

Quality Provider Program: Nephrology

Allowable Corrections Guide

General Guidance

- Include a copy of EMR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using [this online tool](#).
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction.

Kidney Health Evaluation (KED) Adult Corrections						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see "General Guidance" for Standard Requirements)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
Unaccounted for estimated glomerular filtration rate (eGFR)	Chronic Disease	Kidney Health Evaluation for Patients with Diabetes	KED1 Numerator (1-element entry)	eGFR	Date of test and result	Do not use the nephropathy option under Comprehensive Diabetes Care. Members must have all three components to be compliant for this measure. All three component can be entered as one correction submission.
Unaccounted for albumin-creatinine ratio (uACR)			KED2 Numerator (2-element entry)	Urine Creatinine		
			KED3 Numerator (3-element entry)	Urine Albumin		

Attribution and Demographics							
Correction Type	Allowable Correction	Submission Correction Process				Required Documentation	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
Date of Birth	Birthday is incorrect in Quality Provider Program Gaps in Care for Download.	Member Detail	Demographics	Date of Birth	Member Date of Birth	Documentation from EMR or HIPAA consent form signed by patient requesting change of DOB.	Select Health will research claims data and approve if acceptable.
Member Sex	Patient is included in wrong measure based on sex (e.g., patient is male, but included for breast cancer screening.)			Member Sex	Member Sex	Documentation from EMR of patient's birth sex.	Select Health will research claims data and approve if acceptable. List measure exclusion if applicable.

No Allowable Corrections for Compliance	
Diabetes & Hypertension: Blood Pressure Control (BPD/CPB)	The only way for a patient to be compliant in QPP measure is a claim with the accepted blood pressure billing codes (Cat II codes: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F).



Questions about the Quality Provider Program?
Contact us at quality_provider@selecthealth.org.