Quality ID #488: Kidney Health Evaluation

<u>2026 COLLECTION TYPE:</u>
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
Percentage of patients aged 18-85 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 performance period.

<u>INSTRUCTIONS:</u>
Reporting Frequency:
This measure is to be submitted a minimum of <u>once per performance period</u> for patients with denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of diabetes. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:
TELEHEALTH ELIGIBLE: This measure <u>is appropriate for and applicable to the telehealth setting</u>. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged 18-85 years with a diagnosis of diabetes at the start of the performance period with a visit during the performance 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.

Denominator Criteria (Eligible Cases):

Patients aged 18-85 years on the date of the encounter

AND

Diagnosis of Diabetes on the date of the encounter (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, E11.A, 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): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 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*, 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 performance 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 high healthcare costs in the United States. Currently, 37 million American adults have CKD and millions of others are at increased risk (National Kidney Foundation [NKF], 2023), with an estimated population prevalence growing to nearly 17% among Americans aged 30 years and older by the year 2030 (Saran et al., 2019; Hoerger et al., 2015). Total Medicare spending in 2016 on both CKD and End-Stage Renal Disease (ESRD) was over $114 billion, comprising 23% of total Medicare fee-for-service spending overall with costs increasing exponentially with advancing CKD (Saran et al., 2019; Nichols et al., 2020). In the US from 2002-2016, the burden of CKD, defined as years of life lost, years living with disability, disability-adjusted life years, and deaths, outpaced changes in the burden of disease for other conditions (Bowe et al., 2018). Patients with CKD are readmitted to the hospital more frequently than those without diagnosed CKD (Saran et al., 2019). CKD is the 9th leading cause of death in the US and is the fastest growing non-communicable disease in terms of in burden largely due to death (Hoerger et al., 2015; Bowe et al., 2018). This public health issue is driven largely by the impact of diabetes—the most common comorbid risk factor for CKD (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. Annual kidney health evaluation in patients with diabetes to determine risk of CKD using eGFR and uACR is recommended by clinical practice guidelines (American Diabetes Association, 2023; de Boer 2022; NKF, 2007; NKF, 2012) and has been a focus of various local and national health care quality improvement initiatives, including Healthy People 2030 (Healthy People 2030, 2023). However, performance of these tests in patients with diabetes remains low, with rates that vary across Medicare (41.8%) and private insurers (49.0%) (Saran et al., 2019; Alfego et al., 2021; Stempneiwicz et al., 2021). 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). Indeed, 90% of individuals with CKD are unaware of their condition due to under-recognition and under-diagnosis (Saran et al., 2019; Centers for Disease Control and Prevention, 2019). Currently, an individual's lifetime probability of developing CKD is relatively high, reaching 54% for someone currently aged 30-49 years (Hoerger et al., 2015). 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.

CLINICAL RECOMMENDATION STATEMENTS:
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, 2023; NKF, 2007; NKF, 2012) and has been a focus of various local and national health care quality improvement initiatives, including Healthy People 2030 (United States Renal Data System, 2022). 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 annually, urinary albumin (e.g., spot urinary albumin-to-creatinine ratio) and estimated glomerular filtration rate should be assessed in people with type 1 diabetes with duration of ≥5 years and in all people with type 2 diabetes regardless of treatment. (Evidence Grade = B) (American Diabetes Association, 2023)

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)

REFERENCES:
There are no sources in the current document.

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The measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications.
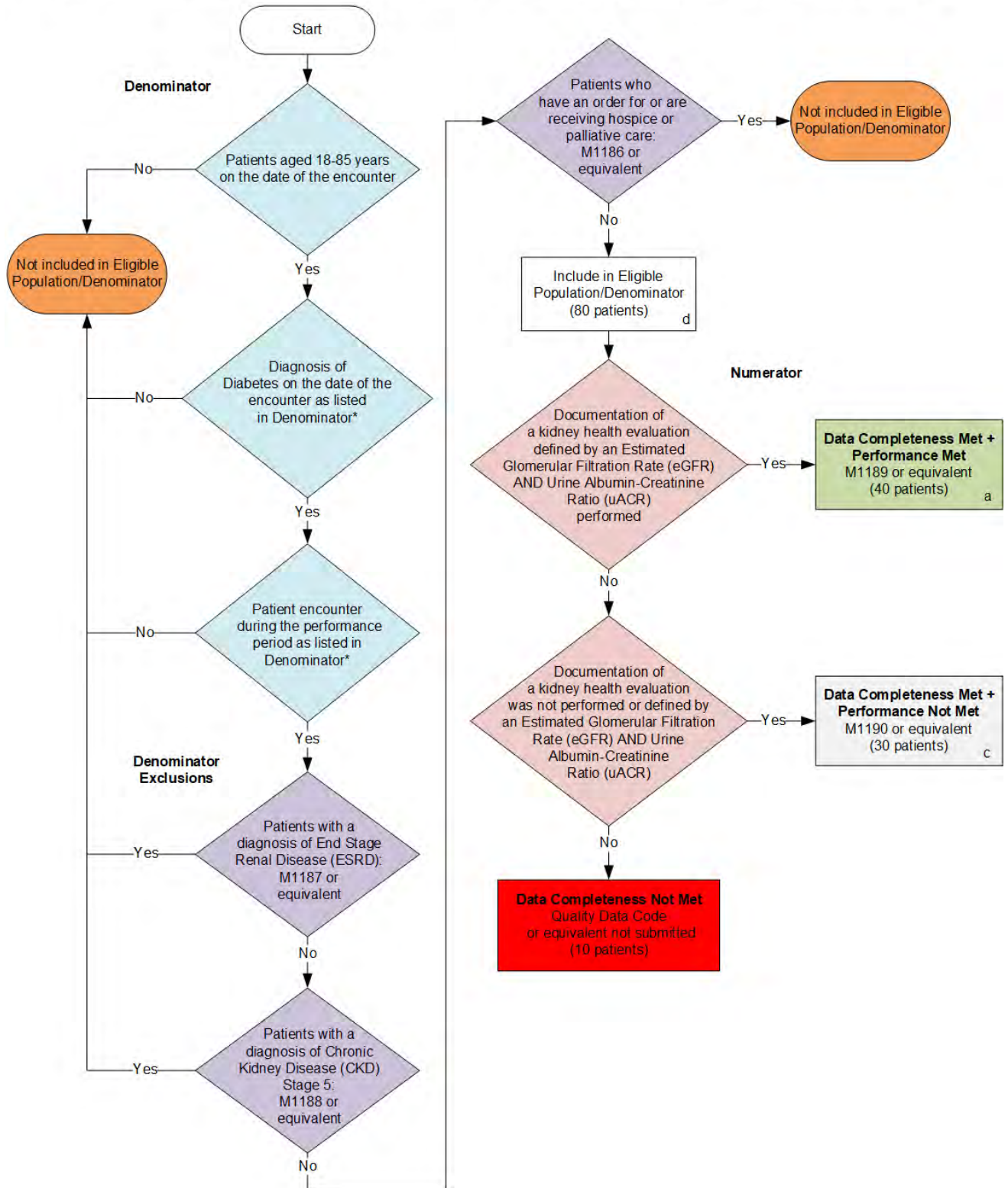
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2026 Clinical Quality Measure Flow for Quality ID #488:
Kidney Health Evaluation

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

Start

Denominator

Patients aged 18-85 years on the date of the encounter
- No → Not included in Eligible Population/Denominator
- Yes ↓

Diagnosis of Diabetes on the date of the encounter as listed in Denominator*
- No → Not included in Eligible Population/Denominator
- Yes ↓

Patient encounter during the performance period as listed in Denominator*
- No → Not included in Eligible Population/Denominator
- Yes ↓

Denominator Exclusions

Patients with a diagnosis of End Stage Renal Disease (ESRD): M1187 or equivalent
- Yes → Not included in Eligible Population/Denominator
- No ↓

Patients with a diagnosis of Chronic Kidney Disease (CKD) Stage 5: M1188 or equivalent
- Yes → Not included in Eligible Population/Denominator
- No ↓

Patients who have an order for or are receiving hospice or palliative care: M1186 or equivalent
- Yes → Not included in Eligible Population/Denominator
- No ↓

Include in Eligible Population/Denominator (80 patients) d

Numerator

Documentation of a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) performed
- Yes → **Data Completeness Met + Performance Met** M1189 or equivalent (40 patients) a
- No ↓

Documentation of a kidney health evaluation was not performed or defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR)
- Yes → **Data Completeness Met + Performance Not Met** M1190 or equivalent (30 patients) c
- No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

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

NOTE: Submission Frequency: Patient-Process

2026 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 18-85 years on the date of the encounter*:

   a. If *Patients aged 18-85 years on the date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients* aged *18-85 years on the date of the encounter* equals Yes, proceed to check *Diagnosis of Diabetes on the date of the encounter as listed in Denominator**.

3. Check *Diagnosis of Diabetes on the date of the encounter as listed in Denominator**:

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

   b. If *Diagnosis of Diabetes on the date of the encounter 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 *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.