) measurement of serum creatinine and estimation of GFR. (Evidence Grade = B) (National Kidney Foundation, 2007 and 2012)

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2023 Clinical Quality Measure Flow for Quality ID #488:
Kidney Health Evaluation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.
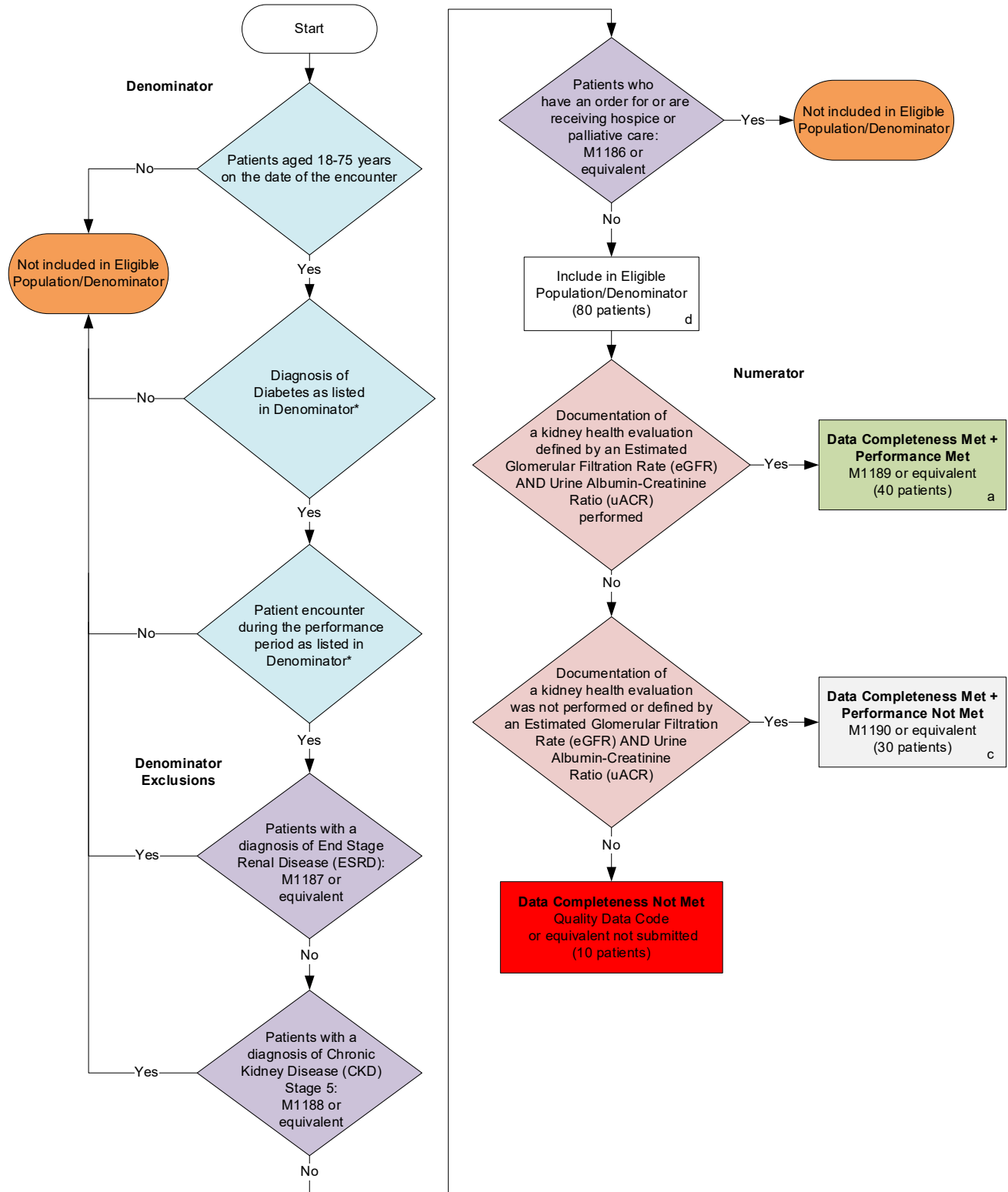
SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**
$\overline{\qquad\qquad}$ Eligible Population / Denominator (d=80) $\qquad\qquad$ = 80 patients

Performance Rate=

$\underline{\qquad}$ Performance Met (a=40 patients) $\underline{\qquad}$ = 40 patients = **57.14%**
Data Completeness Numerator (70 patients) = 70 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

2023 Clinical Quality Measure Flow Narrative for Quality ID #488:
Kidney Health Evaluation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator

2. Check *Patients aged 18-75 years on the date of the encounter*:

   a. If *Patients aged 18-75 years on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients aged 18-75 years on the date of the encounter* equals Yes, proceed to check *Diagnosis of Diabetes as listed in Denominator*.*

3. Check *Diagnosis of Diabetes as listed in Denominator*:*

   a. If *Diagnosis of Diabetes as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Diagnosis of Diabetes as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator*.*

4. Check *Patient encounter during the performance period as listed in Denominator*:*

   a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with a diagnosis of End Stage Renal Disease (ESRD)*.

5. Check *Patients with a diagnosis of End Stage Renal Disease (ESRD)*:

   a. If *Patients with a diagnosis of End Stage Renal Disease (ESRD)* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients with a diagnosis of End Stage Renal Disease (ESRD)* equals No, proceed to check *Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5*.

6. Check *Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5*:

   a. If *Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5* equals No, proceed to check *Patients who have an order for or are receiving hospice or palliative care.*

7. Check *Patients who have an order for or are receiving hospice or palliative care*:

   a. If *Patients who have an order for or are receiving hospice or palliative care* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients who have an order for or are receiving hospice or palliative care* equals No, include in *Eligible Population/Denominator.*

8. Denominator Population:

- Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation

9. Start Numerator

10. Check *Documentation of a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) performed*:

   a. If *Documentation of a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) performed* equals Yes, include in *Data Completeness Met and Performance Met*.

      - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

   b. If *Documentation of a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) performed* equals No, proceed to check *Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR)*.

11. Check *Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR)*:

   a. If *Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR)* equal Yes, include in the *Data Completeness Not Met and Performance Not Met.*

      - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

   b. If *Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR)* equals No, proceed to check *Data Completeness Not Met*.

12. Check *Data Completeness Not Met*:

      - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.