DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0448

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	4. Date of Birth	5. Social Security Number
a. ☐ Male b. ☐ Female	_ _ / _ _ / _ _ _ _ (Month / Day / Year)	

6. Patient's State of Residence	7. Place of Death	8. Date of Death
	a. ☐ Hospital c. ☐ Home e. ☐ Other b. ☐ Dialysis Unit d. ☐ Nursing Home	_ _ / _ _ / _ _ _ _ (Month / Day / Year)

9. Modality at Time of Death

a. ☐ Incenter Hemodialysis b. ☐ Home Hemodialysis c. ☐ CAPD d. ☐ CCPD e. ☐ Transplant f. ☐ 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:_____

13. Renal replacement therapy discontinued prior to death: ☐ Yes ☐ No

If yes, check one of the following:

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. Date of last dialysis treatment _ _ / _ _ / _ _ _ _ (Month / Day / Year)

14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?

☐ Yes ☐ No

☐ Unknown ☐ Not Applicable

15. If deceased ever received a transplant:

a. Date of most recent transplant _ _ / _ _ / _ _ _ _ (Month / Day / Year) ☐ Unknown

b. Type of transplant received
☐ Living Related ☐ Living Unrelated ☐ Deceased ☐ Unknown

c. Was graft functioning (patient not on dialysis) at time of death?
☐ Yes ☐ No ☐ Unknown

d. Did transplant patient resume chronic maintenance dialysis prior to death?
☐ Yes ☐ No ☐ Unknown

16. Was patient receiving Hospice care prior to death?

☐ Yes ☐ No

☐ Unknown

17. Name of Physician (Please print complete name)	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).

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 Hypernatremia
- 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

Form Approved
OMB No. 0938-0447

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY

FOR THE PERIOD

PART ONE — DIALYSIS

DIALYSIS PATIENTS

Patients Receiving Care Beginning of Survey Period		
Outpatient	Home	Total Fields 01 thru 02
01	02	03

	Additions During Survey Period			
	Started for first time ever	Restarted	Transferred from other dialysis unit	Returned after transplantation
Outpatient				
Home				
	04A 04B	05A 05B	06A 06B	07A 07B

Losses During Survey Period					
Deaths	Recovered kidney function	Received transplant	Transferred to other dialysis unit	Discontinued dialysis	Other (LTFU)
08A 08B	09A 09B	10A 10B	11A 11B	12A 12B	13A 13B

Patients Receiving Care at End of Survey Period												
Outpatient Dialysis		Self-Dialysis Training				Total Outpatient Dialysis	Home Dialysis				Total Home Dialysis	
Hemo-Dialysis	IPD	Hemo-Dialysis	IPD	CAPD	CCPD	Fields 14 thru 19	Hemo-Dialysis	IPD	CAPD	CCPD	Fields 21 thru 24	Total Patients Fields 20 and 25
14	15	16	17	18	19	20	21	22	23	24	25	26

Patient Eligibility Status End of Survey Period		
Currently enrolled in Medicare	Medicare application pending	Non-Medicare
27	28	29

Self-Dialysis Completing Training			
Hemo-Dialysis	IPD	CAPD	CCPD
30	31	32	33

Transient Patients	
Treated during survey period	Number of outpatient treatments during survey period
34	35

Outpatient Dialysis Treatments	
Hemodialysis	IPD
36	37

Dialysis Training Treatments			
Hemodialysis	IPD	CAPD	CCPD
38	39	40	41

COMPLETED BY (Signature)	DATE	TITLE	TELEPHONE NO.
VERIFIED BY (Signature)	DATE	TITLE	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42, CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

Form Approved
OMB No. 0938-0447

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY

FOR THE PERIOD

PART TWO — KIDNEY TRANSPLANTS

PATIENTS TRANSPLANTED AND DONOR TYPE

Patients who received transplant at this facility
42

Eligibility Status of Patients Transplanted at this Facility During the Survey Period			
Currently enrolled in Medicare	Medicare applica-tion pending	Non-Medicare	
		U.S. Res.	Other
43	44	45	46

Transplants Performed at This Facility			
Living Related Donor	Living Unrelated Donor	Cadaveric Donor	Total Fields 47 thru 49
47	48	49	50

Patients Awaiting Transplant	
Dialysis	Non-dialysis
51	52

CADAVER KIDNEYS

SKIP THIS SECTION

Source of Cadaver Kidneys	Disposition of Cadaver Kidneys: Transplanted at this facility	Sent to another U.S. facility	Sent Outside the U.S.	Non-Viable kidneys	Total
Harvested at this center	53	54	55	56	57
Obtained from another transplant hospital	58	59	60	61	62
Obtained from Independent OPOs	63	64	65	66	67
Obtained from Non-transplant hospital	68	69	70	71	72
Total	73	74	75	76	

Total Non-Viable Kidneys	
Used for Research	Discarded Kidneys
77	78

COMPLETED BY (Signature)	DATE	TITLE	TELEPHONE NO.
VERIFIED BY (Signature)	DATE	TITLE	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42, CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).

Form Approved
OMB No. 0938-0447

END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM ESRD FACILITY SURVEY	FOR THE PERIOD

PART THREE

REMARKS

COMPLETED BY (Signature)	DATE	TITLE	TELEPHONE NO.
VERIFIED BY (Signature)	DATE	TITLE	

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THIS PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42, CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a).