

## 2728 Tips

CMS requests that all lab data are available be entered on the form, but only the Serum Creatinine is required.

Lab Method Used: BCG = bromcresol green and BCP = bromcresol purple. Each lab will probably use one method or the other exclusively. Contact the lab to see which is it and ask them to notify you if they change their method or use different methods for each patient.

If the patient is informed of transplantation as a treatment option, either by your facility, their nephrologist or another party and you have documentation confirming that before submitting the form to the Network, it is acceptable to answer yes.

Commonly missed

Length of therapy prior to ESRD. Make sure you indicate how long the patient was receiving EPO (or equivalent), under the care of a nephrologist or kidney dietitian prior to beginning dialysis. If it was less than 6 months, either write in "< 6 months" or indicate that it was less than 6 months in the Remarks section.

### Common 2728 Errors

- A. **Initial** – For patients who initially receive a kidney transplant instead of dialysis and for patients entering an outpatient dialysis setting for the first time ever.  
**Re-entitlement** – For those patients returning to dialysis or receiving a kidney transplant after recovering kidney function for more than 12 months or having a functioning kidney transplant for more than 3 years.  
**Supplemental** – For those patients who receive a kidney transplant or are trained for self-care dialysis within the first 3 months after the first outpatient dialysis.
- 9 If Hispanic or Latino, indicate country of origin
- 18a, 18b, 18c If yes, indicate how long.
- 18d Only applies to vascular access. If peritoneal access do not check Catheter. Leave blank.
- 18d If not AVF, indicate Y/N for AVF maturing and Y/N for graft maturing.
- 19 all fields Dates for labs must be before physician signature date in field 50.
- 23 If Hemo, indicate Sessions per Week, Hours per Session
- 26 & 27 If patient not informed of transplantation, indicate why not.
- 50 & 55 Physician and Patient Signature dates must be on or after the first date at the unit in field 25.
- 51. **Recertification** – To be signed by physician who is currently following the patient if the patient had chosen to delay applying for Medicare benefits.

## 2746 Tips

Discharged patients are required to be followed for 30 days unless they are transferred to another Medicare provider who is approved for ESRD services. This applies to all patients including those who discontinue dialysis or who transfer to Hospice. Additionally, if the patient dies within that time, Centers for Medicare and Medicaid Services (CMS) requires the last provider of ESRD service to submit an ESRD Death Notification form (CMS-2746) to the Network office.