

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

PUBLICID

NCHS Public ID

Numeric identifier given by NCHS to allow for linkage between NCHS surveys and CMS files.

Type: Character **Width:** 15

Usage Notes:

See [Appendix A](#) for NCHS survey specific descriptions. Researchers linking to the NHEFS, NHANES II, and NHANES III surveys should use SEQN.

SEQN

Survey Participant Identification Number

Numeric identifier given by NCHS to allow for linkage between NCHS surveys and CMS files.

Type: Numeric **Width:** 8

Usage Notes:

See [Appendix A](#) for NCHS survey specific descriptions. This variable is only available on NHEFS, NHANES II, and NHANES III data files.

ON_PMASTER

Data on Patient Master File Indicator

Indicates whether a patient contains a record on Patient Master File.

Type: Numeric **Width:** 8

Possible Values:

1 = Yes

Combined ESRD Patient Master and Death Notification (Form 2746) File

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ON_2746

Data on Form 2746 File Indicator

Indicates whether a patient contains a record on the Form 2746 file.

Type: Numeric **Width:** 8

Possible Values:

0 = Missing
1 = Form 2746 Complete

ON_EVENT

Data on Event File Indicator

Indicates whether a patient contains a record on the Event file.

Type: Numeric **Width:** 8

Possible Values:

0 = Missing
1 = Data on Event File

EVENT_COUNT

Number of Records on Event File

Number of records for a patient on the Event file.

Type: Numeric **Width:** 8

Possible Values: 0-26

Usage Notes:

ESRD patients may have up to 26 records on the Event file.

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

ON_2728

Data on Form 2728 File Indicator

Indicates whether a patient contains a record on the Form 2728 file.

Type: Numeric **Width:** 8

Possible Values:

0 = Missing
1 = Form 2728 Complete

FRM2728_COUNT

Number of Records on Form 2728 File

Number of records for a patient on the Form 2728 file.

Type: Numeric **Width:** 8

Possible Values: 0-3

Usage Notes:

ESRD patients may have up to 3 records on the Form 2728 file.

DATESAVED

Date Record Saved

The date the record was saved. Used for historical tracking purposes.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1978-03-17 - 2000-12-31

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

RACE

Patient Race

Race of ESRD patient.

Type: Numeric **Width:** 4

Possible Values:

- 1 = American Indian/Alaskan Native
- 2 = Asian
- 3 = Black
- 4 = White
- 5 = Unknown
- 6 = Pacific Islander
- 7 = Middle Eastern Arabian
- 8 = Indian subcontinent
- 9 = Other/Multi-racial

Usage Notes:

This variable contains some values of '0'. There is no definition available for '0' values. There may be inconsistencies between the values of the race variable on the NCHS survey files and the ESRD linked data files. Researchers should use this variable with caution.

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

ETHNICITY

Patient Ethnicity

Ethnicity of ESRD patient

Type: Numeric **Width:** 4

Possible Values:

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

Usage Notes:

There may be inconsistencies between the values of the ethnicity variables on the NCHS survey files and the ESRD linked data files. Researchers should use this variable with caution.

MCSTAT

Patient Current Medicare Status

Current Medicare status of ESRD patient.

Type: Character **Width:** 2

Possible Values:

- 1 = Enrolled
 - 2 = Pending
 - 3 = Non-Medicare
-

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

TPSTAT

Patient Current Transplant Referral Status

ESRD patient's current transplant referral status.

Type: Character **Width:** 2

Possible Values:

- 1 = Waiting
- 2 = In Evaluation Process
- 3 = Unsuitable Medically or Otherwise
- 4 = Refused
- 5 = Not Established

Usage Notes:

This variable contains some values of '0'. There is no definition available for a value of '0'. Researchers should use this variable with caution.

TPSTATDATE

Date of Last Transplant Status Update

Date of patient's last transplant.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1987-03-27 - 2000-12-31

HMOSTAT

Patient HMO Status

ESRD patient's current Health Maintenance Organization (HMO) status.

Type: Character **Width:** 2

Possible Values:

- Y = Yes
 - N = No
 - U = Unknown
-

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

PRIMDIAG

Patient Primary ESRD Diagnosis

Patient's primary cause of End Stage Renal Disease.

Type: Character **Width:** 6

Usage Notes:

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

DOFD

Date of First Dialysis

Date of patient's first ever dialysis or transplant.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1975-10-01 - 2000-12-31

PRIMCAUSE

Primary Cause of Death (Patient Master File)

ESRD patient's primary cause of death

Type: Character **Width:** 3

Usage Notes:

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

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

COMORBIDA

Current Congestive Heart Failure Indicator

ESRD patient's current status for congestive heart failure.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

COMORBIDB

Current Ischemic Heart Disease Indicator

ESRD patient's current status for ischemic heart disease.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

COMORBIDG

Current Cerebrovascular Disease Indicator

ESRD patient's current status for cerebrovascular disease.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

COMORBIDH

Current Peripheral Vascular Disease (PVD) Indicator

ESRD patient's current status for peripheral vascular disease.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

COMORBIDK

Current Diabetes (on Insulin) Indicator

ESRD patient's current status for diabetes (on insulin).

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

COMORBIDJ

Current Diabetes (Primary or Contributing) Indicator

ESRD patient's current status for diabetes (primary or contributing).

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

COMORBIDI

Current Hypertension Indicator

ESRD patient's current status for hypertension.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

NEWMAILING

New Patient Mailing Indicator

Indicates whether the patient was sent a new patient mailing.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

Usage Notes:

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

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

GRAFTCONF

Confirmed Graft Status Date

Date of the last confirmed functioning graft (transplant).

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1979-05-03 - 2000-12-31

Usage Notes:

This variable may contain erroneous data that does not follow the YYYY-MM-DD format.

TRANSPLANTDATE

Transplant Date

Date of the kidney transplant.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1987-03-27 - 2000-12-31

Usage Notes:

This variable may contain erroneous data that does not follow the YYYY-MM-DD format.

PMASTER_DOB

Patient Master File - Date of Birth

ESRD Patient's date of birth derived from Patient Master File.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1901-02-09 - 2000-12-31

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Patient Master File

PMASTER_DOD

Patient Master File - Date of Death

ESRD Patient's date of death derived from Patient Master File.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1981-12-28 - 2000-12-31

PMASTER_GENDER

Patient Master File - Gender

ESRD Patient's gender derived from Patient Master File.

Type: Character **Width:** 1

Possible Values:

1 = Male

2 = Female

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

PLACEDEATH

Patient Place of Death

ESRD patient's place of death.

Type: Character **Width:** 1

Possible Values:

- 1 = Hospital
- 2 = Dialysis
- 3 = Home
- 4 = Other

Usage Notes:

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

AUTOPSY

Autopsy Performed

Indicates whether or not an autopsy was performed on ESRD patient.

Type: Character **Width:** 1

Possible Values:

- Y = Yes
 - N = No
-

CAUSEPRIM

Primary Cause of Death (Form 2746)

ESRD patient's primary cause of death.

Type: Numeric **Width:** 4

Usage Notes:

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

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

CAUSESEC1

Secondary Cause of Death

ESRD patient's secondary cause of death.

Type: Numeric **Width:** 4

Usage Notes:

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

CAUSESEC2

Secondary Cause of Death

ESRD patient's secondary cause of death.

Type: Numeric **Width:** 4

Usage Notes:

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

CAUSESEC3

Secondary Cause of Death

ESRD patient's secondary cause of death.

Type: Numeric **Width:** 4

Usage Notes:

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

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

CAUSESEC4

Secondary Cause of Death

ESRD patient's secondary cause of death.

Type: Numeric **Width:** 4

Usage Notes:

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

REPLTHEDIS

Renal Replacement Therapy

Indicates whether renal replacement therapy was discontinued prior to death.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

REREDISFOL

Renal Replacement Therapy Discontinue Reason

Reason that renal replacement therapy was discontinued.

Type: Character **Width:** 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

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

TRANSPLANT

Transplant Indicator

Indicates whether ESRD patient received kidney transplant prior to death.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

TPDATE

Most Recent Transplant Date

Date of most recent kidney transplant.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1986-05-29 - 2000-12-31

KIDNEYFUNC

Kidney Function at Death Indicator

Indicates whether kidney transplant was functioning at time of death.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

U = Unknown

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

OUTDIAL

Outpatient Dialysis Status Prior to Death

Indicates whether patient resumed outpatient dialysis prior to death.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

SIGNEDDATE

Death Form Signed Date

Date 2746 form was signed.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1991-02-08 - 2000-12-31

SIGNED

Death Form Signed Indicator

Indicates whether the 2746 form was signed.

Type: Character **Width:** 1

Possible Values:

Y = Yes

N = No

ENTERDATE

System Death Form Enter Date

Date the 2746 form was entered into software program.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1991-02-21 - 2000-12-31

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

TXTFILEDAT

System Death Form Submission Date

Date the 2746 form was submitted to Central Repository.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1981-12-28 - 2000-12-31

SDBDATE

Death Form Received Date

Date the Network received the 2746 form for ESRD patient.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1991-02-14 - 2000-12-31

ACCURATE

Death Form Accuracy Indicator

Indicates whether form passed accuracy test.

Type: Numeric **Width:** 4

Possible Values:

- 1 = Accurate
- 2 = Not Accurate

Usage Notes:

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

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

ONTIME

Death Form Timeliness Indicator

Indicates whether the 2746 form was received within HCFA timeliness guidelines.

Type: Numeric **Width:** 4

Possible Values:

- 1 = Timely
- 2 = Late

Usage Notes:

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

RTFDATE

Date Death Form Returned to Facility

Date the 2746 form was returned to the facility for incomplete information.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1992-03-19 - 2000-12-31

CFDATE

Date Revised Death Form Received

Date the completed or corrected 2746 form was returned to the facility.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1991-02-26 - 2000-12-31

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

ERRORS

Death Form Errors

Indicates error(s) that display on the compliance report.

Type: Character **Width:** 50

Usage Notes:

There are no definitions available for the values contained in this variable. Researchers should use this variable with caution.

FORMSTATUS

2746 Form Status

The current queue status of 2746 form.

Type: Character **Width:** 1

Possible Values:

Q = Queue
S = Saved
T = Transmitted to HCFA
V = Validated
W = Validated Wait

REJECTREPORT

2746 Reject Report Indicator

Indicates whether a reject report was generated for the 2746 form.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

FORM_VERSION

2746 Form Version

Indicates whether 1996 or 2004 version of the 2746 form was completed.

Type: Numeric **Width:** 8

Possible Values:

1996 = 1996 version of form 2746 completed

2004 = 2004 version of form 2746 completed

MODALITY_TYPE

Modality Type

Indicates modality type.

Type: Numeric **Width:** 8

Usage Notes:

There are no definitions available for the values contained in this variable. The value for this variable is missing for all cases.

CAUSE_OTHER

Other Cause of Death

ESRD patient's other cause of death.

Type: Character **Width:** 255

Usage Notes:

This variable is derived from the Cause of Death listed ESRD Death Notification (Form 2746). See [Appendix B](#) for list of causes. The value for this variable is missing for all cases.

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

LAST_TREATMENT

Date of Last Dialysis Treatment

Date of last dialysis treatment.

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values:

Usage Notes:

The value for this variable is missing for all cases.

DISCONTINUE_REASON

Reason Discontinued Renal Replacement Therapy

Indicates whether discontinuation of renal replacement therapy occurred after patient or family request to stop dialysis.

Type: Numeric **Width:** 8

Possible Values:

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

Usage Notes:

The value for this variable is missing for all cases.

TRANS_DATE_UNK

Transplant Date Unknown Indicator

Type: Numeric **Width:** 8

Usage Notes:

There are no definitions available for the values contained in this variable. The value for this variable is missing for all cases

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

TRANS_TYPE

Type of Transplant Received

Type: Numeric **Width:** 8

Usage Notes:

There are no definitions available for the values contained in this variable. The value for this variable is missing for all cases

HOSPICE

Patient Receiving Hospice Care

Indicates whether patient was receiving hospice care prior to death.

Type: Numeric **Width:** 8

Possible Values:

- 1 = Yes
- 2 = No
- 3 = Unknown

Usage Notes:

The value for this variable is missing for all cases

FORM2746_DOB

Form 2746 - Date of Birth

ESRD patient's date of birth (2746 form).

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1901-02-09 - 2000-12-31

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data from ESRD Death Notification (Form 2746) File

FORM2746_DOD

Form 2746 - Date of Death

ESRD patient's date of death (2746 form).

Type: Character **Width:** 10 **Format:** YYYY-MM-DD

Possible Values: 1981-12-28 - 2000-12-31

FORM2746_GENDER

Form 2746 - Gender

ESRD patient's gender (2746 form).

Type: Character **Width:** 1

Possible Values:

1 = Male

2 = Female

Appendix A: Data Usage Issues Regarding Public ID/SEQN

Combined ESRD Patient Master and Death Notification (Form 2746) File

Data Usage Issues regarding Public ID/SEQN

The data provided on the 1994-1998 NHIS, NHEFS, NHANES II, NHANES III, and LSOA III linked CMS Medicare files can be merged with the NCHS public use survey data files using the unique survey specific Public Identification number (PUBLIC ID/SEQN). Note: At this time the linked Medicare data files are only available for research use 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 survey specific Public Identification number on any analytic files sent to the RDC. The RDC will merge data (using PUBLIC ID or SEQN) from the linked CMS Medicare files to the analyst's file. The merged file will be held at the RDC and made available for analysis. Information on how to identify and/or construct the NCHS survey specific PUBLIC ID or SEQN is provided below.

I. National Health Interview Survey (NHIS)

On the NHIS surveys, researchers need to construct the NHIS public id from the following variables. The number and public-use location varies by NHIS survey year.

NHIS 1994

<u>Item</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
Year (2 digit)	3-4	2	Year of interview
Quarter	5	1	Calendar quarter of interview
PSU	6-8	3	Random recode of PSU #
Week	9-10	2	Week of interview within quarter
Segment	11-12	2	Segment number
Household	13-14	2	Household number within quarter
Person number	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

NHIS 1995, 1996

<u>Item</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
Year (2 digit)	3-4	2	Year of interview
Household ID	5-14	10	Household ID number
Person number	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

Combined ESRD Patient Master and Death Notification (Form 2746) File

NHIS 1997-1998

<u>Item</u>	<u>Public-use Location</u>	<u>Length</u>	<u>Description</u>
Year (4 digit)	3-6	4	Year of interview
Household Serial #	7-12	6	Household serial number
Person number	15-16	2	Person number within Household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

II. NHANES I Epidemiologic Follow-up Study NHEFS

<u>Item</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 information from multiple NHEFS Files to the NHEFS-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

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

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

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

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

<u>Item</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 information from multiple NHANES III Files to the NHANES III-CMS linked files using this variable ensures that the appropriate information for each survey participant is linked correctly.

Combined ESRD Patient Master and Death Notification (Form 2746) File

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

On the LSOA II survey, researchers need to construct the LSOA II public id from the following variables.

LSOA II

<u>Item</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 #
Week	9-10	2	Week of interview within quarter
Segment	11-12	2	Segment number
Household	13-14	2	Household number within quarter
Person number	15-16	2	Person number within household

Note: Concatenate all variables to get the unique person identifier. All variables are zero filled.

APPENDIX B: LIST OF CAUSES

Combined ESRD Patient Master and Death Notification (Form 2746) File

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 codes 38-42,72)
- 44 Mesenteric infraction/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, encephalities, 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 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 Hypernatremia
- 79 Hyponatremia
- 100 Hypoglycemia
- 101 Hyperglycemia
- 102 Diabetic coma
- 95 Acedosis

ENDOCRINE

- 96 Ardenal 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

APPENDIX C: 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 (Street)			11. Provider Number

Provider Address (City/State)

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: _____

<p>13. Renal replacement therapy discontinued prior to death: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check one of the following:</p> <p>a. <input type="checkbox"/> Following HD and/or PD access failure</p> <p>b. <input type="checkbox"/> Following transplant failure</p> <p>c. <input type="checkbox"/> Following chronic failure to thrive</p> <p>d. <input type="checkbox"/> Following acute medical complication</p> <p>e. <input type="checkbox"/> Other</p> <p>f. Date of last dialysis treatment ____ / ____ / ____ Month Day Year</p>	<p>14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable</p>
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<p>15. If deceased ever received a transplant:</p> <p>a. Date of most recent transplant ____ / ____ / ____ <input type="checkbox"/> Unknown Month Day Year</p> <p>b. Type of transplant received <input type="checkbox"/> Living Related <input type="checkbox"/> Living Unrelated <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown</p> <p>c. Was graft functioning (patient not on dialysis) at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>d. Did transplant patient resume chronic maintenance dialysis prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>16. Was patient receiving Hospice care prior to death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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17. Name of Physician (Please print complete name)	18. Signature of Person Completing This Form	Date
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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).

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.