## QIPS 2025: Adult program

# **Kidney Health Evaluation for Patients with Diabetes**



Tertiary Focus | Diabetic Care



### **Measure Requirements**

Members with diabetes (type 1 or type 2) who received an eGFR and a urine albumin and urine creatinine OR an eGFR and microalbumin.

#### **Member Requirements**

Members who were with a practice for 11 consecutive months within the measurement year (2025) and who were ages 18 through 85 as of December 31 of the measurement year (2025) who were identified as diabetics through pharmacy data and claims/encounter data in the measurement year (2025) or the year prior to the measurement year (2024).

### **Options to close Care Gaps**

**Option 1:** Claim/encounter submission with appropriate coding.

Kidney evaluation testing codes	CPT® code			
Estimated Glomerular Filtration Rate Lab Test	80047	80048	80050	
	80053	80069	82565	
Quantitative Urine Albumin Lab Test	82043			
Urine Creatinine Lab Test	82570			

Option 2: Claim/encounter submission with appropriate exclusion coding for underlying conditions or drug or chemical induced diabetes with complications. (See chart on page 2.)

QPM Targets				
Band 1	68% – 100%			
Band 2	62% — 67.99%			
Band 3	50% – 61.99%			
Band 4	42% – 49.99%			
Band 5	<42%			

See payment details in section 5 of the QIPS guide.

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Exclusion reason	ICD-10CM			
Diabetes mellitus due to underlying conditions	E08.311	E08.319	E08.3219	E08.3299
	E08.3319	E08.3399	E08.3419	E08.3499
	E08.3519	E08.3529	E08.3539	E08.3549
	E08.3559	E08.3599	E08.37X9	E08.40
Dialysis Procedure	90935	90937	90945	90947
	90997	90999	99512	G0257
	S9339			
Drug or chemical induced Diabetes mellitus	E09.311	E09.319	E09.3219	E09.3299
	E09.3319	E09.3399	E09.3419	E09.3499
	E09.3519	E09.3529	E09.3539	E09.3549
	E09.3559	E09.3599	E09.37X9	E09.40
Gestational Diabetes mellitus	O24.410	O24.414	O24.415	O24.419
	O24.420	O24.424	O24.425	O24.429
	O24.430	O24.434	O24.435	O24.439
	O24.911	O24.912	O24.913	O24.919
	O24.492	O24.94		
Polycystic Ovarian Syndrome	E28.2			

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