ESRD Entitlement/Registration (Form 2728) 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.

FORMDATE **2728 Form Update Date**

Date 2728 form was entered into the system.

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

Possible Values: 1967-09-01 **-** 2000-12-31

Usage Notes:

The data for all variables on this file was obtained from CMS Form 2728 – ESRD Medical Evidence Report Medicare Entitlement and/or Registration Form. Some participants may have 2 or more completed 2728 forms. The earliest data corresponds to the initial ESRD entitlement prior to stopping dialysis and restarting.

ESRD Entitlement/Registration (Form 2728) File

FORMSTATUS — 2728 Form Status Indicator

The current status of the 2728 form in the queue.

Type: Character **Width:** 1

Possible Values:

T = Transmitted
V = Validated Ready
W = Validated Wait
Q = Queued
S = Saved

DOB — Patient Date of Birth

ESRD patient's date of birth.

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

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

GENDER — Patient Gender

ESRD patient's gender.

Type: Character **Width:** 1

Possible Values:

1 = Male
2 = Female

ETHNICITY **Patient Ethnicity**

Ethnicity of ESRD patient

Type: Character **Width:** 1

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.

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.

MEDICAID — Medicaid Indicator

Indicates whether the patient is receiving state Medicaid benefits at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MEDDVA — Veterans Affairs (VA) Indicator

Indicates whether the patient is receiving medical fare from a Department of Veterans Affairs facility.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MEDICARE — Medicare Indicator

Indicates whether the patient is entitled to Federal Medicare benefits at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MEDGROUP — Group Health Plan Indicator

Indicates whether the patient receives medical benefits through an employer group health plant that covers employees, former employees, or the families of employees or former employees at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MEDOTHER — Other Health Plan Indicator

Indicates that the patient is receiving medical benefits under a heath insurance plant that is not Medicare, Medicaid, Department of Veterans Affairs, nor an employer group health insurance plan at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MEDNONE — No Insurance Indicator

Indicates that the patient has no medical insurance plan at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PATAPPLY — ESRD Applying Indicator

Indicates whether the patient is applying for ESRD Medicare.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PRIMDIAG — Patient Primary ESRD Diagnosis

Patient's primary cause of End Stage Renal Disease.

Type: Character **Width:** 5

Usage Notes:

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

PRIMTRAIL — Patient Primary ESRD Diagnosis Trailer

The trailer for the patient's primary cause of End Stage Renal Disease.

Type: Character **Width:** 1

Usage Notes:

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

PRIMCAUS — Patient Primary Cause of ESRD

PRIMDIAG and PRIMTRAIL combined.

Type: Character **Width:** **6**

Usage Notes:

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

HEIGHT — Patient Height

The most recent recorded height of the patient at time of 2728 filing or if an amputee, height before amputation.

Type: Numeric **Width:** 4

Possible Values: 0 - 198

HEIGHTUNIT — Unit of Height Measurement

Unit of Height Measurement.

Type: Character **Width:** 1

Possible Values:

I = Inches
C = Centimeters

WEIGHT — Patient Weight

The most recent recorded weight of the patient at time of 2728 filing.

Type: Numeric **Width:** 4

Possible Values: 0 - 235

WEIGHTUNIT — Unit of Weight Measurement

Unit of Weight Measurement.

Type: Character **Width:** 1

Possible Values:

K = Kilograms
L = Pounds

PUNEMPL **Patient Prior Unemployment Status**

ESRD patient was unemployed 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PFULLTI **Patient Prior Full-time Employment Status**

ESRD patient was employed full-time 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PPARTTI **Patient Prior Part-time Employment Status**

ESRD patient was employed part-time 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PHOME **Patient Prior Homemaker Status**

ESRD patient was a homemaker 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PRETAGE **Patient Prior Retirement Status**

ESRD patient was retired due to age/preference 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PRETDIB **Patient Prior Disability Status**

ESRD patient was retired due to disability 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PMEDLOA **Patient Prior Medical Leave Status**

ESRD patient was on a medical leave of absence 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

PSTUDENT **Patient Prior Student Status**

ESRD patient was a student 6 months prior to the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CUNEMPL **Patient Current Unemployment Status**

ESRD patient was unemployed at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CFULLTI **Patient Current Full-time Employment Status**

ESRD patient was employed full-time at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CPARTTI **Patient Current Part-time Employment Status**

ESRD patient was employed part-time at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CHOME **Patient Current Homemaker Status**

ESRD patient was a homemaker at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CRETAGE **Patient Current Retirement Status**

ESRD patient was retired due to age/preference at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CRETDIB **Patient Current Disability Status**

ESRD patient was retired due to disability at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CMEDLOA **Patient Current Medical Leave Status**

ESRD patient was on a medical leave of absence at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

CSTUDENT **Patient Current Student Status**

ESRD patient was a student at the time of 2728 filing.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDA **Patient Congestive Heart Failure Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDB **Patient Ischemic Heart Disease Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDC **Patient Myocardial Infarction Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDD **Patient Cardiac Arrest Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDE **Patient Cardiac Dysrhythmia Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDF — Patient Pericarditis Indicator

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDG — Patient Cerebrovascular Disease Indicator

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

Usage Notes:

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

MORBIDH — Patient Peripheral Vascular Disease (PVD) Indicator

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

Usage Notes:

This variable includes absent foot pulses, prior typical cladudication, amputations for vascular disease, gangrene and aortic aneurysm.

MORBIDI — Patient Hypertension Indicator

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDJ — Patient Diabetes (Primary or Contributing) Indicator

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDK — Patient Diabetes (on Insulin) Indicator

ESRD patient suffered from diabetes (on insulin) at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDL — Patient Chronic Obstructive Pulmonary Disease Indicator

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDM **Patient Tobacco Use (Current Smoker) Indicator**

ESRD patient suffered from tobacco use (current smoker) at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDN **Patient Cancer Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDO **Patient Alcohol Dependence Indicator**

ESRD patient suffered from alcohol dependence at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDP **Patient Drug Dependence Indicator**

ESRD patient suffered from drug dependence at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDQ **Patient HIV Indicator**

ESRD patient suffered from HIV positive status at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No
U = Unknown

MORBIDR **Patient AIDS Indicator**

ESRD patient suffered from acquired immune deficiency syndrome (AIDS) at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No
U = Unknown

MORBIDS **Patient Inability to Ambulate Indicator**

ESRD patient suffered from inability to ambulate at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

MORBIDT **Patient Inability to Transfer Indicator**

ESRD patient suffered from inability to transfer at time of 2728 filing or within the prior 10 years.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

EPO **Patient Erythropoietin (EPO) Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

IHECRIT **Patient Hematocrit Value**

ESRD patient's hematocrit value.

Type: Numeric **Width:** 8

Possible Values: 0 – 99.999999

Usage Notes:

Some values may contain a decimal.

IHECRITDTE **Date of Hematocrit Value Collection**

Date the hematocrit value was taken.

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

Possible Values: 1994-11-22 - 2000-12-31

IHEGLO **Patient Hemoglobin Value**

ESRD patient's hemoglobin value.

Type: Numeric **Width:** 8

Possible Values: 0 – 99.999999

Usage Notes:

Some values may contain a decimal.

IHEGLODTE **Date of Hemoglobin Value Collection**

Date the hemoglobin value was taken.

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

Possible Values: 1987-12-08 - 2000-12-31

ALBUMIN **Patient Serum Albumin Value**

ESRD patient's serum albumin value.

Type: Numeric **Width:** 8

Possible Values: 0 – 9.9999999

Usage Notes:

Some values may contain a decimal.

ALBUMDTE **Date of Serum Albumin Value Collection**

Date the serum albumin value was taken.

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

Possible Values: 1944-12-28 **-** 2000-12-31

ALBUMINLL **Serum Albumin Lower Limit Value**

The serum albumin lower limit of the normal range for the lab that did the patient's test.

Type: Numeric **Width:** 8

Possible Values: 0 – 9.9999999

Usage Notes:

Some values may contain a decimal.

ISERCREA **Patient Serum Creatine Value**

ESRD patient's serum creatine value.

Type: Numeric **Width:** 8

Possible Values: 0 – 99.9

Usage Notes:

Some values may contain a decimal.

ISERDTE **Date of Serum Creatine Value Collection**

Date the serum creatine value was taken.

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

Possible Values: 1994-12-27 **-** 2000-12-31

ICREACLEAR **Patient Creatine Clearance Value**

ESRD patient's creatine clearance value.

Type: Numeric **Width:** 8

Possible Values: 0 – 99.999999

Usage Notes:

Some values may contain a decimal.

ICERDTE **Date of Creatine Clearance Value Collection**

Date the serum creatine clearance value was taken.

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

Possible Values: 1994-11-03 **-** 2000-12-31

IBUN — **Patient Blood Urea Nitrogen (BUN) Value**

ESRD patient's blood urea nitrogen (BUN) value.

Type: Numeric **Width:** 8

Possible Values: 0 – 227

IBUNDTE — **Date of Blood Urea Nitrogen (BUN) Value Collection**

Date the blood urea nitrogen (BUN) value was taken.

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

Possible Values: 1994-12-28 **-** 2000-12-31

IUREA — **Patient Urea Clearance Value**

ESRD patient's urea clearance value.

Type: Numeric **Width:** 8

Possible Values: 0 – 9.9999999

IUREADTE — **Date of Urea Clearance Value Collection**

Date the urea clearance value was taken.

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

Possible Values: 1995-09-27 **-** 2000-12-31

DIALSET **Patient Dialysis Setting**

The anticipated long term treatment setting for the patient at the time the 2728 form was completed

Type: Character **Width:** 1

Possible Values:

1 = Hospital Inpatient
2 = Dialysis Center/Facility
3 = Home
4 = Unknown

DIALTYPE **Dialysis Type**

The anticipated long term primary type of dialysis for the patient at the time the 2728 form was completed

Type: Character **Width:** 1

Possible Values:

1 = HEMO
2 = IPD
3 = CAPD
4 = CCPD
5 = Other
6 = Unknown

DATEBEGAN **Date of Dialysis Began**

Date the regular course of dialysis began.

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

Possible Values: 1977-12-31 **-** 2000-12-31

DATEHERE **Date Patient Started at 2728 Provider**

Date the patient started at the dialysis provider listed on the 2728 form.

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

Possible Values: 1980-11-10 **-** 2000-12-31

DATESTOP **Date Patient Stopped Dialysis Therapy**

Date the patient stopped dialysis therapy.

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

Possible Values: 1997-04-05 **-** 2000-12-31

DATEDEATH **Patient Date of Death**

Date of ESRD patient’s death.

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

Possible Values: 1982-01-13 **-** 2000-12-31

TRANSDATE **Date of Most Recent Transplant**

Date of patient’s most recent kidney transplant at time the 2728 form was completed.

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

Possible Values: 1980-09-18 **-** 2000-12-31

ENTDATE **Date Patient Entered Prep Hospital**

Date the patient was admitted as an inpatient to a hospital in preparation for, or anticipation of a kidney transplant.

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

Possible Values: 1967-09-23 **-** 2000-12-31

TRANSTATUS **Transplant Status**

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

Type: Character **Width:** 1

Possible Values:

1 = Functioning
2 = Rejected
3 = Unknown

Usage Notes:

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

DIALRETDAT **Dialysis Return Date**

Date the patient returned to regular course of dialysis after a transplant rejection.

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

Possible Values: 1987-07-14 **-** 2000-12-31

TREATSITE — Treatment Site

The current dialysis treatment site of the patient after a transplant rejection at the time the 2728 form was completed.

Type: Character **Width:** 1

Possible Values:

1 = Hospital Inpatient
2 = Dialysis Facility/Center
3 = Home
4 = Unknown

Usage Notes:

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

TRAINDATE — Dialysis Training Begin Date

Date self-dialysis training began.

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

Possible Values: 1984-03-19 **-** 2000-12-31

TRAINTYPE — Self Dialysis Training Type

The type of self-dialysis the patient began.

Type: Character **Width:** 1

Possible Values:

1 = Hemodialysis
2 = IPD
3 = CAPD
4 = CCPD

TRAINCERT **Training Completion Indicator**

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

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

TRAINEND **Dialysis Training End Date**

Date patient completed self-dialysis training.

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

Possible Values: 1989-09-29 **-** 2000-12-31

ENTERDATE **Supervising Physician Signature Date**

Date the physician signed the 2728 form.

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

Possible Values: 1978-03-21 **-** 2000-12-31

PATSIGNDAT **Patient Signature Date**

Date the ESRD patient signed the 2728 form.

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

Possible Values: 1929-11-29 **-** 2000-12-31

NWCERT — Network Confirmation Indicator

Indicates whether the Network confirmed the patient as ESRD.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

NWDATE — Network Action Date

Date the Network took action on the 2728 form.

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

Possible Values: 1989-02-03 **-** 2000-12-31

DECISION — ESRD Decision

The basis for the decision regarding how the patient was confirmed as ESRD.

Type: Character **Width:** 1

Possible Values:

1 = Passed Guidelines
2 = Passed MRB
3 = Failed MRB
4 = Passed because Patient Died within 1st 3 months
5 = Passed because Patient has no Kidneys
6 = Failed, under 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**

Indicates whether patient was admitted to prior to transplant.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

SDBDATE **Form Received Date**

Date the Network received the 2728 form for ESRD patient.

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

Possible Values: 1980-12-10 - 2000-12-31

TXTFILEDATE **Form Transmit Action Date**

Date the 2728 form was transmitted to the Central Repository.

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

Possible Values: 1980-12-10 - 2000-12-31

ACCURATE **Accuracy Indicator**

Indicates whether the 2728 form passed accuracy test.

Type: Numeric **Width:** 4

Possible Values:

0 = Not Accurate
1 = Accurate

ONTIME **Timeliness Indicator**

Indicates whether the 2728 form was received within HCFA timeliness guidelines.

Type: Numeric **Width:** 4

Possible Values:

0 = Late
1 = Timely

RTFDATE **Date Form Returned to Facility**

Date the 2728 form was returned to the facility for incomplete information.

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

Possible Values: 1996-05-20 - 2000-12-31

CFDATE **Date Corrected Form Received**

Date the completed or corrected 2728 form was returned to the facility.

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

Possible Values: 1995-10-05 - 2000-12-31

ERRORS — 2728 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.

REJECTREPORT — Reject Report Indicator

Indicates whether a reject report was generated for the 2728 form.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

SUPPFORM — Supplemental Form Indicator

Indicates whether the form was a supplemental form.

Type: Character **Width:** 1

Possible Values:

Y = Yes
N = No

GFR — Glomerular Filtration Rate

Glomerular Filtration Rate.

Type: Numeric **Width:** 8

Possible Values: 0 - 99.99

Usage Notes:

Some values may contain a decimal.

Appendix A: Data Usage Issues Regarding Public ID/SEQN

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

Item	Public-use Location	Length	Description
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

Item	Public-use Location	Length	Description
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.

NHIS 1997-1998

Item	Public-use Location	Length	Description
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

Item	Length	Description
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)

Item	Length	Description
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)

Item	Length	Description
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.

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

Item	Public-use Location	Length	Description
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: ESRD Medical Evidence Report Medicare Entitlement and/or Registration Form (Form 2728)

Form Approved
OMB No. 0938-0046

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 ☐ Male ☐ Female

8. Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino (Complete Item 9)

9. Country/Area of Origin or Ancestry

10. Race *(Check all that apply)*
- ☐ White
- ☐ Black or African American
- ☐ American Indian/Alaska Native
  Print Name of Enrolled/Principal Tribe ________________
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander*

*complete Item 9

11. Is patient applying for ESRD Medicare coverage? ☐ Yes ☐ No

12. Current Medical Coverage *(Check all that apply)*
☐ Medicaid ☐ Medicare ☐ Employer Group Health Insurance
☐ DVA ☐ Medicare Advantage ☐ Other ☐ None

13. Height INCHES ______ OR CENTIMETERS ______

14. Dry Weight POUNDS ______ OR KILOGRAMS ______

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

16. Employment Status *(6 mos prior and current status)*

Prior	Current	
☐	☐	Unemployed
☐	☐	Employed Full Time
☐	☐	Employed Part Time
☐	☐	Homemaker
☐	☐	Retired due to Age/Preference
☐	☐	Retired (Disability)
☐	☐	Medical Leave of Absence
☐	☐	Student

17. Co-Morbid Conditions *(Check all that apply currently and/or during last 10 years)* *See instructions

a. ☐ Congestive heart failure
b. ☐ Atherosclerotic heart disease ASHD
c. ☐ Other cardiac disease
d. ☐ Cerebrovascular disease, CVA, TIA*
e. ☐ Peripheral vascular disease*
f. ☐ History of hypertension
g. ☐ Amputation
h. ☐ Diabetes, currently on insulin
i. ☐ Diabetes, on oral medications
j. ☐ Diabetes, without medications
k. ☐ Diabetic retinopathy
l. ☐ Chronic obstructive pulmonary disease
m. ☐ Tobacco use (current smoker)
n. ☐ Malignant neoplasm, Cancer
o. ☐ Toxic nephropathy
p. ☐ Alcohol dependence
q. ☐ Drug dependence*
r. ☐ Inability to ambulate
s. ☐ Inability to transfer
t. ☐ Needs assistance with daily activities
u. ☐ Institutionalized
  ☐ 1. Assisted Living
  ☐ 2. Nursing Home
  ☐ 3. Other Institution
v. ☐ Non-renal congenital abnormality
w. ☐ None

18. Prior to ESRD therapy:

a. Did patient receive exogenous erythropoetin or equivalent?	☐ Yes	☐ No	☐ Unknown	If Yes, answer:	☐ 6-12 months	☐ >12 months
b. Was patient under care of a nephrologist?	☐ Yes	☐ No	☐ Unknown	If Yes, answer:	☐ 6-12 months	☐ >12 months
c. Was patient under care of kidney dietitian?	☐ Yes	☐ No	☐ Unknown	If Yes, answer:	☐ 6-12 months	☐ >12 months
d. What access was used on first outpatient dialysis:	☐ AVF	☐ Graft	☐ Catheter	☐ Other		
If not AVF, then: Is maturing AVF present?	☐ Yes	☐ No				
Is maturing graft present?	☐ Yes	☐ No				

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
☐ Home ☐ Dialysis Facility/Center ☐ SNF/Long Term Care Facility

23. Primary Type of Dialysis
☐ Hemodialysis (Sessions per week____/hours per session____)
☐ CAPD ☐ CCPD ☐ 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?
☐ Yes ☐ No

27. If patient NOT informed of transplant options, please check all that apply:
☐ Medically unfit ☐ Patient declines information
☐ Unsuitable due to age ☐ Patient has not been assessed
☐ Psychologically unfit ☐ 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)*
☐ Functioning ☐ Non-Functioning

35. Type of Donor:
☐ Deceased ☐ Living Related ☐ Living Unrelated

36. If Non-Functioning, Date of Return to Regular Dialysis ____/____/______ (MM DD YYYY)

37. Current Dialysis Treatment Site
☐ Home ☐ Dialysis Facility/Center ☐ 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 ☐ Hemodialysis a. ☐ Home b. ☐ In Center
☐ CAPD ☐ CCPD ☐ Other

42. This Patient is Expected to Complete *(or has completed)* Training and will Self-dialyze on a Regular Basis.
☐ Yes ☐ 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

E. PHYSICIAN IDENTIFICATION

46. Attending Physician *(Print)*

47. Physician's Phone No. (   )

48. UPIN of Physician in Item 46

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)

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
DIABETES	
25040	Diabetes with renal manifestations Type 2
25041	Diabetes with renal manifestations Type 1
GLOMERULONEPHRITIS	
5829	Glomerulonephritis (GN) (histologically not examined)
5821	Focal glomerulosclerosis, focal sclerosing GN
5831	Membranous nephropathy
58321	Membranoproliferative GN type 1, diffuse MPGN
58322	Dense deposit disease, MPGN type 2
58381	IgA nephropathy, Berger's disease (proven by immunofluorescence)
58382	IgM nephropathy (proven by immunofluorescence)
5834	With lesion of rapidly progressive GN
5800	Post infectious GN, SBE
5820	Other proliferative GN
SECONDARY GN/VASCULITIS	
7100	Lupus erythematosus, (SLE nephritis)
2870	Henoch-Schonlein syndrome
7101	Scleroderma
28311	Hemolytic uremic syndrome
4460	Polyarteritis
4464	Wegener's granulomatosis
58392	Nephropathy due to heroin abuse and related drugs
44620	Other Vasculitis and its derivatives
44621	Goodpasture's syndrome
58391	Secondary GN, other
INTERSTITIAL NEPHRITIS/PYELONEPHRITIS	
9659	Analgesic abuse
5830	Radiation nephritis
9849	Lead nephropathy
5909	Nephropathy caused by other agents
27410	Gouty nephropathy
5920	Nephrolithiasis
5996	Acquired obstructive uropathy
5900	Chronic pyelonephritis, reflux nephropathy
58389	Chronic interstitial nephritis
58089	Acute interstitial nephritis
5929	Urolithiasis
27549	Other disorders of calcium metabolism
HYPERTENSION/LARGE VESSEL DISEASE	
40391	Unspecified with renal failure
4401	Renal artery stenosis
59381	Renal artery occlusion
59383	Cholesterol emboli, renal emboli

ICD-9	NARRATIVE
CYSTIC/HEREDITARY/CONGENITAL DISEASES	
75313	Polycystic kidneys, adult type (dominant)
75314	Polycystic, infantile (recessive)
75316	Medullary cystic disease, including nephronophthisis
7595	Tuberous sclerosis
7598	Hereditary nephritis, Alport's syndrome
2700	Cystinosis
2718	Primary oxalosis
2727	Fabry's disease
7533	Congenital nephrotic syndrome
5839	Drash syndrome, mesangial sclerosis
75321	Congenital obstruction of ureterpelvic junction
75322	Congenital obstruction of uretrovesical junction
75329	Other Congenital obstructive uropathy
7530	Renal hypoplasia, dysplasia, oligonephronia
75671	Prune belly syndrome
75989	Other (congenital malformation syndromes)
NEOPLASMS/TUMORS	
1890	Renal tumor (malignant)
1899	Urinary tract tumor (malignant)
2230	Renal tumor (benign)
2239	Urinary tract tumor (benign)
23951	Renal tumor (unspecified)
23952	Urinary tract tumor (unspecified)
20280	Lymphoma of kidneys
20300	Multiple myeloma
20308	Other immuno proliferative neoplasms (including light chain nephropathy)
2773	Amyloidosis
99680	Complications of transplanted organ unspecified
99681	Complications of transplanted kidney
99682	Complications of transplanted liver
99683	Complications of transplanted heart
99684	Complications of transplanted lung
99685	Complications of transplanted bone marrow
99686	Complications of transplanted pancreas
99687	Complications of transplanted intestine
99689	Complications of other specified transplanted organ
MISCELLANEOUS CONDITIONS	
28260	Sickle cell disease/anemia
28269	Sickle cell trait and other sickle cell (HbS/Hb other)
64620	Post partum renal failure
042	AIDS nephropathy
8660	Traumatic or surgical loss of kidney(s)
5724	Hepatorenal syndrome
5836	Tubular necrosis (no recovery)
59389	Other renal disorders
7999	Etiology uncertain

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

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 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.

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.

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.
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.

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 erythropoetin (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.

NOTICE

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.