

## ESRD DEATH NOTIFICATION

### END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM

1. Patient's Last Name	First	MI	2. Medicare Claim Number
3. Patient's Sex a. <input type="checkbox"/> Male    b. <input type="checkbox"/> Female	4. Date of Birth ____ / ____ / ____ Month    Day    Year		5. Social Security Number
6. Patient's State of Residence	7. Place of Death a. <input type="checkbox"/> Hospital    c. <input type="checkbox"/> Home    e. <input type="checkbox"/> Other b. <input type="checkbox"/> Dialysis Unit    d. <input type="checkbox"/> Nursing Home		8. Date of Death ____ / ____ / ____ Month    Day    Year
9. Modality at Time of Death a. <input type="checkbox"/> Incenter Hemodialysis    b. <input type="checkbox"/> Home Hemodialysis    c. <input type="checkbox"/> CAPD    d. <input type="checkbox"/> CCPD    e. <input type="checkbox"/> Transplant    f. <input type="checkbox"/> Other			
10. Provider Name and Address (Street)			11. Provider Number

Provider Address (City/State)

12. Causes of Death (enter codes from list on back of form)

- a. Primary Cause    \_ \_ \_
- b. Were there secondary causes?  
 No  
 Yes, specify:    \_ \_ \_    \_ \_ \_    \_ \_ \_    \_ \_ \_
- c. If cause is other (98) please specify: \_\_\_\_\_

<p>13. Renal replacement therapy discontinued prior to death:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>If yes, check one of the following:</b></p> <p>a. <input type="checkbox"/> Following HD and/or PD access failure</p> <p>b. <input type="checkbox"/> Following transplant failure</p> <p>c. <input type="checkbox"/> Following chronic failure to thrive</p> <p>d. <input type="checkbox"/> Following acute medical complication</p> <p>e. <input type="checkbox"/> Other</p> <p>f. Date of last dialysis treatment    ____ / ____ / ____  <span style="margin-left: 100px;">Month    Day    Year</span></p>	<p>14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown                <input type="checkbox"/> Not Applicable</p>
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<p>15. If deceased ever received a transplant:</p> <p>a. Date of most recent transplant    ____ / ____ / ____    <input type="checkbox"/> Unknown  <span style="margin-left: 100px;">Month    Day    Year</span></p> <p>b. Type of transplant received  <input type="checkbox"/> Living Related    <input type="checkbox"/> Living Unrelated    <input type="checkbox"/> Deceased    <input type="checkbox"/> Unknown</p> <p>c. Was graft functioning (patient not on dialysis) at time of death?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Unknown</p> <p>d. Did transplant patient resume chronic maintenance dialysis prior to death?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Unknown</p>	<p>16. Was patient receiving Hospice care prior to death?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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17. Name of Physician (Please print complete name)	18. Signature of Person Completing This Form	Date
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This report is required by law (42, U.S.C. 426; 20 CFR 405, Section 2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 U.S.C. 5520; 45 CFR Part 5a).

# ESRD DEATH NOTIFICATION FORM

## LIST OF CAUSES

### **CARDIAC**

- 23 Myocardial infarction, acute
- 25 Pericarditis, incl. Cardiac tamponade
- 26 Atherosclerotic heart disease
- 27 Cardiomyopathy
- 28 Cardiac arrhythmia
- 29 Cardiac arrest, cause unknown
- 30 Valvular heart disease
- 31 Pulmonary edema due to exogenous fluid
- 32 Congestive Heart Failure

### **VASCULAR**

- 35 Pulmonary embolus
- 36 Cerebrovascular accident including intracranial hemorrhage
- 37 Ischemic brain damage/Anoxic encephalopathy
- 38 Hemorrhage from transplant site
- 39 Hemorrhage from vascular access
- 40 Hemorrhage from dialysis circuit
- 41 Hemorrhage from ruptured vascular aneurysm
- 42 Hemorrhage from surgery (not 38, 39, or 41)
- 43 Other hemorrhage (not 38-42, 72)
- 44 Mesenteric infarction/ischemic bowel

### **INFECTION**

- 33 Septicemia due to internal vascular access
- 34 Septicemia due to vascular access catheter
- 45 Peritoneal access infectious complication, bacterial
- 46 Peritoneal access infectious complication, fungal
- 47 Peritonitis (complication of peritoneal dialysis)
- 48 Central nervous system infection (brain abscess, meningitis, encephalitis, etc.)
- 51 Septicemia due to peripheral vascular disease, gangrene
- 52 Septicemia, other
- 61 Cardiac infection (endocarditis)
- 62 Pulmonary infection (pneumonia, influenza)
- 63 Abdominal infection (peritonitis (not comp of PD), perforated bowel, diverticular disease, gallbladder)
- 70 Genito-urinary infection (urinary tract infection, pyelonephritis, renal abscess)

### **LIVER DISEASE**

- 64 Hepatitis B
- 71 Hepatitis C
- 65 Other viral hepatitis
- 66 Liver-drug toxicity
- 67 Cirrhosis
- 68 Polycystic liver disease
- 69 Liver failure, cause unknown or other

### **GASTRO-INTESTINAL**

- 72 Gastro-intestinal hemorrhage
- 73 Pancreatitis
- 75 Perforation of peptic ulcer
- 76 Perforation of bowel (not 75)

### **METABOLIC**

- 24 Hyperkalemia
- 77 Hypokalemia
- 78 Hyponatremia
- 79 Hyponatremia
- 100 Hypoglycemia
- 101 Hyperglycemia
- 102 Diabetic coma
- 95 Acidosis

### **ENDOCRINE**

- 96 Adrenal insufficiency
- 97 Hypothyroidism
- 103 Hyperthyroidism

### **OTHER**

- 80 Bone marrow depression
- 81 Cachexia/failure to thrive
- 82 Malignant disease, patient ever on Immunosuppressive therapy
- 83 Malignant disease (not 82)
- 84 Dementia, incl. dialysis dementia, Alzheimer's
- 85 Seizures
- 87 Chronic obstructive lung disease (COPD)
- 88 Complications of surgery
- 89 Air embolism
- 104 Withdrawal from dialysis/uremia
- 90 Accident related to treatment
- 91 Accident unrelated to treatment
- 92 Suicide
- 93 Drug overdose (street drugs)
- 94 Drug overdose (not 92 or 93)
- 98 Other cause of death
- 99 Unknown

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