

# **NCHS-USRDS Linked ESRD Data Files**

**Combined Patient Profile and Death Notification (Form 2746) File**

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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### SURVEY

#### NCHS Survey linked to ESRD Data

NCHS survey linked to End Stage Renal Disease (ESRD) data

**Type:** Character      **Length:** 16

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### PUBLICID\*

#### NCHS Survey Identifier – Participant Identification Number\*

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Character      **Length:** 14

#### Usage Notes:

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II

**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES

**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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**SEQN\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 5

#### **Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

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**RESNUM\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 6

#### **Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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### **PATIENTS\_SEX**

### **Patient's Sex (Patient Profile)**

Sex of ESRD patient from Patient Profile file

**Type:** Character      **Length:** 1

#### **Possible Values:**

1 = Male

2 = Female

#### **Usage Notes:**

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

---

### RACE

#### Patient's Race

Race of ESRD patient

**Type:** Character      **Length:** 1

#### Possible Values:

- 1 = American Indian/Alaskan Native
- 2 = Asian
- 3 = Black
- 4 = White
- 5 = Unknown
- 9 = Other

#### Usage Notes:

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

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### TX1DATE

#### Date of First Transplant

Date of patient's first transplant

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 05/11/1977 – 09/25/2008

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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### TX1FAIL

#### First Transplant Failure Date

Patient's first transplant failure date

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/20/1980 – 09/23/2008

---

### TOTTX

#### Total Number of Transplants

Patient's total number of transplants

**Type:** Numeric      **Length:** 8

**Possible Values:** 0 – 4 transplants

---

### TX1DONOR

#### First Transplant Donor Type

Donor type for patient's first transplant

**Type:** Character      **Length:** 3

**Possible Values:**

C = Cadaveric

L = Living

U = Unknown

---

### FIRST\_SE

#### Date of First ESRD Service

Date of patient's first ESRD service

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/04/1974 – 09/18/2008

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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**INCYEAR**

**Year of First ESRD Service**

Year of patient's first ESRD service

**Type:** Numeric      **Length:** 8      **Format:** YYYY

**Possible Values:** 1974 – 2008

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**PATIENTS\_INC\_AGE**

**Age at First ESRD Service (Patient Profile)**

Patient's age at first ESRD service from Patient Profile file

**Type:** Numeric      **Length:** 8

**Possible Values:** 0 – 97 years

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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**PATIENTS\_INCAGEC**

**Age at First ESRD Service – 5 year categories (Patient Profile)**

Patient's age at first ESRD service recoded to 5 year age categories from Patient Profile file

**Type:** Character      **Length:** 2

**Possible Values:**

04 = 0 – 4 years  
09 = 5 – 9 years  
14 = 10 – 14 years  
19 = 15 – 19 years  
24 = 20 – 24 years  
29 = 25 – 29 years  
34 = 30 – 34 years  
39 = 35 – 39 years  
44 = 40 – 44 years  
49 = 45 – 49 years  
54 = 50 – 54 years  
59 = 55 – 59 years  
64 = 60 – 64 years  
69 = 65 – 69 years  
74 = 70 – 74 years  
79 = 75 – 79 years  
84 = 80 – 84 years  
85 = 85+ years

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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### **PDIS**

#### **Primary Disease Causing ESRD**

Patient's primary cause of End Stage Renal Disease

**Type:** Character      **Length:** 5

#### **Usage Notes:**

This variable is coded based on ICD-9-CM codes.

---

### **DISGRPC**

#### **Primary Disease Causing ESRD: Detailed Group**

Patient's primary cause of End Stage Renal Disease – Detailed Group

**Type:** Character      **Length:** 5

#### **Possible Values:**

- 1 = Diabetes
  - 2 = Hypertension
  - 3 = Glomeruloneph.
  - 4 = Cystic Kidney
  - 5 = Other Urologic
  - 6 = Other Cause
  - 7 = Unknown Cause
  - 8 = Missing Cause
- 

### **PATIENTS\_CDEATH**

#### **Primary Cause of Death (Patient Profile)**

ESRD patient's primary cause of death

**Type:** Character      **Length:** 3

#### **Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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### **PATIENTS\_CDEATH2**

#### **Secondary Cause of Death (Patient Profile)**

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 3

#### **Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### **PATIENTS\_CDEATH3**

#### **Secondary Cause of Death (Patient Profile)**

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 3

#### **Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### **PATIENTS\_CDEATH4**

#### **Secondary Cause of Death (Patient Profile)**

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 3

#### **Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

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# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

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### PATIENTS\_CDEATH5

#### Secondary Cause of Death (Patient Profile)

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 3

**Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### RXSTOP

#### Treatment Stopped Prior to Death (available 1990 and after)

Indicates whether the patient stopped receiving ESRD treatment prior to death

**Type:** Character **Length:** 1

**Possible Values:**

- A = Yes, following HD and/or PD access failure
  - B = Yes, following transplant failure
  - C = Yes, following chronic failure to thrive
  - D = Yes, following acute medical complication
  - E = Yes, other
  - N = No
  - U = Question not answered
  - Y = Yes, dialysis stop reason unknown
- 

### PATIENTS\_DOD

#### Date of Death (Patient Profile)

Patient's date of death from Patient Profile file

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/08/1980 – 09/22/2008

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Patient Profile File

---

### ADRIND

#### Patient included in United States Renal Data System (USRDS) Annual Data Report (ADR)

Indicates whether patient was included in USRDS Annual Data Report

**Type:** Numeric      **Length:** 8

**Possible Values:**

0 = No  
1 = Yes

---

### ADRINDTXT

#### Reason patient not included in United States Renal Data System (USRDS) Annual Data Report (ADR)

Indicates the reason the patient was not included in USRDS Annual Data Report

**Type:** Character      **Length:** 1

**Possible Values:**

1 = First service date before 1963  
2 = First service date & date of death on same day  
3 = No First service date

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### DEATH\_SEX

#### Patient's Sex (Form 2746)

Sex of ESRD patient from Death Notification Form (Form 2746)

**Type:** Character **Length:** 1

#### Possible Values:

- 1 = Male
- 2 = Female

#### Usage Notes:

The data for this variable and all variables that follow were obtained from CMS Form 2746 – ESRD Death Notification Form (see [Appendix B](#)).

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

---

### DEATH\_INC\_AGE

#### Age at First ESRD Service (Form 2746)

Patient's age at first ESRD service from Death Notification Form (Form 2746)

**Type:** Numeric **Length:** 8

**Possible Values:** 0 – 95 years

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### PLACEDEATH

#### Patient's Place of Death

ESRD patient's place of death

**Type:** Character **Length:** 1

**Possible Values:**

- 1 = Hospital
  - 2 = Dialysis Unit
  - 3 = Home
  - 4 = Other
  - 5 = Nursing Home
- 

### DEATH\_DOD

#### Patient's Date of Death (Form 2746)

ESRD patient's date of death from Death Notification Form (Form 2746)

**Type:** Numeric **Length:** 8 **Format:** MM/DD/YYYY

**Possible Values:** 04/08/1980 – 09/22/2008

---

### AUTOPSY

#### Autopsy Performed

Indicates whether or not an autopsy was performed on ESRD patient

**Type:** Character **Length:** 1

**Possible Values:**

- 1 = Yes
  - 2 = No
  - Y = Yes
  - N = No
-

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### DEATH\_CAUSEPRIM

#### Primary Cause of Death (Form 2746)

ESRD patient's primary cause of death

**Type:** Character      **Length:** 5

**Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### DEATH\_CAUSESEC1

#### Secondary Cause of Death

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 5

**Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### DEATH\_CAUSESEC2

#### Secondary Cause of Death

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 5

**Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### DEATH\_CAUSESEC3

#### Secondary Cause of Death

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 5

**Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### DEATH\_CAUSESEC4

#### Secondary Cause of Death

ESRD patient's secondary cause of death

**Type:** Character      **Length:** 5

**Usage Notes:**

This variable is derived from the Cause of Death listed on the ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes.

---

### DEATH\_CAUSE\_OTHER

#### Other Cause of Death

ESRD patient's cause of death (other specified)

**Type:** Character      **Length:** 255

---

### LAST\_TREATMENT

#### Date of Last Treatment before Death

Date of last ESRD treatment death prior to patient's death

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/12/1998 – 09/15/2008

---



# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### REPLTHEDIS

#### Renal Replacement Therapy Discontinued Prior to Death

Indicates whether renal replacement therapy was discontinued prior to death

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

---

### REREDISFOL

#### Reason Renal Replacement Therapy Discontinued

Reason that renal replacement therapy was discontinued

**Type:** Character      **Length:** 1

**Possible Values:**

A = Following HD and/or PD Access Failure

B = Following Transplant Failure

C = Following Chronic Failure to Thrive

D = Following Acute Medical Complication

E = Other

---

### TRANSPLANT

#### Transplant Indicator

Indicates whether ESRD patient received kidney transplant prior to death

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

**TPDATE**

### Most Recent Transplant Date

Date of most recent kidney transplant

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 05/03/1978 – 02/06/2006

---

**KIDNEYFUNC**

### Kidney Function at Death Indicator

Indicates whether kidney transplant was functioning at time of death

**Type:** Character      **Length:** 1

**Possible Values:**

1 = Yes  
2 = No  
3 = Unknown  
9 = Unknown  
Y = Yes  
N = No  
U = Unknown

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### OUTDIAL

#### Outpatient Dialysis Status Prior to Death

Indicates whether patient resumed outpatient dialysis prior to death

**Type:** Character      **Length:** 1

**Possible Values:**

1 = Yes  
2 = No  
3 = Unknown  
9 = Unknown  
Y = Yes  
N = No  
U = Unknown

---

### DISCONTINUE\_REASON

#### Family Requested to Discontinue Renal Replacement Therapy

Indicates whether the patient's family requested to discontinue renal replacement therapy prior to death

**Type:** Character      **Length:** 1

**Possible Values:**

1 = Yes  
2 = No  
3 = Unknown  
4 = Not Applicable

---

# NCHS-USRDS Linked ESRD Data Files

## Combined Patient Profile and Death Notification (Form 2746) File

Data from the Death Notification (Form 2746) File

---

### HOSPICE

#### Patient Receiving Hospice Care

Indicates whether the ESRD patient was receiving hospice care prior to death

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Yes
  - 2 = No
  - 9 = Unknown
- 

### MODALITY\_TYPE

#### Patient's Modality of Treatment

Indicates patient's modality of ESRD treatment at time of death

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = In Center Hemodialysis
  - 2 = Home Hemodialysis
  - 3 = Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - 4 = Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)
  - 5 = Transplant
  - 6 = Other
-

# **NCHS-USRDS Linked ESRD Data Files**

## **Medical Evidence Report (Form 2728) File**

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### SURVEY

#### NCHS Survey linked to ESRD Data

NCHS survey linked to End Stage Renal Disease (ESRD) data

**Type:** Character      **Length:** 16

---

### PUBLICID\*

#### NCHS Survey Identifier – Participant Identification Number\*

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Character      **Length:** 14

#### Usage Notes:

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II

**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES

**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

**SEQN\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 5

#### **Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

---

**RESNUM\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 6

#### **Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### SEX

#### Patient's Sex

Sex of ESRD patient

**Type:** Character      **Length:** 1

**Possible Values:**

M = Male  
F = Female

**Usage Notes:**

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

---

### ETHN

#### Patient's Ethnicity

Ethnicity of ESRD patient

**Type:** Character      **Length:** 1

**Possible Values:**

1 = Hispanic-Mexican  
2 = Hispanic Other  
3 = Non-Hispanic  
4 = Unknown  
5 = Hispanic Non-Specified

**Usage Notes:**

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### RACE

### Patient's Race

Race of ESRD patient

**Type:** Character      **Length:** 1

#### Possible Values:

- 1 = American Indian/Alaskan Native
- 2 = Asian
- 3 = Black
- 4 = White
- 5 = Unknown
- 6 = Pacific Islander
- 7 = Mid-East/Arabian
- 8 = Indian sub-Continent
- 9 = Other/Multi-racial

#### Usage Notes:

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### RACEC

### Concatenation of Patient's Race (2005)

Concatenated Race of ESRD patient

**Type:** Character      **Length:** 9

#### Usage Notes:

This variable contains a combination of the codes listed for the patient's race (RACE)

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

Comparable information on gender, race, and ethnicity can be found in the NCHS survey and administrative data. NCHS recommends that researchers use the NCHS survey as the primary source for this information.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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**INC\_AGE**

### Age at Incidence

Patient's age at incidence of ESRD service

**Type:** Numeric      **Length:** 8

**Possible Values:** 1 – 95 years

---

**MEDCOV\_MEDICAID**

### Medicaid Coverage Indicator (2005)

Indicates whether the patient is receiving state Medicaid health insurance coverage

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### MDCD

### Medicaid Coverage Indicator (1995)

Indicates whether the patient is receiving state Medicaid health insurance coverage

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### MEDCOV\_MEDDVA

### Department of Veteran's Affairs (DVA) Medical Coverage Indicator (2005)

Indicates whether the patient is receiving medical care from a Department of Veteran's Affairs facility

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### DVA

### Department of Veteran's Affairs (DVA) Medical Coverage Indicator (1995)

Indicates whether the patient is receiving medical care from a Department of Veteran's Affairs facility

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### MEDCOV\_MEDICARE

### Medicare Coverage Indicator (2005)

Indicates whether the patient is entitled to Federal Medicare benefits

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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**MDCR**

### Medicare Coverage Indicator (1995)

Indicates whether the patient is entitled to Federal Medicare benefits

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

**MEDCOV\_ADVANTAGE**

### Medicare Advantage Indicator (2005)

Indicates whether the patient is entitled to Federal Medicare Advantage benefits

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### MEDCOV\_GROUP

### Employer Group Health Insurance Indicator (2005)

Indicates whether the patient is receiving medical benefits through an employer group

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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### EMPGRP

### Employer Group Health Insurance Indicator (1995)

Indicates whether the patient is receiving medical benefits through an employer group

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### MEDCOV\_OTHER

### Other Medical Insurance Coverage Indicator (2005)

Indicates whether the patient is receiving other medical benefits

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### OTHCOV

### Other Medical Insurance Coverage Indicator (1995)

Indicates whether the patient is receiving other medical benefits

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### MEDCOV\_NONE

### No Medical Insurance Coverage Indicator (2005)

Indicates whether the patient has no medical insurance plan

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### NOCOV

### No Medical Insurance Coverage Indicator (1995)

Indicates whether the patient has no medical insurance plan

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### MEDICALCOVERAGE

#### Concatenation of Patient's Medical Insurance Coverage (2005)

Concatenation of patient's medical insurance coverage

**Type:** Character      **Length:** 13

**Usage Notes:**

This variable combines all of the "Yes" responses for the patient's medical insurance coverage indicators.

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### MDCRCOD

#### Applying for ESRD Medicare Indicator

Indicates whether the patient is applying for ESRD Medicare

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No  
U = Unknown

---

### PDIS

#### Primary Disease Causing ESRD

Patient's primary cause of End Stage Renal Disease

**Type:** Character      **Length:** 6

**Usage Notes:**

This variable is coded based on ICD-9-CM codes.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### HEIGHT

#### Patient's Height (cm)

Patient's height in centimeters (cm)

**Type:** Numeric      **Length:** 8

**Possible Values:** 62 - 187

---

### WEIGHT

#### Patient's Weight (kg)

Patient's weight in kilograms (kg)

**Type:** Numeric      **Length:** 8

**Possible Values:** 4 - 174

---

### BMI

#### Patient's Body Mass Index (BMI) - Calculated

Patient's calculated Body Mass Index (BMI)

**Type:** Numeric      **Length:** 8      **Format:** ##.#####

**Possible Values:** 13.0 – 69.5

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### EMPPREV

#### Patient's Previous Employment Status

Indicates patient's previous employment status

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Unemployed
  - 2 = Employed - full-time
  - 3 = Employed - part-time
  - 4 = Homemaker
  - 5 = Retired - age
  - 6 = Retired - disabled
  - 7 = Medical leave of absence
  - 8 = Student
  - 9 = Other
- 

### EMPCUR

#### Patient's Current Employment Status

Indicates patient's current employment status

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Unemployed
  - 2 = Employed - full-time
  - 3 = Employed - part-time
  - 4 = Homemaker
  - 5 = Retired - age
  - 6 = Retired - disabled
  - 7 = Medical leave of absence
  - 8 = Student
  - 9 = Other
-

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

**COMO\_CHF**

### **Congestive Heart Failure Indicator (2005)**

Indicates whether the ESRD patient suffered from congestive heart failure at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

**CARFAIL**

### **Congestive Heart Failure Indicator (1995)**

Indicates whether the ESRD patient suffered from congestive heart failure at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### IHD

### Ischemic Heart Disease Indicator (1995)

Indicates whether the ESRD patient suffered from ischemic heart disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### MI

### Myocardial Infarction Indicator (1995)

Indicates whether the ESRD patient suffered from myocardial infarction at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### CARARR

### Cardiac Arrest Indicator (1995)

Indicates whether the ESRD patient suffered from cardiac arrest at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### DYSRHYT

### Cardiac Dysrhythmia Indicator (1995)

Indicates whether the ESRD patient suffered from cardiac dysrhythmia at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### PERICAR

#### Pericarditis Indicator (1995)

Indicates whether the ESRD patient suffered from pericarditis at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_ASHD

#### Atherosclerotic Heart Disease (ASHD) Indicator (2005)

Indicates whether the ESRD patient suffered from atherosclerotic heart disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_OTHCARD

### Other Cardiac Disease Failure Indicator (2005)

Indicates whether the ESRD patient suffered from other cardiac disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_CVATIA

### Cerebrovascular Disease Indicator (2005)

Indicates whether the ESRD patient suffered from cerebrovascular disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

Cerebrovascular Disease includes history of stroke/cerebrovascular accident (CVA) and transient ischemic attack (TIA).

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### CVA

### Cerebrovascular Disease Indicator (1995)

Indicates whether the ESRD patient suffered from cerebrovascular disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

Cerebrovascular Disease includes history of stroke/cerebrovascular accident (CVA) and transient ischemic attack (TIA).

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_PVD

### Peripheral Vascular Disease Indicator (2005)

Indicates whether the ESRD patient suffered from peripheral vascular disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

Peripheral Vascular Disease includes absent foot pulses, prior typical claudication, amputations for vascular disease, gangrene and aortic aneurysm.

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### PVASC

#### Peripheral Vascular Disease Indicator (1995)

Indicates whether the ESRD patient suffered from peripheral vascular disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

Peripheral Vascular Disease includes absent foot pulses, prior typical claudication, amputations for vascular disease, gangrene and aortic aneurysm.

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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### COMO\_HTN

#### Hypertension Indicator (2005)

Indicates whether the ESRD patient suffered from hypertension at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### **HYPER**

### **Hypertension Indicator (1995)**

Indicates whether the ESRD patient suffered from hypertension at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### **COMO\_AMP**

### **Amputation Indicator (2005)**

Indicates whether the ESRD patient has an amputation at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_DM\_INS

#### Diabetes (on Insulin) Indicator (2005)

Indicates whether the ESRD patient suffered from diabetes and taking insulin at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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### COMO\_DM\_ORAL

#### Diabetes (on Oral Medications) Indicator (2005)

Indicates whether the ESRD patient suffered from diabetes and taking oral medications at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_DM\_NOMEDS

### Diabetes (without Medications) Indicator (2005)

Indicates whether the ESRD patient suffered from diabetes and not taking medication at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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### COMO\_DM\_RET

### Diabetic Retinopathy Indicator (2005)

Indicates whether the ESRD patient suffered from diabetic retinopathy at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### DIABPRIM

#### Diabetes (Primary or Contributing) Indicator (1995)

Indicates whether the ESRD patient suffered from diabetes (primary or contributing) at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### DIABINS

#### Diabetes (on Insulin) Indicator (1995)

Indicates whether the ESRD patient suffered from diabetes and taking insulin at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_COPD

#### Chronic Obstructive Pulmonary Disease (COPD) Indicator (2005)

Indicates whether the ESRD patient suffered from chronic obstructive pulmonary disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### PULMON

#### Chronic Obstructive Pulmonary Disease (COPD) Indicator (1995)

Indicates whether the ESRD patient suffered from chronic obstructive pulmonary disease at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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**COMO\_TOBAC**

### **Tobacco Use (Current Smoker) Indicator (2005)**

Indicates whether the ESRD patient is a current smoker

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

**SMOKE**

### **Tobacco Use (Current Smoker) Indicator (1995)**

Indicates whether the ESRD patient is a current smoker

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

COMO\_CANC

### Cancer Indicator (2005)

Indicates whether the ESRD patient suffered from malignant neoplasm/cancer at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

CANCER

### Cancer Indicator (1995)

Indicates whether the ESRD patient suffered from malignant neoplasm/cancer at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_TOXNEPH

### Toxic Nephropathy Indicator (2005)

Indicates whether the ESRD patient suffered from toxic nephropathy at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_ALCHO

### Alcohol Dependence Indicator (2005)

Indicates whether the ESRD patient suffered from alcohol dependency at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### ALCOH

#### Alcohol Dependence Indicator (1995)

Indicates whether the ESRD patient suffered from alcohol dependency at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_DRUG

#### Drug Dependence Indicator (2005)

Indicates whether the ESRD patient suffered from drug dependency at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

Drug dependence refers to dependence on illicit drugs.

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### DRUG

#### Drug Dependence Indicator (1995)

Indicates whether the ESRD patient suffered from drug dependency at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

#### Possible Values:

Y = Yes  
N = No

#### Usage Notes:

Drug dependence refers to dependence on illicit drugs.

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### HIV

#### Human Immunodeficiency Virus (HIV) Indicator (1995)

Indicates whether the ESRD patient had a positive status for the human immunodeficiency virus (HIV) at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

#### Possible Values:

Y = Yes  
N = No  
C = Cannot disclose  
U = Unknown

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### AIDS

#### Acquired Immune Deficiency Syndrome (AIDS) Indicator (1995)

Indicates whether the ESRD patient was diagnosed with acquired immune deficiency syndrome (AIDS) at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

#### Possible Values:

Y = Yes  
N = No  
C = Cannot disclose  
U = Unknown

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_INAMB

#### Inability to Ambulate Indicator (2005)

Indicates whether the ESRD patient was unable to ambulate at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

#### Possible Values:

Y = Yes  
N = No

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### NOAMBUL

#### Inability to Ambulate Indicator (1995)

Indicates whether the ESRD patient was unable to ambulate at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_INTRANS

#### Inability to Transfer Indicator (2005)

Indicates whether the ESRD patient was unable to transfer at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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NOTRANS

### Inability to Transfer Indicator (1995)

Indicates whether the ESRD patient was unable to transfer at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

COMO\_NEEDASST

### Need Assistance with Daily Activities Indicator (2005)

Indicates whether the ESRD patient needed assistance with daily activities at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### COMO\_INST

#### Institutionalized Indicator (2005)

Indicates whether the ESRD patient was institutionalized at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_INST\_AL

#### Institutionalized - Assisted Living Indicator (2005)

Indicates whether the ESRD patient was institutionalized in an assisted living facility at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMO\_INST\_NURS

#### **Institutionalized – Nursing Home Indicator (2005)**

Indicates whether the ESRD patient was institutionalized in a nursing home at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### COMO\_INST\_OTH

#### **Institutionalized – Other Institution Indicator (2005)**

Indicates whether the ESRD patient was institutionalized in another type of institution at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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COMO\_NRC

### Non-Renal Congenital Abnormality Indicator (2005)

Indicates whether the ESRD patient suffered from a non-renal congenital abnormality at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

COMO\_NONE

### No Co-Morbid Conditions Indicator (2005)

Indicates whether the ESRD patient had no co-morbid conditions at time of 2728 filing or within the prior 10 years

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### COMORBID

#### Concatenation of Patient's Co-Morbid Conditions (2005)

Concatenated co-morbid factors for the ESRD patient

**Type:** Character      **Length:** 49

**Usage Notes:**

This variable contains all the co-morbid conditions combined for the ESRD patient.

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

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### EPO

#### Erythropoietin (EPO) Indicator

Indicates whether erythropoietin (EPO) was administered to the patient prior to dialysis treatments or kidney transplant

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No  
U = Unknown

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### EPORANGE

#### Range (in months) Erythropoietin (EPO) was Administered (2005)

Indicates the range in months that erythropoietin (EPO) was administered to the patient prior to dialysis treatments or kidney transplant

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 0 = less than 6 months
- 1 = 6-12 months
- 2 = 12 months respectively

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### NEPHCARE

#### Nephrologist Indicator (2005)

Indicates whether the patient was under the care of a nephrologist prior to dialysis treatments or kidney transplant

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 1 = Yes
- 2 = No
- 9 = Unknown

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### NEPHCARERANGE

#### Range (in months) the Patient Received Care from a Nephrologist (2005)

Indicates the range in months that the patient was under the care of a nephrologist prior to dialysis treatments or kidney transplant

**Type:** Numeric      **Length:** 8

**Possible Values:**

- 0 = less than 6 months
- 1 = 6-12 months
- 2 = 12 months respectively

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### DIETCARE

#### Kidney Dietitian Indicator (2005)

Indicates whether the patient was under the care of a kidney dietitian prior to dialysis treatments or kidney transplant

**Type:** Numeric      **Length:** 8

**Possible Values:**

- 1 = Yes
- 2 = No
- 9 = Unknown

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### DIETCARERANGE

#### Range (in months) the Patient Received Care from a Kidney Dietitian (2005)

Indicates the range in months that the patient was under the care of a kidney dietitian prior to dialysis treatments or kidney transplant

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 0 = less than 6 months
- 1 = 6-12 months
- 2 = 12 months respectively

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### ACCESSTYPE

#### Access Method used for First Outpatient Dialysis (2005)

Indicates the access method used for the patient's first outpatient dialysis treatment

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 1 = Arterial Venous Fistula (AVF)
- 2 = Graft
- 3 = Catheter
- 4 = Other
- 5 = Unknown

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---



# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### AVFMATURING

#### Maturing Arterial Venous Fistula (AVF) Present (2005)

Indicates whether a maturing arterial venous fistula (AVF) is present

**Type:** Numeric      **Length:** 8

**Possible Values:**

1 = Yes

2 = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### AVGMATURING

#### Maturing Arterial Venous Graft Present (2005)

Indicates whether a maturing arterial venous graft is present

**Type:** Numeric      **Length:** 8

**Possible Values:**

1 = Yes

2 = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### HECRIT

#### Hematocrit Value (1995)

ESRD patient's hematocrit value

**Type:** Numeric      **Length:** 8      **Format:** ##.#

**Possible Values:** 10.1 – 50.0

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### HECRDT

#### Date of Hematocrit Value Collection (1995)

Date the hematocrit value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/29/1994 – 05/18/2005

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### HEGLB

#### Hemoglobin Value (g/dl)

ESRD patient's hemoglobin value

**Type:** Numeric      **Length:** 8      **Format:** ##.#

**Possible Values:** 3.8 – 16.8

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### HEGLBDT

#### Date of Hemoglobin Value Collection

Date the hemoglobin value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 12/08/1987 – 09/17/2008

---

### HBA1C

#### Glycated Hemoglobin (HbA1c) Value (%) (2005)

ESRD patient's glycated hemoglobin (HbA1c) value

**Type:** Numeric      **Length:** 8      **Format:** ##.#

**Possible Values:** 0.1 – 12.0

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### HBA1CDATE

#### Date of Glycated Hemoglobin (HbA1c) Value Collection (2005)

Date the glycated hemoglobin (HbA1c) value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/03/2004 – 09/17/2008

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### ALBUM

#### Serum Albumin Value (g/dl)

ESRD patient's serum albumin value

**Type:** Numeric      **Length:** 8      **Format:** ##

**Possible Values:** 0.7 – 5.6

---

### ALBUMDT

#### Date of Serum Albumin Value Collection

Date the serum albumin value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 12/28/1994 – 09/07/2008

---

### ALBUMLM

#### Serum Albumin Lower Limit Value (g/dl)

The lower limit of the normal range used by the lab testing the patient's serum albumin value

**Type:** Numeric      **Length:** 8      **Format:** ##

**Possible Values:** 0.0 – 7.6

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### LABMETHOD

#### Serum Albumin Lower Limit: Lab Method Used (2005)

Indicates the lab method used for the serum albumin lower limit

**Type:** Numeric      **Length:** 8

**Possible Values:**

1 = Bromcresol Green (BCG)

2 = Bromcresol Purple (BCP)

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### SERCR

#### Serum Creatinine Value (mg/dl)

ESRD patient's serum creatinine value

**Type:** Numeric      **Length:** 8      **Format:** ##.#

**Possible Values:** 1.1 – 29.1

---

### SERCRDT

#### Date of Serum Creatinine Value Collection

Date the serum creatinine value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 12/27/1994 – 09/17/2008

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### CREA

#### Creatinine Clearance Value (ml/min) (1995)

ESRD patient's creatinine clearance value

**Type:** Numeric      **Length:** 8      **Format:** ##.##

**Possible Values:** 0.0 – 86.0

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### CREADAT

#### Date of Creatinine Clearance Value Collection (1995)

Date the creatinine clearance value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 11/03/1994 – 05/11/2005

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

**BUN**

### **Blood Urea Nitrogen (BUN) Value (mg/dl) (1995)**

ESRD patient's blood urea nitrogen (BUN) value

**Type:** Numeric      **Length:** 8      **Format:** ###

**Possible Values:** 25 – 232

#### **Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

**BUNDAT**

### **Date of Blood Urea Nitrogen (BUN) Value Collection (1995)**

Date the blood urea nitrogen (BUN) value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 12/28/1994 – 05/18/2005

#### **Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### UREA

#### Urea Clearance Value (ml/min) (1995)

ESRD patient's urea clearance value

**Type:** Numeric      **Length:** 8      **Format:** ##.##

**Possible Values:** 0.0 – 88.0

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---

### UREADT

#### Date of Urea Clearance Value Collection (1995)

Date the urea clearance value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/10/1995 – 03/11/2005

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

---



# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### LIPIDPROFILETC

#### Lipid Profile: Total Cholesterol (TC) Value (mg/dl) (2005)

ESRD patient's total cholesterol (TC) value

**Type:** Numeric      **Length:** 8      **Format:** ###

**Possible Values:** 21 – 821

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### LIPIDPROFILETCDATE

#### Date of Total Cholesterol (TC) Value Collection (2005)

Date the total cholesterol (TC) value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/03/2004 – 09/18/2008

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### LIPIDPROFILLDL

#### Lipid Profile: Low-Density Lipoprotein (LDL) Value (mg/dl) (2005)

ESRD patient's low-density lipoprotein (LDL) value

**Type:** Numeric      **Length:** 8      **Format:** ###

**Possible Values:** 8 – 574

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### LIPIDPROFILELDLDATE

#### Date of Low-Density Lipoprotein (LDL) Value Collection (2005)

Date the low-density lipoprotein (LDL) value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/18/2003 – 09/18/2008

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### LIPIDPROFILHDL

#### Lipid Profile: High-Density Lipoprotein (HDL) Value (mg/dl) (2005)

ESRD patient's high-density lipoprotein (HDL) value

**Type:** Numeric      **Length:** 8      **Format:** ##

**Possible Values:** 6 – 86

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### LIPIDPROFILEHDLDATE      **Date of High-Density Lipoprotein (HDL) Value Collection (2005)**

Date the high-density lipoprotein (HDL) value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/18/2003 – 09/18/2008

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### LIPIDPROFILETG

#### Lipid Profile: Triglyceride (TG) Value (mg/dl) (2005)

ESRD patient's triglyceride (TG) value

**Type:** Numeric      **Length:** 8      **Format:** #####

**Possible Values:** 16 – 1012

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### LIPIDPROFILETGDATE

#### Date of Triglyceride (TG) Value Collection (2005)

Date the triglyceride (TG) value was taken

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 04/18/2003 – 09/18/2008

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### GFR

#### Glomerular Filtration Rate (GFR)

Calculated glomerular filtration rate (GFR)

**Type:** Numeric      **Length:** 8      **Format:** ##.#####

**Possible Values:** 1.0 – 29.9

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### DIALSET

#### Primary Dialysis Setting

Patient's primary dialysis setting

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Hospital Inpatient
  - 2 = Dialysis Facility/Center
  - 3 = Home
  - 4 = Unknown
  - 5 = Skilled Nursing Facility (SNF)
- 

### DIALTYP

#### Primary Type of Dialysis

Patient's primary type of dialysis

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Hemodialysis
  - 2 = Intermittent Peritoneal Dialysis (IPD)
  - 3 = Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - 4 = Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)
  - 5 = Other
  - 6 = Unknown
-

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### HEMOSESSIONS

#### Primary Type of Dialysis: Hemodialysis – Sessions per week (2005)

Patient's total number of hemodialysis sessions per week

**Type:** Numeric      **Length:** 8

**Possible Values:** 2 – 5 sessions

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### HEMOHOURS

#### Primary Type of Dialysis: Hemodialysis – Hours per session (2005)

Patient's total number of hours per hemodialysis session

**Type:** Numeric      **Length:** 8

**Possible Values:** 1 – 5 hours

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### DIALDAT

#### Date Regular Chronic Dialysis Began

Date the patient began regular chronic dialysis treatment

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 08/19/1978 – 09/18/2008

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### **FACSTD**

#### **Date Patient Began Regular Chronic Dialysis at Current Facility**

Date the patient began regular chronic dialysis treatment at the current facility

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 11/10/1980 – 09/18/2008

---

### **DIALEDT**

#### **Date Patient Stopped Dialysis Therapy**

Date the patient stopped dialysis therapy

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 10/09/1995 – 07/05/2004

---

### **DIED**

#### **Patient's Date of Death**

Date of ESRD patient's death

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/28/1996 – 09/17/2007

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### **PATINFORMED**

#### **Patient Informed of Kidney Transplant Options Indicator (2005)**

Indicates whether the ESRD patient was informed of kidney transplant options

**Type:** Numeric      **Length:** 8

**Possible Values:**

1 = Yes  
2 = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### **PATXOP\_MEDUNFIT**

#### **Reason Patient Not Informed of Kidney Transplant Options: Medically Unfit (2005)**

Indicates whether the ESRD patient was not informed of kidney transplant options because the patient was medically unfit

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---



# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### **PATXOP\_UNsutAGE      Reason Patient Not Informed of Kidney Transplant Options: Unsuitable Due to Age (2005)**

Indicates whether the ESRD patient was not informed of kidney transplant options because the patient was unsuitable due to age

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### **PATXOP\_PHYSUNFIT      Reason Patient Not Informed of Kidney Transplant Options: Psychologically Unfit (2005)**

Indicates whether the ESRD patient was not informed of kidney transplant options because the patient was psychologically unfit

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### **PATXOP\_DECLINE**

#### **Reason Patient Not Informed of Kidney Transplant Options: Patient Declined Information (2005)**

Indicates whether the ESRD patient was not informed of kidney transplant options because the patient declined to be informed

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### **PATXOP\_UNASSESSSED**

#### **Reason Patient Not Informed of Kidney Transplant Options: Patient Not Assessed (2005)**

Indicates whether the ESRD patient was not informed of kidney transplant options because the patient was not assessed

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### PATTXOP\_OTHER

#### Reason Patient Not Informed of Kidney Transplant Options: Other (2005)

Indicates whether the ESRD patient was not informed of kidney transplant options for other reasons

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### PATNOTINFORMEDREASON

#### Concatenation of Reasons Patient Not Informed of Kidney Transplant Options (2005)

Indicates whether the ESRD patient was not informed of kidney transplant options because the patient was not assessed

**Type:** Character      **Length:** 10

**Possible Values:**

**Usage Notes:**

This variable combines all of the “Yes” responses for the reasons the patient was not informed of kidney transplant options.

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

**TDATE**

### **Date of Most Recent Transplant**

Date of ESRD patient's most recent kidney transplant

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 09/18/1980 – 08/20/2008

---

**TXADMDT**

### **Date of Patient Entered Prep Hospital**

Date ESRD patient entered hospital in preparation for, or anticipation of, a kidney transplant

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 09/18/1980 – 08/20/2008

---

**CURTXS**

### **Current Transplant Status**

The status of the kidney transplant at the time the 2728 form was completed

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Functioning
  - 2 = Non-Functioning
  - 3 = Unknown
-

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### DONORTYPE

#### Type of Donor (2005)

Type of donor providing transplanted kidney

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 1 = Living - Related
- 2 = Living - Unrelated
- 3 = Deceased

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### DIALRDAT

#### Date of Patient Returned to Dialysis Treatment after Transplant Rejection

Date ESRD patient returned to dialysis treatment after kidney transplant rejection

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 05/26/1995 – 06/10/2008

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### CURTSIT

#### Current Dialysis Treatment Site

The current dialysis treatment site of the patient after a transplant rejection

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Hospital Inpatient
  - 2 = Dialysis Facility/Center
  - 3 = Home
  - 4 = Unknown
  - 5 = Skilled Nursing Facility (SNF)
- 

### TRSTDAT

#### Date Patient Began Self-Dialysis Training

Date patient began self-dialysis training

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/09/1995 – 08/25/2008

---

### TYPTRN

#### Type of Self-Dialysis Training

The type of self-dialysis training completed by the patient

**Type:** Character      **Length:** 1

**Possible Values:**

- 1 = Hemodialysis
  - 3 = Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - 4 = Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)
-

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### TRAINSET

#### Hemodialysis Training Setting: Home/Center (2005)

The setting where the patient complete hemodialysis training

**Type:** Numeric      **Length:** 8

**Possible Values:**

3 = Home  
6 = In Center

**Usage Notes:**

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### TRCERT

#### Training Completion Indicator

Indicates whether physician certified that patient completed self-dialysis training successfully and began self-dialysis on a regular basis

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes  
N = No

---

### TRNEND

#### Date Patient Completed Self-Dialysis Training

Date patient completed self-dialysis training

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/27/1995 – 08/29/2008

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### APDXTR

#### Approved for Dialysis Training Indicator (1995)

Indicates whether the patient was approved for dialysis training

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

This variable contains missing values for all cases.

---

### APTXPR

#### Approved for Pre-Transplant Services Indicator (1995)

Indicates whether the patient was approved for pre-transplant services

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

**Usage Notes:**

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

This variable contains missing values for all cases.

---



# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

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### CTDATE

#### Supervising Physician Signature Date

Date the supervising physician signed the 2728 form

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/05/1995 – 09/22/2008

---

### PATSIGN

#### Patient Signature Date

Date the ESRD patient signed the 2728 form

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/16/1995 – 09/24/2008

---

### ESRDCER

#### Network Confirmation Indicator

Indicates whether the Network confirmed the patient as ESRD

**Type:** Character      **Length:** 1

**Possible Values:**

Y = Yes

N = No

---

### NETADT

#### Network Action Date

Date the Network took action on the 2728 form

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 02/07/1991 – 06/19/2000

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### DECBAS

#### ESRD Decision

Indicates the decision regarding how the patient was confirmed as ESRD

**Type:** Character      **Length:** 1

#### Possible Values:

- 1 = Passed Guidelines
- 2 = Passed Medical Review Board (MRB)
- 3 = Failed Medical Review Board (MRB)
- 4 = Passed because Patient Died within first 3 months
- 5 = Passed because Patient has no Kidneys
- 6 = Failed, under Medical Review Board (MRB) Review
- 7 = Passed on Age

#### Usage Notes:

This variable contains some values of '0'. There is no definition available for a value of '0'.

---

### INHOSP

#### Patient Hospitalization Indicator (2005)

Indicates whether patient was admitted to prior to transplant

**Type:** Character      **Length:** 1

#### Possible Values:

- Y = Yes
- N = No

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

This variable contains missing values for all cases.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### EDITIND

#### Data Edit Errors Indicator (1995)

Indicates whether data edit errors are present

**Type:** Character      **Length:** 1

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

This variable contains missing values for all cases.

---

### ALGCON

#### Medical Evidence Algorithm Conflict (1995)

Indicates whether a medical evidence algorithm conflict

**Type:** Character      **Length:** 1

#### Usage Notes:

This variable is only available when the 1995 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 1995). Please see [Appendix C](#) for a copy of the form.

This variable contains missing values for all cases.

---

# NCHS-USRDS Linked ESRD Data Files

## Medical Evidence Report (Form 2728) File

---

### TYPE2728

#### Type of 2728 Form Filed (2005)

Indicates the type of 2728 form filed

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 1 = Initial
- 2 = Re-entitlement
- 3 = Supplemental

#### Usage Notes:

This variable is only available when the 2005 version of the Medical Evidence Report (Form 2728) was completed ([FORMVERSION](#) = 2005). Please see [Appendix C](#) for a copy of the form.

---

### FORMVERSION

#### Version of 2728 Form Filed

Indicates the version of 2728 form filed

**Type:** Numeric      **Length:** 8

#### Possible Values:

- 1995 = 1995 version of 2728 form completed
  - 2005 = 2005 version of 2728 form completed
- 

### MESEQ

#### Number of 2728 Forms Filed

Indicates the number of 2728 forms filed

**Type:** Numeric      **Length:** 8

**Possible Values:** 1 - 3 forms

---

# **NCHS-USRDS Linked ESRD Data Files**

## **Treatment History File**

# NCHS-USRDS Linked ESRD Data Files

## Treatment History File

---

### SURVEY

#### NCHS Survey linked to ESRD Data

NCHS survey linked to End Stage Renal Disease (ESRD) data

**Type:** Character      **Length:** 16

---

### PUBLICID\*

#### NCHS Survey Identifier – Participant Identification Number\*

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Character      **Length:** 14

#### Usage Notes:

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**

1994-2005 NHIS and LSOA II

**Researchers linking to the following surveys should use SEQN:**

NHEFS, NHANES III and 1999-2004 NHANES

**Researchers linking to the following survey should use RESNUM:**

2004 NNHS

---

# NCHS-USRDS Linked ESRD Data Files

## Treatment History File

---

**SEQN\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 5

**Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

---

**RESNUM\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 6

**Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

---

# NCHS-USRDS Linked ESRD Data Files

## Treatment History File

---

### **BEGDATE**

### **Start Date of Treatment Modality Period**

Date the current ESRD treatment period began

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/04/1974 – 09/19/2011

---

### **BEGDAY**

### **Start Day of Treatment Modality Period**

The day the current ESRD treatment period started

**Type:** Numeric      **Length:** 4

**Possible Values:** 1 – 12,797

#### **Usage Notes:**

The first service day is equal to '1'.

---

### **ENDDATE**

### **End Date of Treatment Modality Period**

Date the current ESRD treatment period ended

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 12/31/1976 – 09/18/2011

---



# NCHS-USRDS Linked ESRD Data Files

## Treatment History File

---

### ENDDAY

#### End Day of Treatment Modality Period

The day the current ESRD treatment period ended

**Type:** Numeric      **Length:** 4

**Possible Values:** 1 – 12,796

#### Usage Notes:

The first service day is equal to '1'.

---

### RXDETAIL

#### Detailed Treatment Modality for Period

Detailed modality of ESRD treatment for current period

**Type:** Character      **Length:** 2

#### Possible Values:

- 1 = Center hemodialysis
  - 2 = Center self-hemodialysis
  - 3 = Home hemodialysis
  - 4 = Hemodialysis Training
  - 5 = Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - 6 = Continuous Ambulatory Peritoneal Dialysis (CAPD) Training
  - 7 = Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)
  - 8 = Continuous Cycler-Assisted Peritoneal Dialysis (CCPD) Training
  - 9 = Other Peritoneal Dialysis
  - A = Uncertain
  - D = Death
  - T = Transplant
  - X = Lost to follow-up
  - Z = Recovered Function
-

# NCHS-USRDS Linked ESRD Data Files

## Treatment History File

---

### **RXGROUP**

### **Grouped Treatment Modality for Period**

Grouped modality of ESRD treatment for current period

**Type:** Character      **Length:** 1

#### **Possible Values:**

- 1 = Center hemodialysis
  - 2 = Center self-hemodialysis
  - 3 = Home hemodialysis
  - 4 = Hemodialysis Training
  - 5 = Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - 7 = Continuous Cycler-Assisted Peritoneal Dialysis (CCPD)
  - 9 = Other Peritoneal Dialysis
  - A = Uncertain
  - D = Death
  - T = Transplant
  - X = Lost to follow-up
  - Z = Recovered Function
-

# **NCHS-USRDS Linked ESRD Data Files**

## **Payment History File**

# NCHS-USRDS Linked ESRD Data Files

## Payment History File

---

### SURVEY

#### NCHS Survey linked to ESRD Data

NCHS survey linked to End Stage Renal Disease (ESRD) data

**Type:** Character      **Length:** 16

---

### PUBLICID\*

#### NCHS Survey Identifier – Participant Identification Number\*

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Character      **Length:** 14

#### Usage Notes:

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**

1994-2005 NHIS and LSOA II

**Researchers linking to the following surveys should use SEQN:**

NHEFS, NHANES III and 1999-2004 NHANES

**Researchers linking to the following survey should use RESNUM:**

2004 NNHS

---

# NCHS-USRDS Linked ESRD Data Files

## Payment History File

---

**SEQN\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 5

**Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

---

**RESNUM\***

### **NCHS Survey Identifier – Participant Identification Number\***

Public use identifier assigned by NCHS used to link NCHS survey data and administrative records

**Type:** Numeric      **Length:** 6

**Usage Notes:**

See [Appendix A](#) for NCHS survey specific descriptions.

**\*Researchers linking to the following surveys should use PUBLICID:**  
1994-2005 NHIS and LSOA II  
**Researchers linking to the following surveys should use SEQN:**  
NHEFS, NHANES III and 1999-2004 NHANES  
**Researchers linking to the following survey should use RESNUM:**  
2004 NNHS

---

# NCHS-USRDS Linked ESRD Data Files

## Payment History File

---

### PAYER

#### Payer for Treatment Period

Indicates the payer for the ESRD treatment period

**Type:** Character      **Length:** 40

**Possible Values:**

HMO = Group Health Organization  
MPAB = Medicare Primary, both Part A and Part B  
MPO = Medicare Primary, Other  
MSP-EGHP = Medicare as Secondary Payer with Employer Group Health Plan (EGHP)  
MSP-nonEGHP = Medicare as Secondary Payer, no Employer Group Health Plan (EGHP)  
OTH = Other/Unknown  
WAIT = 90 day waiting period

---

### MCARE

#### Medicare Coverage Indicator

Indicates whether patient has Medicare coverage

**Type:** Character      **Length:** 7

**Possible Values:**

Y = Yes  
N = No

---

# NCHS-USRDS Linked ESRD Data Files

## Payment History File

---

### **DUALELIG**

### **Medicare/Medicaid Dual Eligibility Indicator**

Indicates whether patient eligible for both Medicare and Medicaid coverage

**Type:** Character      **Length:** 7

**Possible Values:**

Y = Yes

N = No

---

### **BEGDATE**

### **Start Date of Payment Period**

Date the current payment period began

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 01/04/1974 – 01/01/2011

---

### **ENDDATE**

### **End Date of Payment Period**

Date the current payment ended

**Type:** Numeric      **Length:** 8      **Format:** MM/DD/YYYY

**Possible Values:** 08/31/1974 – 12/31/2010

---

# NCHS-USRDS Linked ESRD Data Files

## Appendix A: Important Information on Merging Restricted and Public Use NCHS Survey Data

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### Appendix A:

#### Important Information on Merging Restricted and Public Use NCHS Survey Data

The data provided on the restricted NCHS-linked files can be merged with the NCHS public use survey data files using unique survey person identification numbers. However, the identifying variables are different across surveys and years.

Note: The linked data files are only available through the NCHS restricted access data center (RDC). Approved RDC researchers may choose to provide their own analytic files created from public use survey files to the RDC. Therefore, it is important for researchers to include the correct survey person identification number.

The following table presents the variables needed to merge each public use survey data with restricted NCHS-linked data in the RDC.

NCHS Survey	Survey Person Identification Variable
National Health and Nutrition Examination Survey (NHANES)	SEQN
Third National Health and Nutrition Examination Survey (NHANES III)	SEQN
NHANES Epidemiologic Follow-up Study (NHEFS)	SEQN
National Health Interview Survey (NHIS)	PUBLICID*
Second Longitudinal Study of Aging (LSOA II)	PUBLICID*
National Nursing Home Survey (NNHS)	RESNUM

\*PUBLICID must be created for NHIS and LSOA (see below). It is important to note the construction of PUBLICID varies by year in NHIS.



# NCHS-USRDS Linked ESRD Data Files

## Appendix A: Important Information on Merging Restricted and Public Use NCHS Survey Data

---

### I. National Health and Nutrition Examination Survey (NHANES)

<u>Variable</u>	<u>Length</u>	<u>Description</u>
SEQN	5	Participant identification number

All of the NHANES public-use data files are linked with the common survey participant identification number (SEQN). Merging survey data from multiple NHANES files to the NHANES linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

### II. Third National Health and Nutrition Examination Survey (NHANES III)

<u>Variable</u>	<u>Length</u>	<u>Description</u>
SEQN	5	Participant identification number

All of the NHANES III public-use data files are linked with the common survey participant identification number (SEQN). Merging survey data from multiple NHANES III files to the NHANES III linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

### III. NHANES I Epidemiologic Follow-up Study NHEFS

<u>Variable</u>	<u>Length</u>	<u>Description</u>
SEQN	5	Participant identification number

All of the NHEFS public-use data files are linked with the common survey participant identification number (SEQN). Merging survey data from multiple NHEFS files to the NHEFS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

# NCHS-USRDS Linked ESRD Data Files

## Appendix A: Important Information on Merging Restricted and Public Use NCHS Survey Data

---

### IV. National Health Interview Survey (NHIS)

On the NHIS and LSOA surveys, researchers need to construct the person identification number (PUBLICID) from the following variables. The number and public-use location varies by NHIS survey year.

#### NHIS 1994

<u>Variable</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
YEAR	3-4	2	Year of interview
WTFQ	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
WEEKPROC	9-10	2	Week of interview within quarter
SEGNUM	11-12	2	Segment number
HHNUM	13-14	2	Household number within quarter
PNUM	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier.

#### **SAS example:**

```
length publicid $14;  
PUBLICID = trim(left(YEAR || WTFQ || PSU || WEEKPROC || SEGNUM || HHNUM || PNUM));
```

#### **Stata example: (note this will convert the variables to a string variable)**

```
egen PUBLICID = concat(YEAR WTFQ PSU WEEKPROC SEGNUM HHNUM PNUM)
```

## NCHS-USRDS Linked ESRD Data Files

### Appendix A: Important Information on Merging Restricted and Public Use NCHS Survey Data

---

#### NHIS 1995, 1996

<u>Variable</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
YEAR	3-4	2	Year of interview
HHID	5-14	10	Household ID number
PNUM	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier.

#### **SAS example:**

```
length publicid $14;  
PUBLICID = trim(left(YEAR || HHID || PNUM)) ;
```

#### **Stata example: (note this will convert the variables to a string variable)**

```
egen PUBLICID = concat(YEAR HHID PNUM)
```

#### NHIS 1997-2003

<u>Variable</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
SRVY_YR	3-6	4	Year of interview
HHX	7-12	6	Household serial number
PX**	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier.

#### **SAS example:**

```
length publicid $14;  
PUBLICID = trim(left(SRVY_YR || HHX || PX)) ;
```

#### **Stata example: (note this will convert the variables to a string variable)**

```
egen PUBLICID = concat(SRVY_YR HHX PX)
```

\*\*The person identifier was called PX in the 1997-2003 NHIS and FPX in the 2004 (and later) NHIS; users may find it necessary to create an FPX variable in the 2003 and earlier datasets (or PX in later datasets).

## NCHS-USRDS Linked ESRD Data Files

### Appendix A: Important Information on Merging Restricted and Public Use NCHS Survey Data

---

#### NHIS 2004, 2005

<u>Variable</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
SRVY_YR	3-6	4	Year of interview
HHX	7-12	6	Household serial number
FMX	13-14	2	Family number
FPX	15-16	2	Person number

Note: Concatenate all variables to get the unique person identifier.

#### **SAS example:**

```
length publicid $14;  
PUBLICID = trim(left(SRVY_YR || HHX || FMX || FPX));
```

#### **Stata example: (note this will convert the variables to a string variable)**

```
egen PUBLICID = concat(SRVY_YR HHX FMX FPX)
```

## V. The Second Longitudinal Study of Aging (LSOA II)

#### LSOA II

<u>Variable</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
YEAR	3-4	2	Year of interview
QUARTER	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
WEEKPROC	9-10	2	Week of interview within quarter
SEGNUM	11-12	2	Segment number
HHNUM	13-14	2	Household number within quarter
PNUM	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier.

#### **SAS example:**

```
length publicid $14;  
PUBLICID = trim(left(YEAR || QUARTER || PSU || WEEKPROC || SEGNUM || HHNUM || PNUM));
```

#### **Stata example: (note this will convert the variables to a string variable)**

```
egen PUBLICID = concat(YEAR QUARTER PSU WEEKPROC SEGNUM HHNUM PNUM)
```

# NCHS-USRDS Linked ESRD Data Files

## Appendix A: Important Information on Merging Restricted and Public Use NCHS Survey Data

---

### VI. 2004 National Nursing Home Survey (NNHS)

<u>Variable</u>	<u>Length</u>	<u>Description</u>
RESNUM	6	Resident Record (Case) Number

All of the 2004 NNHS public-use data files are linked with the common resident record (case) number (RESNUM). Merging survey data from the 2004 NNHS Files to the 2004 NNHS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

# **NCHS-USRDS Linked ESRD Data Files**

## **Appendix B: ESRD Death Notification Form (Form 2746)**

---

## **Appendix B: ESRD Death Notification Form (Form 2746)**

## ESRD DEATH NOTIFICATION END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM

1. Patient's Last Name	First	MI	2. Medicare Claim Number
3. Patient's Sex a. <input type="checkbox"/> Male    b. <input type="checkbox"/> Female	4. Date of Birth __ __ / __ __ / __ __ __ __ Month    Day                  Year		5. Social Security Number
6. Patient's State of Residence	7. Place of Death a. <input type="checkbox"/> Hospital      c. <input type="checkbox"/> Home          e. <input type="checkbox"/> Other b. <input type="checkbox"/> Dialysis Unit    d. <input type="checkbox"/> Nursing Home		8. Date of Death __ __ / __ __ / __ __ __ __ Month    Day                  Year
9. Modality at Time of Death a. <input type="checkbox"/> Incenter Hemodialysis    b. <input type="checkbox"/> Home Hemodialysis    c. <input type="checkbox"/> CAPD    d. <input type="checkbox"/> CCPD    e. <input type="checkbox"/> Transplant    f. <input type="checkbox"/> Other			
10. Provider Name and Address ( <i>Street</i> )  Provider Address ( <i>City/State</i> )			11. Provider Number

12. Causes of Death (enter codes from list on back of form)

- a. Primary Cause: \_\_ \_\_ \_\_
- b. Were there secondary causes?  
 No  
 Yes, specify: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_
- c. If cause is other (98) please specify: \_\_\_\_\_

13. Renal replacement therapy discontinued prior to death: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, check one of the following:</b> a. <input type="checkbox"/> Following HD and/or PD access failure b. <input type="checkbox"/> Following transplant failure c. <input type="checkbox"/> Following chronic failure to thrive d. <input type="checkbox"/> Following acute medical complication e. <input type="checkbox"/> Other f. Date of last dialysis treatment __ __ / __ __ / __ __ __ __ Month       Day                  Year	14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable
---	---

15. If deceased ever received a transplant: a. Date of most recent transplant __ __ / __ __ / __ __ __ __ <input type="checkbox"/> Unknown Month       Day                  Year  b. Type of transplant received <input type="checkbox"/> Living Related <input type="checkbox"/> Living Unrelated <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown  c. Was graft functioning (patient not on dialysis) at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  d. Did transplant patient resume chronic maintenance dialysis prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	16. Was patient receiving Hospice care prior to death?  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Unknown
---	--

17. Name of Physician ( <i>Please print complete name</i> )	18. Signature of Person Completing this Form	Date
---	--	------

This report is required by law (42, U.S.C. 426; 20 CFR 405, Section 2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 U.S.C. 5520; 45 CFR Part 5a).

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## ESRD DEATH NOTIFICATION FORM LIST OF CAUSES

---

### CARDIAC

- 23 Myocardial infarction, acute
- 25 Pericarditis, incl. Cardiac tamponade
- 26 Atherosclerotic heart disease
- 27 Cardiomyopathy
- 28 Cardiac arrhythmia
- 29 Cardiac arrest, cause unknown
- 30 Valvular heart disease
- 31 Pulmonary edema due to exogenous fluid
- 32 Congestive Heart Failure

### VASCULAR

- 35 Pulmonary embolus
- 36 Cerebrovascular accident including intracranial hemorrhage
- 37 Ischemic brain damage/Anoxic encephalopathy
- 38 Hemorrhage from transplant site
- 39 Hemorrhage from vascular access
- 40 Hemorrhage from dialysis circuit
- 41 Hemorrhage from ruptured vascular aneurysm
- 42 Hemorrhage from surgery (not 38, 39, or 41)
- 43 Other hemorrhage (not 38-42, 72)
- 44 Mesenteric infarction/ischemic bowel

### INFECTION

- 33 Septicemia due to internal vascular access
- 34 Septicemia due to vascular access catheter
- 45 Peritoneal access infectious complication, bacterial
- 46 Peritoneal access infectious complication, fungal
- 47 Peritonitis (complication of peritoneal dialysis)
- 48 Central nervous system infection (brain abscess, meningitis, encephalitis, etc.)
- 51 Septicemia due to peripheral vascular disease, gangrene
- 52 Septicemia, other
- 61 Cardiac infection (endocarditis)
- 62 Pulmonary infection (pneumonia, influenza)
- 63 Abdominal infection (peritonitis (not comp of PD), perforated bowel, diverticular disease, gallbladder)
- 70 Genito-urinary infection (urinary tract infection, pyelonephritis, renal abscess)

### LIVER DISEASE

- 64 Hepatitis B
- 71 Hepatitis C
- 65 Other viral hepatitis
- 66 Liver-drug toxicity
- 67 Cirrhosis
- 68 Polycystic liver disease
- 69 Liver failure, cause unknown or other

### GASTRO-INTESTINAL

- 72 Gastro-intestinal hemorrhage
- 73 Pancreatitis
- 75 Perforation of peptic ulcer
- 76 Perforation of bowel (not 75)

### METABOLIC

- 24 Hyperkalemia
- 77 Hypokalemia
- 78 Hyponatremia
- 79 Hyponatremia
- 100 Hypoglycemia
- 101 Hyperglycemia
- 102 Diabetic coma
- 95 Acidosis

### ENDOCRINE

- 96 Adrenal insufficiency
- 97 Hypothyroidism
- 103 Hyperthyroidism

### OTHER

- 80 Bone marrow depression
- 81 Cachexia/failure to thrive
- 82 Malignant disease, patient ever on Immunosuppressive therapy
- 83 Malignant disease (not 82)
- 84 Dementia, incl. dialysis dementia, Alzheimer's
- 85 Seizures
- 87 Chronic obstructive lung disease (COPD)
- 88 Complications of surgery
- 89 Air embolism
- 104 Withdrawal from dialysis/uremia
- 90 Accident related to treatment
- 91 Accident unrelated to treatment
- 92 Suicide
- 93 Drug overdose (street drugs)
- 94 Drug overdose (not 92 or 93)
- 98 Other cause of death
- 99 Unknown

---

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0448. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.



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## INSTRUCTIONS FOR COMPLETING OF ESRD DEATH NOTIFICATION: CMS-2746-U2

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- | ITEM          | PROCEDURE  |
|---------------|--|
| 1.            | <b>Patient's Last Name, First, and Middle Initial</b><br>Enter the patient's last name, first name, and middle initial as it appears on the Medicare Card or other official SSA notification.  |
| 2.            | <b>Medicare Claim Number</b><br>Enter the patient's Medicare number as it appears on the Medicare Card or other official SSA notification.   |
| 3.            | <b>Patient's Sex</b><br>Check the box that indicates the patient's sex.  |
| 4.            | <b>Date of Birth</b><br>Enter the date in month, day, and year order, using an 8-digit number; e.g., 07/24/2000 for July 24, 2000.   |
| 5.            | <b>Social Security Number</b><br>Enter the patient's own social security number.   |
| 6.            | <b>Patient's State of Residence</b><br>Enter the two-letter United States Postal Service abbreviation for State in the space provided; e.g., MD for Maryland, NY for New York.   |
| 7.            | <b>Place of Death</b><br>Check the one block which indicates the location of the patient at time of death. In-transit deaths or dead on arrival (DOA) cases are to be identified by checking "Other."  |
| 8.            | <b>Date of Death</b><br>Enter the date in month, day, and year order, using an 8-digit number.   |
| 9.            | <b>Modality at Time of Death</b><br>Check the one block, which indicates the patient's modality at time of death. "Other" has been placed on the form to be used only to report IPD (Intermittent Peritoneal Dialysis) and any new method of dialysis that may be developed prior to the renewal of this form by the Office of Management and Budget.  |
| 10.           | <b>Provider Name and Address (City and State)</b><br>Enter the complete name of the provider submitting the form and the city and State in which the provider is located.  |
| 11.           | <b>Provider Number</b><br>Enter the provider number (6-digit Medicare identification code) assigned by the Centers for Medicare & Medicaid Services.   |
| 12.           | <b>Causes of Death</b> <ol style="list-style-type: none"><li>Primary Cause: Enter the numeric code from the list on the form, which represents the patient's primary cause of death. Do not report the same cause of death for primary and secondary causes.</li><li>Were there secondary causes?<br/>Check the one block, which indicates whether or not there were secondary cause(s) of death. If yes, enter the code from the list on the form, which represents the secondary cause(s) of death.</li><li>If cause is "Other" (98) please specify.</li></ol> |
| <b>NOTES:</b> | <ol style="list-style-type: none"><li>Code 82, "Malignant disease, patient ever on immunosuppressive therapy" means immunosuppressive therapy prior to the diagnosis of malignant disease.</li><li>Code 104, "Withdrew from dialysis" may not be reported as a cause of death (e.g., Code 98; "Other") and specify.</li></ol>  |

- 13. Renal Replacement Therapy Discontinued Prior to Death Indicate Yes / No**  
Check the one block, which indicates whether or not the patient voluntarily discontinued renal replacement therapy prior to death.
- If **YES**, check one of the following:  
Check the one box, which best describes the condition under which the patient discontinued renal replacement therapy.
- a. Following HD and/or PD access failure
  - b. Following transplant failure
  - c. Following chronic failure to thrive
  - d. Following acute medical complication
  - e. Other
  - f. Enter date of last dialysis treatment using an 8-digit number
- 14. Was Discontinuation of Renal Replacement Therapy after Patient/Family Request to Stop Dialysis**  
Check the appropriate box that applies. Yes / No / Unknown / or Not Applicable
- 15. If Deceased Ever Received a Transplant**  
If the patient had ever received a transplant, complete items a through d.
- a. Date of most recent transplant. Enter the date of the most recent transplant in month, day, and year order using an 8-digit number. If unknown, check box for unknown.
  - b. Type of transplant received. Check the block that indicates type of transplant received.
  - c. Was graft functioning at time of death?  
Check appropriate block Yes / No or Unknown.
  - d. Did transplant patient resume chronic maintenance dialysis prior to death?  
Check appropriate block Yes / No or Unknown.
- 16. Was Patient Receiving Hospice Care Prior to Death?**  
Check appropriate block Yes / No / or Unknown.
- 17. Name of Physician**  
Enter the name of the physician supplying the information for this form.
- 18. Signature of Person Completing this Form**  
The person completing the form should sign this space. The date should be entered.

**Distribution of Copies:**

Complete the ESRD Death Notification, CMS-2746, within 2 weeks of the date of death. If the patient was a dialysis patient, the dialysis facility last responsible for the patient's maintenance dialysis (or home dialysis) must complete this form. If the patient was a transplant patient, the transplant center is responsible for completing this form.

Mail the original (GREEN) copy to the ESRD network.

Retain the facility (WHITE) copy at your facility.

The form CMS-2746 can be obtained from your ESRD Network office.

# **NCHS-USRDS Linked ESRD Data Files**

## **Appendix C: ESRD Medical Evidence Report - Medicare Entitlement and/or Patient Registration (Form 2728)**

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### **Appendix C: ESRD Medical Evidence Report (Form 2728)**

**END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT  
MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION**

**A. COMPLETE FOR ALL ESRD PATIENTS**

1. Name (Last, First, Middle Initial)

2. Health Insurance Claim Number

3. Social Security Number

4. Full Address (Include City, State, and Zip)

5. Phone Number  
( )

6. Date of Birth  
MM / DD / YYYY

7. Sex  
 Male  Female

8. Ethnicity  
 Hispanic: Mexican  Hispanic: Other  Non-Hispanic

9. Race (Check **one** box only)  
 White  Mid-East/Arabian  
 Black  Indian sub-Continent  
 American Indian/Alaskan Native  Other, specify \_\_\_\_\_  
 Asian  
 Pacific Islander  Unknown

10. Medical Coverage (Check **all** that apply)  
a.  Medicaid e.  Other Medical Insurance  
b.  DVA f.  None  
c.  Medicare  
d.  Employer Group Health Insurance

11. Is Patient Applying for ESRD Medicare Coverage? (if **YES**, enter address of social security office)  
 Yes  No

CITY STATE ZIP

12. Primary Cause of Renal Failure (Use code from back of form)

13. Height  
INCHES OR CENTIMETERS

14. Dry Weight  
POUNDS OR KILOGRAMS

15. Employment Status (6 mos prior and current status)

<b>Prior</b>	<b>Current</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

16. Co-Morbid Conditions (Check **ALL** that apply currently or during last 10 years) \*See instructions

a. <input type="checkbox"/> Congestive heart failure	k. <input type="checkbox"/> Diabetes, currently on insulin
b. <input type="checkbox"/> Ischemic heart disease, CAD*	l. <input type="checkbox"/> Chronic obstructive pulmonary disease
c. <input type="checkbox"/> Myocardial infarction	m. <input type="checkbox"/> Tobacco use (current smoker)
d. <input type="checkbox"/> Cardiac arrest	n. <input type="checkbox"/> Malignant neoplasm, Cancer
e. <input type="checkbox"/> Cardiac dysrhythmia	o. <input type="checkbox"/> Alcohol dependence
f. <input type="checkbox"/> Pericarditis	p. <input type="checkbox"/> Drug dependence*
g. <input type="checkbox"/> Cerebrovascular disease, CVA, TIA*	q. <input type="checkbox"/> HIV positive status <input type="checkbox"/> Can't Disclose
h. <input type="checkbox"/> Peripheral vascular disease*	r. <input type="checkbox"/> AIDS <input type="checkbox"/> Can't Disclose
i. <input type="checkbox"/> History of hypertension	s. <input type="checkbox"/> Inability to ambulate
j. <input type="checkbox"/> Diabetes (primary or contributing)	t. <input type="checkbox"/> Inability to transfer

17. Was pre-dialysis/transplant EPO administered?  
 Yes  No

18. Laboratory Values Prior to First Dialysis Treatment or Transplant \*See Instructions.

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a. Hematocrit (%)			e. Serum Creatinine (mg/dl)		
b. Hemoglobin (g/dl)*			f. Creatinine Clearance (ml/min)*		
c. Serum Albumin (g/dl)			g. BUN (mg/dl)*		
d. Serum Albumin Lower Limit (g/dl)			h. Urea Clearance (ml/min)*		

**B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT.**

19. Name of Provider

20. Medicare Provider Number

21. Primary Dialysis Setting  
 Hospital Inpatient  Dialysis Facility/Center  Home

22. Primary Type of Dialysis  
 Hemodialysis  IPD  CAPD  CCPD  Other

23. Date Regular Dialysis Began  
MM / DD / YY

24. Date Patient Started Chronic Dialysis at Current Facility  
MM / DD / YY

25. Date Dialysis Stopped  
MM / DD / YY

26. Date of Death  
MM / DD / YY

**C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS**

27. Date of Transplant MM / DD / YY	28. Name of Transplant Hospital	29. Medicare Provider Number for Item 28
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Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation.

30. Enter Date MM / DD / YY	31. Name of Preparation Hospital	32. Medicare Provider Number for Item 31
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33. Current Status of Transplant  
 Functioning       Non-Functioning

34. If Nonfunctioning, Date of Return To Regular Dialysis MM / DD / YY	35. Current Dialysis Treatment Site <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> Home
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**D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)**

36. Name of Training Provider	37. Medicare Provider Number of Training Provider
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38. Date Training Began MM / DD / YY	39. Type of Training <input type="checkbox"/> Hemodialysis <input type="checkbox"/> IPD <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD
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40. This Patient is Expected to Complete (or has completed) Training and Will Self-dialyze on a Regular Basis. <input type="checkbox"/> Yes <input type="checkbox"/> No	41. Date When Patient Completed, or is Expected to Complete, Training MM / DD / YY
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**I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.**

42. Printed Name and Signature of Physician personally familiar with the patient's training	43. UPIN of Physician in Item 42
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**E. PHYSICIAN IDENTIFICATION**

44. Attending Physician (Print)	45. Physician's Phone No. ( )	46. UPIN of Physician in Item 44
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**PHYSICIAN ATTESTATION**

**I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.**

47. Attending Physician's Signature of Attestation (Same as Item 44.)	48. Date MM / DD / YY
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49. Remarks

**F. OBTAIN SIGNATURE FROM PATIENT**

**I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.**

50. Signature of Patient (Signature by mark must be witnessed.)	51. Date MM / DD / YY
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**G. PRIVACY ACT STATEMENT**

The collection of this information is authorized by Section 226A of the Social Security Act. The information provided will be used to determine if an individual is entitled to Medicare under the End Stage Renal Disease provisions of the law. The information will be maintained in system No. 09-70-0520, "End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS)", published in the Privacy Act Issuance, 1991 Compilation, Vol. 1, pages 436-437, December 31, 1991 or as updated and republished. Collection of your Social Security number is authorized by Executive Order 9397. Furnishing the information on this form is voluntary, but failure to do so may result in denial of Medicare benefits. Information from the ESRD PMMIS may be given to a congressional office in response to an inquiry from the congressional office made at the request of the individual; an individual or organization for a research, demonstration, evaluation, or epidemiologic project related to the prevention of disease or disability, or the restoration or maintenance of health. Additional disclosures may be found in the Federal Register notice cited above. You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches.

**H. FOR ESRD NETWORK USE ONLY IN CASES REFERRED TO ESRD MEDICAL REVIEW BOARD**

52. Network Confirmed as ESRD <input type="checkbox"/> Yes <input type="checkbox"/> No	53. Authorized Signature	54. Date MM / DD / YY	55. Network Number
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## LIST OF PRIMARY CAUSES OF END STAGE RENAL DISEASE

Item 12. Primary Cause of Renal Failure should be completed by the attending physician from the list below. Enter the ICD-9-CM code plus the letter code to indicate the primary cause of end stage renal disease. If there are several probable causes of renal failure, choose one as primary.

ICD-9	LTR	NARRATIVE	ICD-9	LTR	NARRATIVE
<b>DIABETES</b>			<b>HYPERTENSION/LARGE VESSEL DISEASE</b>		
2500	A	Type II, adult-onset type or unspecified type diabetes	4039	D	Renal disease due to hypertension (no primary renal disease)
25001	A	Type I, juvenile type, ketosis prone diabetes	4401	A	Renal artery stenosis
<b>GLOMERULONEPHRITIS</b>			59381	B	Renal artery occlusion
5829	A	Glomerulonephritis (GN) (histologically not examined)	59381	E	Cholesterol emboli, renal emboli
5821	A	Focal glomerulosclerosis, focal sclerosing GN	<b>CYSTIC/HEREDITARY/CONGENITAL DISEASES</b>		
5831	A	Membranous nephropathy	75313	A	Polycystic kidneys, adult type (dominant)
5832	A	Membranoproliferative GN type 1, diffuse MPGN	75314	A	Polycystic, infantile (recessive)
5832	C	Dense deposit disease, MPGN type 2	75316	A	Medullary cystic disease, including nephronophthisis
58381	B	IgA nephropathy, Berger's disease (proven by immunofluorescence)	7595	A	Tuberous sclerosis
58381	C	IgM nephropathy (proven by immunofluorescence)	7598	A	Hereditary nephritis, Alport's syndrome
5804	B	Rapidly progressive GN	2700	A	Cystinosis
5834	C	Goodpasture's Syndrome	2718	B	Primary oxalosis
5800	C	Post infectious GN, SBE	2727	A	Fabry's disease
5820	A	Other proliferative GN	7533	A	Congenital nephrotic syndrome
<b>SECONDARY GN/VASCULITIS</b>			5839	D	Drash syndrome, mesangial sclerosis
7100	E	Lupus erythematosus, (SLE nephritis)	7532	A	Congenital obstructive uropathy
2870	A	Henoch-Schonlein syndrome	7530	B	Renal hypoplasia, dysplasia, oligonephronia
7101	B	Scleroderma	7567	A	Prune belly syndrome
2831	A	Hemolytic uremic syndrome	7598	B	Hereditary/familial nephropathy
4460	C	Polyarteritis	<b>NEOPLASMS/TUMORS</b>		
4464	B	Wegener's granulomatosis	1890	B	Renal tumor (malignant)
5839	C	Nephropathy due to heroin abuse and related drugs	1899	A	Urinary tract tumor (malignant)
4462	A	Vasculitis and its derivatives	2230	A	Renal tumor (benign)
5839	B	Secondary GN, other	2239	A	Urinary tract tumor (benign)
<b>INTERSTITIAL NEPHRITIS/PYELONEPHRITIS</b>			2395	A	Renal tumor (unspecified)
9659	A	Analgesic abuse	2395	B	Urinary tract tumor (unspecified)
5830	B	Radiation nephritis	20280	A	Lymphoma of kidneys
9849	A	Lead nephropathy	2030	A	Multiple myeloma
5909	A	Nephropathy caused by other agents	2030	B	Light chain nephropathy
27410	A	Gouty nephropathy	2773	A	Amyloidosis
5920	C	Nephrolithiasis	99680	A	Complication post bone marrow or other transplant
5996	A	Acquired obstructive uropathy	<b>MISCELLANEOUS CONDITIONS</b>		
5900	A	Chronic pyelonephritis, reflux nephropathy	28260	A	Sickle cell disease/anemia
58389	B	Chronic interstitial nephritis	28269	A	Sickle cell trait and other sickle cell (HbS/Hb other)
58089	A	Acute interstitial nephritis	64620	A	Post partum renal failure
5929	B	Urolithiasis	0429	A	AIDS nephropathy
2754	A	Nephrocalcinosis	8660	A	Traumatic or surgical loss of kidney(s)
			5724	A	Hepatorenal syndrome
			5836	A	Tubular necrosis (no recovery)
			59389	A	Other renal disorders
			7999	A	Etiology uncertain

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**INSTRUCTIONS FOR COMPLETION OF END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT  
MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION**

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For whom should this form be completed:

This form **SHOULD NOT** be completed for those patients who are in acute renal failure. Acute renal failure is a condition in which kidney function can be expected to recover after a short period of dialysis, i.e., several weeks or months.

This form **MUST BE** completed within 45 days for **ALL** patients beginning any of the following:

- A. For all patients who initially receive a kidney transplant instead of a course of dialysis.
- B. All patients for whom a regular course of dialysis has been prescribed by a physician because they have reached that stage of renal impairment that a kidney transplant or regular course of dialysis is necessary to maintain life. The first date of a regular course of

dialysis is the date this prescription is implemented whether as an inpatient of a hospital, an outpatient in a dialysis center or facility, or a home patient. This form should be completed for all patients in this category even if the patient dies within this time period.

- C. For beneficiaries who have already been entitled to ESRD Medicare benefits and those benefits were terminated because their coverage stopped 3 years post transplant but now are again applying for Medicare ESRD benefits because they returned to dialysis or received another kidney transplant.
- D. For beneficiaries who stopped dialysis for more than 12 months, have had their Medicare ESRD benefits terminated and now returned to dialysis or received a kidney transplant. These patients will be reapplying for Medicare benefits.

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**All Items except as follows:** To be completed by the attending physician, head nurse, or social worker involved in this patient's treatment of renal disease

**Items 12, 16, 47-48:** To be completed by the attending physician.

**Item 42:** To be signed by the attending physician or the physician familiar with the patient's self-care dialysis training.

**Items 50 and 51:** To be signed and dated by the patient.

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- 1 Enter the patient's legal name (Last, first, middle initial). Name should appear exactly the same as it appears on patient's social security or Medicare card.
- 2 If the patient is covered by Medicare, enter his/her Health Insurance Claim Number as it appears on his/her Medicare card. This number can be verified from his/her Medicare card.
- 3 Enter the patient's own social security number. This number can be verified from his/her social security card.
- 4 Enter the patient's mailing address (number and street or post office box number, city, state, and ZIP code.)
- 5 Enter the patient's home area code and telephone number.
- 6 Enter patient's date of birth (2-digit Month, Day, and 4-digit Year). Example 07/25/1950.
- 7 Check the appropriate block to identify sex.
- 8 Check the appropriate block to identify ethnicity. Definitions of the basic ethnicity categories for Federal statistics are as follows:  
**Hispanic: Mexican**—A person of Mexican culture or origin, regardless of race.  
**Hispanic: Other**—A person of Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.  
**Non-Hispanic**—A person of culture or origin not described above, regardless of race.
- 9 Check **one** appropriate block to identify race. Definitions of the basic racial categories for Federal statistics are as follows:  
**White**—A person having origins in any of the original white peoples of Europe.

**Black**—A person having origins in any of the black racial groups of Africa.

**American Indian/Alaskan Native**—A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**Asian**—A person having origins in any of the original peoples of the Far East and Southeast Asia. Examples of this area include China, Japan and Korea.

**Pacific Islander**—A person having origins in any of the peoples of the Pacific Islands. Examples of this area include the Philippine Islands, Samoa and Hawaiian Islands.

**Mid-East/Arabian**—A person having origins in any of the peoples of the Middle East and Northern Africa. Examples of this area include Egypt, Israel, Iran, Iraq, Saudi Arabia, Jordan, and Kuwait.

**Indian Sub-Continent**—A person having origins in any of the peoples of the Indian Sub-continent. Examples of this area include India and Pakistan.

**Other, specify**—A person not having origins in any of the above categories. Write race(s) in space provided.

**Unknown**—Check this block if race is unknown.

- 10 Check **all** the blocks that apply to this patient's current medical insurance status.

**Medicare**—Patient is currently entitled to Federal Medicare benefits.

**Medicaid**—Patient is currently receiving State Medicaid benefits.

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**DISTRIBUTION OF COPIES:**

- Forward the first part (blue) of this form to the Social Security office servicing the claim.
- Forward the second (green) of this form to the ESRD Network Coordinating Council.
- Retain the last part (white) in the patient's medical records file.

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"According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0046. The time required to complete this information collection is estimated to average 25 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503."

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**DVA**—Patient is receiving medical care from a Department of Veterans Affairs facility.

**Employer Group Health Insurance**—Patient receives medical benefits through an employer group health plan that covers employees, former employees, or the families of employees or former employees.

**Other Medical Insurance**—Patient is receiving medical benefits under a health insurance plan that is not Medicare, Medicaid, Department of Veterans Affairs, nor an employer group health insurance plan. Examples of other medical insurance are Railroad Retirement and CHAMPUS beneficiaries.

**None**—Patient has no medical insurance plan.

- 11 Check the appropriate yes or no block to indicate if patient is applying for ESRD Medicare. Note: Even though a person may already be entitled to general Medicare coverage, he should re-apply for ESRD Medicare coverage. If answer is yes, enter the address of the local Social Security office (street address, city, state and zip code) where patient will be applying for benefits.
- 12 **To be completed by the attending physician.** Enter the ICD-9-CM plus letter code from back of form to indicate the primary cause of end stage renal disease. These are the only acceptable causes of end stage renal disease.
- 13 Enter the patient's most recent recorded height in inches **OR** centimeters at time form is being completed. If entering height in centimeters, round to the nearest centimeter. Estimate or use last known height for those unable to be measured. (Example of inches - 62. DO NOT PUT 5'2") NOTE: For amputee patients, enter height prior to amputation.
- 14 Enter the patient's most recent recorded dry weight in pounds **OR** kilograms at time form is being completed. If entering weight in kilograms, round to the nearest kilogram.

**NOTE: For amputee patients, enter actual dry weight.**

- 15 Check the first box to indicate employment status 6 months prior to renal failure and the second box to indicate current employment status. **Check only one box for each time period.** If patient is under 6 years of age, leave blank.
- 16 **To be completed by the attending physician.** Check all co-morbid conditions that apply.
- \***Ischemic heart disease** includes prior coronary artery bypass (CABG), angioplasty and diagnoses of coronary artery disease (CAD)/Coronary Heart Disease.
  - \***Cerebrovascular Disease** includes history of stroke/cerebrovascular accident (CVA) and transient ischemic attack (TIA).
  - \***Peripheral Vascular Disease** includes absent foot pulses, prior typical claudication, amputations for vascular disease, gangrene and aortic aneurysm.
  - \***Drug dependence** means dependent on illicit drugs.
- 17 If EPO (erythropoietin) was administered to this patient prior to dialysis treatments or kidney transplant, check "Yes". If EPO was not administered to this patient prior to dialysis treatments or kidney transplant, check "No".

**NOTE: For those patients re-entering the Medicare program after benefits were terminated, Items 18a thru 18h should contain initial laboratory values within 45 days of the most recent ESRD episode.**

- 18a Enter the hematocrit value (%) and date test was taken. This value and date must be within 45 days prior to first dialysis treatment or transplant. If hematocrit value is not available, complete 18b. hemoglobin.
- 18b Enter the hemoglobin value (g/dl) and date test was taken. This value and date must be within 45 days prior to first dialysis treatment or transplant. Enter value if hematocrit is not available.
- 18c Enter the serum albumin value (g/dl) and date test was taken. This value and date must be within 45 days prior to first dialysis treatment or transplant.

18d Enter the lower limit of the normal range for serum albumin (g/dl) from the laboratory which performed the serum albumin test entered in 18c.

18e Enter the serum creatinine value (mg/dl) and date test was taken. This value and date must be within 45 days prior to first dialysis treatment or transplant. **THIS FIELD MUST BE COMPLETED.**

**NOTE: Except for diabetic and transplant patients, it has been determined by a consensus panel that the value of this field should be greater than or equal to 8.0 for a patient to receive renal replacement therapy without further justification. If this value is less than 8.0 AND creatinine clearance is equal to or greater than 10.0 this case will be subject to ESRD Network Medical Review Board Review. In these cases, please annotate in Remarks (Item 49) additional medical evidence to support renal replacement therapy. If there is not enough room in the remarks section, you may attach an additional sheet of paper.**

- 18f If value of 18e. serum creatinine is < 8.0 mg/dl, enter creatinine clearance value (ml/min) and date test was taken. This value and date must be within 45 days prior to first dialysis treatment or transplant. If these data are not available, creatinine clearance will be computed, therefore Items 13 and 14 must be completed.
- 18g If value of 18e. serum creatinine is < 8.0 mg/dl, enter BUN value (mg/dl) and date test was taken. This value and date must be within 45 days prior to the first dialysis treatment or transplant.
- 18h If value of 18e. serum creatinine is < 8.0 mg/dl and 18f. creatinine clearance is > 10.0, enter the urea clearance value (ml/min) and date test was taken. This value and date must be 45 days prior to the first dialysis treatment or transplant.
- 19 Enter the name of the dialysis provider where patient is currently receiving care and who is completing this form for patient.
- 20 Enter the 6-digit Medicare identification code of the dialysis facility in item 19.
- 21 If a person is receiving a regular course of dialysis treatment, check the appropriate **anticipated long term treatment setting** at the time this form is being completed. If a patient is a resident of and receives their dialysis in an intermediate care facility or nursing home, check home.
- 22 If the patient is, or was, on regular dialysis, **check the anticipated long term primary type of dialysis:** Hemodialysis, IPD (Intermittent Peritoneal Dialysis), CAPD (Continuous Ambulatory Peritoneal Dialysis), CCPD (Continuous Cycle Peritoneal Dialysis), or Other. **Check only one block.** NOTE: Other has been placed on this form to be used only if a new method of dialysis is developed prior to the renewal of this form by Office of Management and Budget.
- 23 Enter the date (month, day, year) that a "regular course of dialysis" began. The beginning of the course of dialysis is counted from the beginning of regularly scheduled dialysis necessary for the treatment of end stage renal disease (ESRD) regardless of the dialysis setting. The date of the first dialysis treatment after the physician has determined that this patient has ESRD and has written a prescription for a "regular course of dialysis" is the "Date Regular Dialysis Began" regardless of whether this prescription was implemented in a hospital inpatient, outpatient, or home setting and regardless of any acute treatments received prior to the implementation of the prescription.
- NOTE: For these purposes, end stage renal disease means irreversible damage to a person's kidneys so severely affecting his/her ability to remove or adjust blood wastes that in order to maintain life he or she must have either a course of dialysis or a kidney transplant to maintain life.**
- If re-entering the Medicare program, enter beginning date of the current ESRD episode. Note in Remarks, Item 49, that patient is restarting dialysis.**



- 24 Enter date patient started chronic dialysis at current provider of dialysis services. In cases where patient transferred to current dialysis provider, this date will be after the date in Item 23.
- 25 If a patient began a regular course of dialysis, then stopped dialysis therapy, enter the last dialysis treatment date. Examples of when this field should be completed are: (1) dialysis stopped due to transplant; (2) patient died during Medicare 3-month qualifying period (also complete item 26); (3) patient withdrew from treatment.
- 26 If the patient has died, enter the date of death. If date of death is completed, please also complete HCFA-2746 ESRD Death Notification and attach to ESRD Network copy of HCFA-2728.
- 27 Enter the date(s) of the patient's kidney transplant(s). If re-entering the Medicare program, enter current transplant date.
- 28 Enter the name of the hospital where the patient received a kidney transplant on the date in Item 27.
- 29 Enter the 6-digit Medicare identification code of the hospital in Item 28 where the patient received a kidney transplant on the date entered in Item 27.
- 30 Enter date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation. This includes hospitalization for transplant workup in order to place the patient on a transplant waiting list.
- 31 Enter the name of the hospital where patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.
- 32 Enter the 6-digit Medicare identification number for hospital in Item 31.
- 33 Check the appropriate functioning or nonfunctioning block.
- 34 If transplant is nonfunctioning, enter date patient returned to a regular course of dialysis. If patient did not stop dialysis post transplant, enter transplant date.
- 35 If applicable, check where patient is receiving dialysis treatment following transplant rejection. A nursing home or skilled nursing facility is considered as home setting.
- Self-dialysis Training Patients (Medicare Applicants Only)**
- Normally, Medicare entitlement begins with the third month after the month a patient begins a regular course of dialysis treatment. This 3-month qualifying period may be waived if a patient begins a self-dialysis training program in a Medicare approved training facility and is expected to self-dialyze after the completion of the training program. Please complete items 36-43 if the patient has entered into a self-dialysis training program. Items 36-43 must be completed if the patient is applying for a Medicare waiver of the 3-month qualifying period for dialysis benefits based on participation in a self-care dialysis training program.
- 36 Enter the name of the provider furnishing self-care dialysis training.
- 37 Enter the 6-digit Medicare identification number for the training provider in Item 36.
- 38 Enter the date self-dialysis training began. (While it is expected that this date will be after the date patient started a regular course of dialysis, it should not be more than 30 days prior to the start of a regular course of dialysis.)
- 39 Check the appropriate block which describes the type of self-care dialysis training the patient began.
- 40 Check the appropriate block as to whether or not the physician certifies that the patient is expected to complete the training successfully and self-dialyze on a regular basis.
- 41 Enter date patient completed or is expected to complete self-dialysis training.
- 42 Enter printed name and signature of the attending physician or the physician familiar with the patient's self-care dialysis training.
- 43 Unique Physician Identification Number (UPIN) of physician in Item 42. (See Item 46 for explanation of UPIN.)
- 44 Enter the name of the physician who is supervising the patient's renal treatment at the time this form is completed.
- 45 Enter the area code and telephone number of the physician who is supervising the patient's renal treatment at the time this form is completed.
- 46 Enter the physician's UPIN assigned by HCFA.
- A system of physician identifiers is mandated by Section 9202 of the Consolidated Omnibus Budget Reconciliation Act of 1985. It requires a unique identifier for each physician who provides services for which Medicare payment is made. An identifier is assigned to each physician regardless of his or her practice configuration. The UPIN is established in a national Registry of Medicare Physician Identification and Eligibility Records (MPIER). Transamerica Occidental Life Insurance Company is the Registry Carrier that establishes and maintains the national registry of physicians receiving Part B Medicare payment. Its address is: UPIN Registry, Transamerica Occidental Life, P.O. Box 2575, Los Angeles, CA 90051-0575.
- 47 To be signed by the physician supervising the patient's kidney treatment. Signature of physician identified in Item 44. A stamped signature is unacceptable.
- 48 Enter date physician signed this form.
- 49 This remarks section may be used for any necessary comments by either the physician, patient, ESRD Network or social security field office.
- 50 The patient's signature authorizing the release of information to the Department of Health and Human Services must be secured here. If the patient is unable to sign the form, it should be signed by a relative, a person assuming responsibility for the patient or by a survivor.
- 51 The date patient signed form.

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## NOTICE

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**This form is to be completed for all End Stage Renal Disease patients beginning April 1, 1995, regardless of when the patient started dialysis or received a kidney transplant. Prior blank versions of this form should be destroyed. Old versions of the HCFA-2728 will not be accepted by the Social Security Administration or the ESRD Network Coordinating Councils after March 31, 1995.**

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## END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

**A. COMPLETE FOR ALL ESRD PATIENTS** Check one:  Initial  Re-entitlement  Supplemental

1. Name (Last, First, Middle Initial)		
2. Medicare Claim Number	3. Social Security Number	4. Date of Birth MM / DD / YYYY
5. Patient Mailing Address (Include City, State and Zip)		6. Phone Number ( )

7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Ethnicity <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino (Complete Item 9)	9. Country/Area of Origin or Ancestry
10. Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander* <input type="checkbox"/> American Indian/Alaska Native <small>Print Name of Enrolled/Principal Tribe _____ *complete Item 9</small>		11. Is patient applying for ESRD Medicare coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No

12. Current Medical Coverage (Check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Group Health Insurance <input type="checkbox"/> DVA <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Other <input type="checkbox"/> None	13. Height INCHES ____ OR CENTIMETERS ____	14. Dry Weight POUNDS ____ OR KILOGRAMS ____	15. Primary Cause of Renal Failure (Use code from back of form)
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16. Employment Status (6 mos prior and current status) <table style="width: 100%;"> <tr> <td style="text-align: center;"><b>Prior</b></td> <td style="text-align: center;"><b>Current</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Prior</b>	<b>Current</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Co-Morbid Conditions (Check all that apply currently and/or during last 10 years) *See instructions a. <input type="checkbox"/> Congestive heart failure b. <input type="checkbox"/> Atherosclerotic heart disease ASHD c. <input type="checkbox"/> Other cardiac disease d. <input type="checkbox"/> Cerebrovascular disease, CVA, TIA* e. <input type="checkbox"/> Peripheral vascular disease* f. <input type="checkbox"/> History of hypertension g. <input type="checkbox"/> Amputation h. <input type="checkbox"/> Diabetes, currently on insulin i. <input type="checkbox"/> Diabetes, on oral medications j. <input type="checkbox"/> Diabetes, without medications k. <input type="checkbox"/> Diabetic retinopathy l. <input type="checkbox"/> Chronic obstructive pulmonary disease m. <input type="checkbox"/> Tobacco use (current smoker) n. <input type="checkbox"/> Malignant neoplasm, Cancer o. <input type="checkbox"/> Toxic nephropathy p. <input type="checkbox"/> Alcohol dependence q. <input type="checkbox"/> Drug dependence* r. <input type="checkbox"/> Inability to ambulate s. <input type="checkbox"/> Inability to transfer t. <input type="checkbox"/> Needs assistance with daily activities u. <input type="checkbox"/> Institutionalized <input type="checkbox"/> 1. Assisted Living <input type="checkbox"/> 2. Nursing Home <input type="checkbox"/> 3. Other Institution v. <input type="checkbox"/> Non-renal congenital abnormality w. <input type="checkbox"/> None
<b>Prior</b>	<b>Current</b>																						
<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>																						
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<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>																						

18. Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, answer: <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months
b. Was patient under care of a nephrologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, answer: <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months
c. Was patient under care of kidney dietitian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, answer: <input type="checkbox"/> 6-12 months <input type="checkbox"/> >12 months
d. What access was used on first outpatient dialysis: If not AVF, then: Is maturing AVF present? Is maturing graft present?	<input type="checkbox"/> AVF <input type="checkbox"/> Graft <input type="checkbox"/> Catheter <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other

19. Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode. (Lipid Profile within 1 Year of Most Recent ESRD Episode).

LABORATORY TEST	VALUE	DATE	LABORATORY TEST	VALUE	DATE
a.1. Serum Albumin (g/dl)	_____	____/____/____	d. HbA1c	_____ %	____/____/____
a.2. Serum Albumin Lower Limit	_____	____/____/____	e. Lipid Profile TC	_____	____/____/____
a.3. Lab Method Used (BCG or BCP)	_____	____/____/____	LDL	_____	____/____/____
b. Serum Creatinine (mg/dl)	_____	____/____/____	HDL	_____	____/____/____
c. Hemoglobin (g/dl)	_____	____/____/____	TG	_____	____/____/____

**B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT**

20. Name of Dialysis Facility	21. Medicare Provider Number (for item 20)
22. Primary Dialysis Setting <input type="checkbox"/> Home <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> SNF/Long Term Care Facility	23. Primary Type of Dialysis <input type="checkbox"/> Hemodialysis (Sessions per week ____/hours per session ____) <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD <input type="checkbox"/> Other
24. Date Regular Chronic Dialysis Began MM / DD / YYYY	25. Date Patient Started Chronic Dialysis at Current Facility MM / DD / YYYY
26. Has patient been informed of kidney transplant options? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. If patient NOT informed of transplant options, please check all that apply: <input type="checkbox"/> Medically unfit <input type="checkbox"/> Patient declines information <input type="checkbox"/> Unsuitable due to age <input type="checkbox"/> Patient has not been assessed <input type="checkbox"/> Psychologically unfit <input type="checkbox"/> Other

**C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS**

28. Date of Transplant MM / DD / YYYY	29. Name of Transplant Hospital	30. Medicare Provider Number for Item 29
Date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of actual transplantation.		
31. Enter Date MM / DD / YYYY	32. Name of Preparation Hospital	33. Medicare Provider number for Item 32
34. Current Status of Transplant (if functioning, skip items 36 and 37) <input type="checkbox"/> Functioning <input type="checkbox"/> Non-Functioning	35. Type of Donor: <input type="checkbox"/> Deceased <input type="checkbox"/> Living Related <input type="checkbox"/> Living Unrelated	
36. If Non-Functioning, Date of Return to Regular Dialysis MM / DD / YYYY	37. Current Dialysis Treatment Site <input type="checkbox"/> Home <input type="checkbox"/> Dialysis Facility/Center <input type="checkbox"/> SNF/Long Term Care Facility	

**D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY)**

38. Name of Training Provider	39. Medicare Provider Number of Training Provider (for Item 38)
40. Date Training Began MM / DD / YYYY	41. Type of Training <input type="checkbox"/> Hemodialysis    a. <input type="checkbox"/> Home    b. <input type="checkbox"/> In Center <input type="checkbox"/> CAPD <input type="checkbox"/> CCPD <input type="checkbox"/> Other
42. This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis. <input type="checkbox"/> Yes <input type="checkbox"/> No	43. Date When Patient Completed, or is Expected to Complete, Training MM / DD / YYYY

**I certify that the above self-dialysis training information is correct and is based on consideration of all pertinent medical, psychological, and sociological factors as reflected in records kept by this training facility.**

44. Printed Name and Signature of Physician personally familiar with the patient's training a.) Printed Name      b.) Signature      c.) Date MM / DD / YYYY	45. UPIN of Physician in Item 44
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**E. PHYSICIAN IDENTIFICATION**

46. Attending Physician (Print)	47. Physician's Phone No. (    )	48. UPIN of Physician in Item 46
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**PHYSICIAN ATTESTATION**

**I certify, under penalty of perjury, that the information on this form is correct to the best of my knowledge and belief. Based on diagnostic tests and laboratory findings, I further certify that this patient has reached the stage of renal impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplant to maintain life. I understand that this information is intended for use in establishing the patient's entitlement to Medicare benefits and that any falsification, misrepresentation, or concealment of essential information may subject me to fine, imprisonment, civil penalty, or other civil sanctions under applicable Federal laws.**

49. Attending Physician's Signature of Attestation (Same as Item 46)	50. Date MM / DD / YYYY
51. Physician Recertification Signature	52. Date MM / DD / YYYY
53. Remarks	

**F. OBTAIN SIGNATURE FROM PATIENT**

**I hereby authorize any physician, hospital, agency, or other organization to disclose any medical records or other information about my medical condition to the Department of Health and Human Services for purposes of reviewing my application for Medicare entitlement under the Social Security Act and/or for scientific research.**

54. Signature of Patient (Signature by mark must be witnessed.)	55. Date MM / DD / YYYY
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**G. PRIVACY STATEMENT**

The collection of this information is authorized by Section 226A of the Social Security Act. The information provided will be used to determine if an individual is entitled to Medicare under the End Stage Renal Disease provisions of the law. The information will be maintained in system No. 09-70-0520, "End Stage Renal Disease Program Management and Medical Information System (ESRD PMMIS)", published in the Federal Register, Vol. 67, No. 116, June 17, 2002, pages 41244-41250 or as updated and republished. Collection of your Social Security number is authorized by Executive Order 9397. Furnishing the information on this form is voluntary, but failure to do so may result in denial of Medicare benefits. Information from the ESRD PMMIS may be given to a congressional office in response to an inquiry from the congressional office made at the request of the individual; an individual or organization for research, demonstration, evaluation, or epidemiologic project related to the prevention of disease or disability, or the restoration or maintenance of health. Additional disclosures may be found in the Federal Register notice cited above. You should be aware that P.L.100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches.

## LIST OF PRIMARY CAUSES OF END STAGE RENAL DISEASE

Item 15. Primary Cause of Renal Failure should be completed by the attending physician from the list below. Enter the ICD-9-CM code to indicate the primary cause of end stage renal disease. If there are several probable causes of renal failure, choose one as primary. **Code effective as of September 2003.**

ICD-9	NARRATIVE	ICD-9	NARRATIVE
<b>DIABETES</b>		<b>CYSTIC/HEREDITARY/CONGENITAL DISEASES</b>	
25040	Diabetes with renal manifestations Type 2	75313	Polycystic kidneys, adult type (dominant)
25041	Diabetes with renal manifestations Type 1	75314	Polycystic, infantile (recessive)
<b>GLOMERULONEPHRITIS</b>		75316	Medullary cystic disease, including nephronophthisis
5829	Glomerulonephritis (GN) (histologically not examined)	7595	Tuberous sclerosis
5821	Focal glomerulosclerosis, focal sclerosing GN	7598	Hereditary nephritis, Alport's syndrome
5831	Membranous nephropathy	2700	Cystinosis
58321	Membranoproliferative GN type 1, diffuse MPGN	2718	Primary oxalosis
58322	Dense deposit disease, MPGN type 2	2727	Fabry's disease
58381	IgA nephropathy, Berger's disease (proven by immunofluorescence)	7533	Congenital nephrotic syndrome
58382	IgM nephropathy (proven by immunofluorescence)	5839	Drash syndrome, mesangial sclerosis
5834	With lesion of rapidly progressive GN	75321	Congenital obstruction of ureteropelvic junction
5800	Post infectious GN, SBE	75322	Congenital obstruction of ureterovesical junction
5820	Other proliferative GN	75329	Other Congenital obstructive uropathy
<b>SECONDARY GN/VASCULITIS</b>		7530	Renal hypoplasia, dysplasia, oligonephronia
7100	Lupus erythematosus, (SLE nephritis)	75671	Prune belly syndrome
2870	Henoch-Schonlein syndrome	75989	Other (congenital malformation syndromes)
7101	Scleroderma	<b>NEOPLASMS/TUMORS</b>	
28311	Hemolytic uremic syndrome	1890	Renal tumor (malignant)
4460	Polyarteritis	1899	Urinary tract tumor (malignant)
4464	Wegener's granulomatosis	2230	Renal tumor (benign)
58392	Nephropathy due to heroin abuse and related drugs	2239	Urinary tract tumor (benign)
44620	Other Vasculitis and its derivatives	23951	Renal tumor (unspecified)
44621	Goodpasture's syndrome	23952	Urinary tract tumor (unspecified)
58391	Secondary GN, other	20280	Lymphoma of kidneys
<b>INTERSTITIAL NEPHRITIS/PYELONEPHRITIS</b>		20300	Multiple myeloma
9659	Analgesic abuse	20308	Other immuno proliferative neoplasms (including light chain nephropathy)
5830	Radiation nephritis	2773	Amyloidosis
9849	Lead nephropathy	99680	Complications of transplanted organ unspecified
5909	Nephropathy caused by other agents	99681	Complications of transplanted kidney
27410	Gouty nephropathy	99682	Complications of transplanted liver
5920	Nephrolithiasis	99683	Complications of transplanted heart
5996	Acquired obstructive uropathy	99684	Complications of transplanted lung
5900	Chronic pyelonephritis, reflux nephropathy	99685	Complications of transplanted bone marrow
58389	Chronic interstitial nephritis	99686	Complications of transplanted pancreas
58089	Acute interstitial nephritis	99687	Complications of transplanted intestine
5929	Urolithiasis	99689	Complications of other specified transplanted organ
27549	Other disorders of calcium metabolism	<b>MISCELLANEOUS CONDITIONS</b>	
<b>HYPERTENSION/LARGE VESSEL DISEASE</b>		28260	Sickle cell disease/anemia
40391	Unspecified with renal failure	28269	Sickle cell trait and other sickle cell (HbS/Hb other)
4401	Renal artery stenosis	64620	Post partum renal failure
59381	Renal artery occlusion	042	AIDS nephropathy
59383	Cholesterol emboli, renal emboli	8660	Traumatic or surgical loss of kidney(s)
		5724	Hepatorenal syndrome
		5836	Tubular necrosis (no recovery)
		59389	Other renal disorders
		7999	Etiology uncertain

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## INSTRUCTIONS FOR COMPLETION OF END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

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For whom should this form be completed:

This form **SHOULD NOT** be completed for those patients who are in acute renal failure. Acute renal failure is a condition in which kidney function can be expected to recover after a short period of dialysis, i.e., several weeks or months.

This form **MUST BE** completed within 45 days for **ALL** patients beginning any of the following:

Check the appropriate block that identifies the reason for submission of this form.

### Initial

For all patients who initially receive a kidney transplant instead of a course of dialysis.

For patients for whom a regular course of dialysis has been prescribed by a physician because they have reached that stage of renal impairment that a kidney transplant or regular course of dialysis is necessary to maintain life. The first date of a regular course of dialysis is the date this prescription is implemented whether as an inpatient of a hospital, an outpatient in a dialysis

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**All items except as follows:** To be completed by the attending physician, head nurse, or social worker involved in this patient's treatment of renal disease.

**Items 15, 17-18, 26-27, 49-50:** To be completed by the attending physician.

**Item 44:** To be signed by the attending physician or the physician familiar with the patient's self-care dialysis training.

**Items 54 and 55:** To be signed and dated by the patient.

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1. Enter the patient's legal name (Last, first, middle initial). Name should appear exactly the same as it appears on patient's social security or Medicare card.
2. If the patient is covered by Medicare, enter his/her Medicare claim number as it appears on his/her Medicare card.
3. Enter the patient's own social security number. This number can be verified from his/her social security card.
4. Enter patient's date of birth (2-digit Month, Day, and 4-digit Year). Example 07/25/1950.
5. Enter the patient's mailing address (number and street or post office box number, city, state, and ZIP code.)
6. Enter the patient's home area code and telephone number.
7. Check the appropriate block to identify sex.
8. Check the appropriate block to identify ethnicity. Definitions of the ethnicity categories for Federal statistics are as follows:

**Not Hispanic or Latino**—A person of culture or origin not described below, regardless of race.

**Hispanic or Latino**—A person of Cuban, Puerto Rican, or Mexican culture or origin regardless of race. Please complete Item 9 and provide the country, area of origin, or ancestry to which the patient claims to belong.

9. Country/Area of origin or ancestry—Complete if information is available or if directed to do so in question 8.

center or facility, or a home patient. The form should be completed for all patients in this category even if the patient dies within this time period.

### Re-entitlement

For beneficiaries who have already been entitled to ESRD Medicare benefits and those benefits were terminated because their coverage stopped 3 years post transplant but now are again applying for Medicare ESRD benefits because they returned to dialysis or received another kidney transplant.

For beneficiaries who stopped dialysis for more than 12 months, have had their Medicare ESRD benefits terminated and now returned to dialysis or received a kidney transplant. These patients will be reapplying for Medicare ESRD benefits.

### Supplemental

Patient has received a transplant or trained for self-care dialysis within the first 3 months of the first date of dialysis and initial form was submitted.

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10. Check the appropriate block(s) to identify race. Definitions of the racial categories for Federal statistics are as follows:

**White**—A person having origins in any of the original white peoples of Europe, the Middle East or North Africa.

**Black or African American**—A person having origins in any of the black racial groups of Africa. This includes native-born Black Americans, Africans, Haitians and residents of non-Spanish speaking Caribbean Islands of African descent.

**American Indian/Alaska Native**—A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment. Print the name of the enrolled or principal tribe to which the patient claims to be a member.

**Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Please complete Item 9 and provide the country, area of origin, or ancestry to which the patient claims to belong.

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### DISTRIBUTION OF COPIES:

- Forward the first part (blue) of this form to the Social Security office servicing the claim.
  - Forward the second part (green) of this form to the ESRD Network Organizations.
  - Retain the last part (white) in the patient's medical records file.
- 

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0046. The time required to complete this information collection estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attention: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

11. Check the appropriate yes or no block to indicate if patient is applying for ESRD Medicare. **Note: Even though a person may already be entitled to general Medicare coverage, he/she should reapply for ESRD Medicare coverage.**

12. Check **all** the blocks that apply to this patient's current medical insurance status.

**Medicaid**—Patient is currently receiving State Medicaid benefits.

**Medicare**—Patient is currently entitled to Federal Medicare benefits.

**Employer Group Health Insurance**—Patient receives medical benefits through an employee health plan that covers employees, former employees, or the families of employees or former employees.

**DVA**—Patient is receiving medical care from a Department of Veterans Affairs facility.

**Medicare Advantage**—Patient is receiving medical benefits under a Medicare Advantage organization.

**Other Medical Insurance**—Patient is receiving medical benefits under a health insurance plan that is not Medicare, Medicaid, Department of Veterans Affairs, HMO/M+C organization, nor an employer group health insurance plan. Examples of other medical insurance are Railroad Retirement and CHAMPUS beneficiaries.

**None**—Patient has no medical insurance plan.

13. Enter the patient's most recent recorded height in inches **OR** centimeters at time form is being completed. If entering height in centimeters, round to the nearest centimeter. Estimate or use last known height for those unable to be measured. (Example of inches - 62. DO NOT PUT 5'2") NOTE: For amputee patients, enter height prior to amputation.
14. Enter the patient's most recent recorded dry weight in pounds **OR** kilograms at time form is being completed. If entering weight in kilograms, round to the nearest kilogram.

**NOTE: For amputee patients, enter actual dry weight.**

15. **To be completed by the attending physician.** Enter the ICD-9-CM from back of form to indicate the primary cause of end stage renal disease. These are the only acceptable causes of end stage renal disease.
16. Check the first box to indicate employment status 6 months prior to renal failure and the second box to indicate current employment status. **Check only one box for each time period.** If patient is under 6 years of age, leave blank.
17. **To be completed by the attending physician.** Check all co-morbid conditions that apply.

\***Cerebrovascular Disease** includes history of stroke/cerebrovascular accident (CVA) and transient ischemic attack (TIA).

\***Peripheral Vascular Disease** includes absent foot pulses, prior typical claudication, amputations for vascular disease, gangrene and aortic aneurysm.

\***Drug dependence** means dependent on illicit drugs.

18. Prior to ESRD therapy, check the appropriate box to indicate whether the patient received Exogenous erythropoietin (EPO) or equivalent, was under the care of a nephrologist and/or was under the care of a kidney dietitian. Provide vascular access information as to the type of access used (Arterio-Venous Fistula (AVF), graft, catheter (including port device) or other type of access) when the patient first received outpatient dialysis. If an AVF access was not used, was a maturing AVF or graft present?

**NOTE: For those patients re-entering the Medicare program after benefits were terminated, Items 19a thru 19c should contain initial laboratory values within 45 days prior to the most recent ESRD episode. Lipid profiles and HbA1c should be within 1 year of the most recent ESRD episode. Some tests may not be required for patients under 21 years of age.**

- 19a1. Enter the serum albumin value (g/dl) and date test was taken. This value and date must be within 45 days prior to first dialysis treatment or kidney transplant.

- 19a2. Enter the lower limit of the normal range for serum albumin from the laboratory which performed the serum albumin test entered in 19a1.

- 19a3. Enter the serum albumin lab method used (BCG or BCP).

- 19b. Enter the serum creatinine value (mg/dl) and date test was taken. **THIS FIELD MUST BE COMPLETED.** Value must be within 45 days prior to first dialysis treatment or kidney transplant.

- 19c. Enter the hemoglobin value (g/dl) and date test was taken. This value and date must be within 45 days prior to the first dialysis treatment or kidney transplant.

- 19d. Enter the HbA1c value and the date the test was taken. The date must be within 1 year prior to the first dialysis treatment or kidney transplant.

- 19e. Enter the Lipid Profile values and date test was taken. These values: TC—Total Cholesterol; LDL—LDL Cholesterol; HDL—HDL Cholesterol; TG—Triglycerides, and date must be within 1 year prior to the first dialysis treatment or kidney transplant.

20. Enter the name of the dialysis facility where patient is currently receiving care and who is completing this form for patient.

21. Enter the 6-digit Medicare identification code of the dialysis facility in item 20.

22. If the person is receiving a regular course of dialysis treatment, check the appropriate **anticipated long-term treatment setting** at the time this form is being completed.

23. If the patient is, or was, on regular dialysis, **check the anticipated long-term primary type of dialysis:** Hemodialysis, (enter the number of sessions prescribed per week and the hours that were prescribed for each session), CAPD (Continuous Ambulatory Peritoneal Dialysis) and CCPD (Continuous Cycling Peritoneal Dialysis), or Other. **Check only one block.** NOTE: Other has been placed on this form to be used only to report IPD (Intermittent Peritoneal Dialysis) and any new method of dialysis that may be developed prior to the renewal of this form by Office of Management and Budget.

24. Enter the date (month, day, year) that a "regular course of chronic dialysis" began. The beginning of the course of dialysis is counted from the beginning of regularly scheduled dialysis necessary for the treatment of end stage renal disease (ESRD) regardless of the dialysis setting. The date of the first dialysis treatment after the physician has determined that this patient has ESRD and has written a prescription for a "regular course of dialysis" is the "Date Regular Chronic Dialysis Began" regardless of whether this prescription was implemented in a hospital/ inpatient, outpatient, or home setting and regardless of any acute treatments received prior to the implementation of the prescription.

**NOTE: For these purposes, end stage renal disease means irreversible damage to a person's kidneys so severely affecting his/her ability to remove or adjust blood wastes that in order to maintain life he or she must have either a course of dialysis or a kidney transplant to maintain life.**

**If re-entering the Medicare program, enter beginning date of the current ESRD episode. Note in Remarks, Item 53, that patient is restarting dialysis.**

25. Enter date patient started chronic dialysis at current facility of dialysis services. In cases where patient transferred to current dialysis facility, this date will be after the date in Item 24.
26. Enter whether the patient has been informed of their options for receiving a kidney transplant.

27. If the patient has not been informed of their options (answered "no" to Item 26), then enter all reasons why a kidney transplant was not an option for this patient at this time.
  28. Enter the date(s) of the patient's kidney transplant(s). If reentering the Medicare program, enter current transplant date.
  29. Enter the name of the hospital where the patient received a kidney transplant on the date in Item 28.
  30. Enter the 6-digit Medicare identification code of the hospital in Item 29 where the patient received a kidney transplant on the date entered in Item 28.
  31. Enter date patient was admitted as an inpatient to a hospital in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation. This includes hospitalization for transplant workup in order to place the patient on a transplant waiting list.
  32. Enter the name of the hospital where patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.
  33. Enter the 6-digit Medicare identification number for hospital in Item 32.
  34. Check the appropriate functioning or non-functioning block.
  35. Enter the type of kidney transplant organ donor, Deceased, Living Related or Living Unrelated, that was provided to the patient.
  36. If transplant is nonfunctioning, enter date patient returned to a regular course of dialysis. If patient did not stop dialysis post transplant, enter transplant date.
  37. If applicable, check where patient is receiving dialysis treatment following transplant rejection. A nursing home or skilled nursing facility is considered as home setting.
- Self-dialysis Training Patients (Medicare Applicants Only)**
- Normally, Medicare entitlement begins with the third month after the month a patient begins a regular course of dialysis treatment. This 3-month qualifying period may be waived if a patient begins a self-dialysis training program in a **Medicare approved training facility** and is expected to self-dialyze after the completion of the training program. Please complete items 38-43 if the patient has entered into a self-dialysis training program. Items 38-43 must be completed if the patient is applying for a Medicare waiver of the 3-month qualifying period for dialysis benefits based on participation in a self-care dialysis training program.
38. Enter the name of the provider furnishing self-care dialysis training.
  39. Enter the 6-digit Medicare identification number for the training provider in Item 38.
  40. Enter the date self-dialysis training began.
  41. Check the appropriate block which describes the type of self-care dialysis training the patient began. If the patient trained for hemodialysis, enter whether the training was to perform dialysis in the home setting or in the facility (in center). If the patient trained for IPD (Intermittent Peritoneal Dialysis), report as Other.
  42. Check the appropriate block as to whether or not the physician certifies that the patient is expected to complete the training successfully and self-dialyze on a regular basis.
  43. Enter date patient completed or is expected to complete self-dialysis training.
  44. Enter printed name and signature of the attending physician or the physician familiar with the patient's self-care dialysis training.
  45. Enter the Unique Physician Identification Number (UPIN) of physician in Item 44. (See Item 48 for explanation of UPIN.)
  46. Enter the name of the physician who is supervising the patient's renal treatment at the time this form is completed.
  47. Enter the area code and telephone number of the physician who is supervising the patient's renal treatment at the time this form is completed.
  48. Enter the physician's UPIN assigned by CMS.  
A system of physician identifiers is mandated by Section 9202 of the Consolidated Omnibus Budget Reconciliation Act of 1985. It requires a unique identifier for each physician who provides services for which Medicare payment is made. An identifier is assigned to each physician regardless of his or her practice configuration. The UPIN is established in a national Registry of Medicare Physician Identification and Eligibility Records (MPIER). Transamerica Occidental Life Insurance Company is the Registry Carrier that establishes and maintains the national registry of physicians receiving Part B Medicare payment. Its address is: UPIN Registry, Transamerica Occidental Life, P.O. Box 2575, Los Angeles, CA 90051-0575.
  49. To be signed by the physician supervising the patient's kidney treatment. Signature of physician identified in Item 46. A stamped signature is unacceptable.
  50. Enter date physician signed this form.
  51. To be signed by the physician who is currently following the patient. If the patient had decided initially not to file an application for Medicare, the physician will be re-certifying that the patient is end stage renal, based on the same medical evidence, by signing the copy of the CMS-2728 that was originally submitted and returned to the provider. If you do not have a copy of the original CMS-2728 on file, complete a new form.
  52. The date physician re-certified and signed the form.
  53. This remarks section may be used for any necessary comments by either the physician, patient, ESRD Network or social security field office.
  54. The patient's signature authorizing the release of information to the Department of Health and Human Services must be secured here. **If the patient is unable to sign the form, it should be signed by a relative, a person assuming responsibility for the patient or by a survivor.**
  55. The date patient signed form.

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## NOTICE

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**This form is to be completed for all End Stage Renal Disease patients beginning June 01, 2005 regardless of when the patient started dialysis or received a kidney transplant. Prior blank versions of this form should be destroyed. Old versions of the CMS-2728 will not be accepted by the Social Security Administration or the ESRD Network Organizations after May 31, 2005.**

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