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 *(including area code)*

7. Sex	8. Ethnicity	9. Country/Area of Origin or Ancestry
☐ Male ☐ Female	☐ Not Hispanic or Latino ☐ Hispanic or Latino (Complete Item 9)	

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	23. Primary Type of Dialysis
☐ Home ☐ Dialysis Facility/Center ☐ SNF/Long Term Care Facility	☐ 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?	27. If patient NOT informed of transplant options, please check all that apply:		
☐ Yes ☐ No	☐ 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)*	35. Type of Donor:
☐ Functioning ☐ Non-Functioning	☐ 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			45. UPIN of Physician in Item 44
a.) Printed Name	b.) Signature	c.) Date *(mm/dd/yyyy)*	

E. PHYSICIAN IDENTIFICATION

46. Attending Physician *(Print)*	47. Physician's Phone No. *(include Area Code)*	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-10-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 October 2015.

ICD-10	Description
DIABETES	
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
GLOMERULONEPHRITIS	
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N00.6	Acute nephritic syndrome with dense deposit disease
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis
N00.0	Acute nephritic syndrome with minor glomerular abnormality
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.9	Chronic nephritic syndrome with unspecified morphologic changes
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
N08	Glomerular disorders in diseases classified elsewhere
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere
M35.04	Sicca syndrome with tubulo-interstitial nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
SECONDARY GN/VASCULITIS	
D69.0	Allergic purpura
M30.0	Polyarteritis nodosa
M31.7	Microscopic polyangiitis
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M30.1	Polyarteritis with lung involvement [Churg-Strauss]
M31.30	Wegener's granulomatosis without renal involvement
M31.31	Wegener's granulomatosis with renal involvement
M32.13	Lung involvement in systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
M32.8	Other forms of systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.11	Endocarditis in systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.0	Drug-induced systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M34.0	Progressive systemic sclerosis
M34.83	Systemic sclerosis with polyneuropathy
M34.9	Systemic sclerosis, unspecified
M34.89	Other systemic sclerosis
M34.82	Systemic sclerosis with myopathy
M34.81	Systemic sclerosis with lung involvement
M34.1	CR(E)ST syndrome
M34.2	Systemic sclerosis induced by drug and chemical
D59.3	Hemolytic-uremic syndrome
M31.0	Hypersensitivity angiitis
INTERSTITIAL NEPHRITIS/PYELONEPHRITIS	
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N15.9	Renal tubulo-interstitial disease, unspecified
N20.0	Calculus of kidney
N20.2	Calculus of kidney with calculus of ureter
N22	Calculus of urinary tract in diseases classified elsewhere
N20.9	Urinary calculus, unspecified
T39.92XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, intentional self-harm, initial encounter

ICD-10	Description
INTERSTITIAL NEPHRITIS/PYELONEPHRITIS (CONT.)	
T39.93XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, assault, initial encounter
T39.94XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, undetermined, initial encounter
T39.91XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, accidental (unintentional), initial encounter
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)
T56.0X1A	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
T56.0X2A	Toxic effect of lead and its compounds, intentional self-harm, initial encounter
T56.0X3A	Toxic effect of lead and its compounds, assault, initial encounter
T56.0X4A	Toxic effect of lead and its compounds, undetermined, initial encounter
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)

ICD-10	Description
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)
M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)
M10.372	Gout due to renal impairment, left ankle and foot
M10.351	Gout due to renal impairment, right hip
M10.352	Gout due to renal impairment, left hip
M10.359	Gout due to renal impairment, unspecified hip
M10.361	Gout due to renal impairment, right knee
M10.39	Gout due to renal impairment, multiple sites
M10.362	Gout due to renal impairment, left knee
M10.38	Gout due to renal impairment, vertebrae
M10.371	Gout due to renal impairment, right ankle and foot

ICD-10	Description
INTERSTITIAL NEPHRITIS/PYELONEPHRITIS (CONT.)	
M10.379	Gout due to renal impairment, unspecified ankle and foot
M10.349	Gout due to renal impairment, unspecified hand
M10.321	Gout due to renal impairment, right elbow
M10.369	Gout due to renal impairment, unspecified knee
M10.311	Gout due to renal impairment, right shoulder
M10.329	Gout due to renal impairment, unspecified elbow
M10.30	Gout due to renal impairment, unspecified site
M10.342	Gout due to renal impairment, left hand
M10.312	Gout due to renal impairment, left shoulder
M10.319	Gout due to renal impairment, unspecified shoulder
M10.322	Gout due to renal impairment, left elbow
M10.331	Gout due to renal impairment, right wrist
M10.332	Gout due to renal impairment, left wrist
M10.339	Gout due to renal impairment, unspecified wrist
M10.341	Gout due to renal impairment, right hand
E20.1	Pseudohypoparathyroidism
E83.59	Other disorders of calcium metabolism
N00.8	Acute nephritic syndrome with other morphologic changes
N14.3	Nephropathy induced by heavy metals
N15.8	Other specified renal tubulo-interstitial diseases
N14.4	Toxic nephropathy, not elsewhere classified
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance
N14.1	Nephropathy induced by other drugs, medicaments and biological substances
N14.0	Analgesic nephropathy
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis
N15.0	Balkan nephropathy
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality
N05.6	Unspecified nephritic syndrome with dense deposit disease
N05.8	Unspecified nephritic syndrome with other morphologic changes
N06.0	Isolated proteinuria with minor glomerular abnormality
N06.1	Isolated proteinuria with focal and segmental glomerular lesions
N06.6	Isolated proteinuria with dense deposit disease
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Isolated proteinuria with other morphologic lesion
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions

ICD-10	Description
HYPERTENSION/LARGE VESSEL DISEASE	
I70.1	Atherosclerosis of renal artery
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
N28.0	Ischemia and infarction of kidney
CYSTIC/HEREDITARY/CONGENITAL DISEASES	
E72.04	Cystinosis
E72.02	Hartnup's disease
E72.09	Other disorders of amino-acid transport
E72.00	Disorders of amino-acid transport, unspecified
E72.01	Cystinuria
E72.52	Trimethylaminuria
E72.53	Hyperoxaluria
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E74.8	Other specified disorders of carbohydrate metabolism
E77.1	Defects in glycoprotein degradation
E75.249	Niemann-Pick disease, unspecified
E77.9	Disorder of glycoprotein metabolism, unspecified
E77.8	Other disorders of glycoprotein metabolism
E75.3	Sphingolipidosis, unspecified
E75.248	Other Niemann-Pick disease
E75.242	Niemann-Pick disease type C
E75.241	Niemann-Pick disease type B
E75.240	Niemann-Pick disease type A
E75.22	Gaucher disease
E75.21	Fabry (-Anderson) disease
E75.243	Niemann-Pick disease type D
E77.0	Defects in post-translational modification of lysosomal enzymes
N06.9	Isolated proteinuria with unspecified morphologic lesion
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
Q60.0	Renal agenesis, unilateral
Q60.1	Renal agenesis, bilateral
Q60.2	Renal agenesis, unspecified
Q60.3	Renal hypoplasia, unilateral
Q60.4	Renal hypoplasia, bilateral
Q60.5	Renal hypoplasia, unspecified
Q60.6	Potter's syndrome
Q63.9	Congenital malformation of kidney, unspecified
Q63.0	Accessory kidney
Q63.1	Lobulated, fused and horseshoe kidney
Q63.2	Ectopic kidney
Q63.3	Hyperplastic and giant kidney
Q63.8	Other specified congenital malformations of kidney
Q85.1	Tuberous sclerosis
Q61.2	Polycystic kidney, adult type
Q61.19	Other polycystic kidney, infantile type
Q61.11	Cystic dilatation of collecting ducts
Q61.5	Medullary cystic kidney
Q62.11	Congenital occlusion of ureteropelvic junction
Q62.12	Congenital occlusion of ureterovesical orifice

ICD-10	Description
CYSTIC/HEREDITARY/CONGENITAL DISEASES (CONT.)	
Q62.2	Congenital megaureter
Q62.0	Congenital hydronephrosis
Q62.10	Congenital occlusion of ureter, unspecified
Q79.4	Prune belly syndrome
Q79.51	Congenital hernia of bladder
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.3	Congenital malformation syndromes involving early overgrowth
Q89.8	Other specified congenital malformations
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
E78.71	Barth syndrome
Q87.2	Congenital malformation syndromes predominantly involving limbs
E78.72	Smith-Lemli-Opitz syndrome
Q87.81	Alport syndrome
NEOPLASMS/TUMORS	
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C68.9	Malignant neoplasm of urinary organ, unspecified
D30.00	Benign neoplasm of unspecified kidney
D30.01	Benign neoplasm of right kidney
D30.02	Benign neoplasm of left kidney
D30.9	Benign neoplasm of urinary organ, unspecified
E85.9	Amyloidosis, unspecified
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C86.4	Blastic NK-cell lymphoma
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.10	Unspecified B-cell lymphoma, unspecified site
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C90.00	Multiple myeloma not having achieved remission
T86.93	Unspecified transplanted organ and tissue infection
T86.99	Other complications of unspecified transplanted organ and tissue
T86.91	Unspecified transplanted organ and tissue rejection
T86.90	Unspecified complication of unspecified transplanted organ and tissue
T86.92	Unspecified transplanted organ and tissue failure
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
T86.10	Unspecified complication of kidney transplant
T86.40	Unspecified complication of liver transplant
T86.49	Other complications of liver transplant
T86.43	Liver transplant infection
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.30	Unspecified complication of heart-lung transplant
T86.20	Unspecified complication of heart transplant
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
T86.32	Heart-lung transplant failure
T86.31	Heart-lung transplant rejection
T86.290	Cardiac allograft vasculopathy
T86.23	Heart transplant infection
T86.21	Heart transplant rejection
T86.22	Heart transplant failure
T86.298	Other complications of heart transplant
T86.812	Lung transplant infection
T86.818	Other complications of lung transplant
T86.811	Lung transplant failure
T86.810	Lung transplant rejection
T86.819	Unspecified complication of lung transplant
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.850	Intestine transplant rejection
T86.851	Intestine transplant failure
T86.852	Intestine transplant infection
T86.858	Other complications of intestine transplant
T86.859	Unspecified complication of intestine transplant
T86.831	Bone graft failure
T86.898	Other complications of other transplanted tissue
T86.892	Other transplanted tissue infection
T86.891	Other transplanted tissue failure
T86.890	Other transplanted tissue rejection
T86.849	Unspecified complication of corneal transplant
T86.848	Other complications of corneal transplant
T86.839	Unspecified complication of bone graft
T86.832	Bone graft infection

ICD-10	Description
NEOPLASMS/TUMORS (CONT.)	
T86.830	Bone graft rejection
T86.899	Unspecified complication of other transplanted tissue
T86.838	Other complications of bone graft
MISCELLANEOUS CONDITIONS	
B20	Human immunodeficiency virus [HIV] disease
K76.7	Hepatorenal syndrome
N17.1	Acute kidney failure with acute cortical necrosis
R69	Illness, unspecified
R99	Ill-defined and unknown cause of mortality
D57.1	Sickle-cell disease without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
N28.82	Megaloureter
N28.89	Other specified disorders of kidney and ureter
O12.10	Gestational proteinuria, unspecified trimester
O12.20	Gestational edema with proteinuria, unspecified trimester
O26.839	Pregnancy related renal disease, unspecified trimester

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.

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 o 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 ICD10-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 selfcare 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 selfdialysis 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 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.