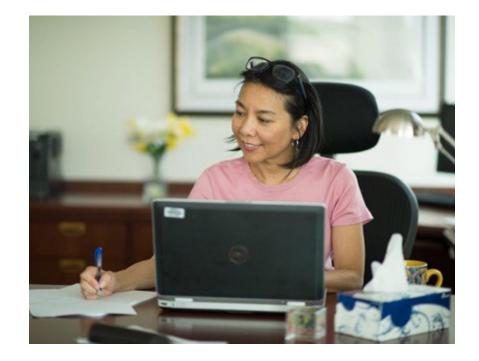# Version 2023 Form CMS-2728 Updates

End-Stage Renal Disease (ESRD) Outreach, Communication, and Training (EOCT)

Acronyms

AVF	arteriovenous fistulas
CCN	CMS Certification Number
CMS	Centers for Medicare & Medicaid Services
EOCT	ESRD Outreach, Communication, and Training
EQRS	ESRD Quality Reporting System
ESRD	End-Stage Renal Disease
ICD	International Classification of Diseases
NPI	National Provider Identifier
PD	peritoneal dialysis
QIP	Quality Incentive Program
UPI	unique patient Identifier

Form CMS-2728 Overview

Form CMS-2728 Overview

Form CMS-2728 is the **ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration** and must be:

- Entered in the ESRD Quality Reporting System (EQRS) within **45 days** of the patient starting on chronic dialysis at the facility.

- Reviewed and signed by the patient and the patient's nephrologist prior to submitting it in EQRS to ensure it does not contain errors.

- Submitted to the local Social Security Administration office for patients applying for ESRD Medicare coverage or existing Medicare patients to ensure Medicare benefits and facility reimbursements are processed.

Form CMS-2728 Types

There are three different types of Form CMS-2728:

1. An **Initial Form CMS-2728** must be completed within 45 days of a patient starting on chronic dialysis or for a patient who initially received a kidney transplant instead of a course of dialysis.

2. A **Supplemental Form CMS-2728** must be completed for a patient who has received a kidney transplant or trained for self-care dialysis within the **first 3 months of the first date of dialysis** from the Initial Form CMS-2728 (new field 34).

    • EQRS does not require a Supplemental Form CMS-2728 for patients 65 years or older since these patients are entitled to Medicare benefits.

3. A **Re-entitlement Form CMS-2728** must be completed when:

    • A patient stopped dialysis for more than 12 months and has resumed dialysis or has received a kidney transplant.

    • A patient has returned to dialysis or has received another kidney transplant three or more years after their previous kidney transplant.

Updated Form CMS-2728 (Version 2023)

Updated Form CMS-2728 (Version 2023) with instructions on CMS.gov: https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms2728.pdf.

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

Form Approved
OMB No. 0938-0046
Expires: 11/30/2026

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 Beneficiary Identifier (if available)   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. Alternate Phone Number (including area code)

8. Sex Assigned at Birth, on Your Original Birth Certificate
☐ Male   ☐ Female

9. How Do You Currently Describe Yourself
☐ Male   ☐ Female   ☐ Transgender Male   ☐ Transgender Female
☐ None of these

10. Ethnicity*
☐ Not Hispanic or Latino   ☐ Hispanic or Latino
*Go to instructions

11. Country/Area of Origin or Ancestry

12. Race* ☐ Multiracial (Check all that apply)

☐ American Indian/Alaska Native
☐ Asian
  ☐ Asian Indian   ☐ Japanese   ☐ Chinese   ☐ Korean   ☐ Filipino   ☐ Vietnamese   ☐ Guamanian or Chamorro   ☐ Other Asian
☐ Black or African American
☐ Middle Eastern or North Africa
☐ Native Hawaiian or Pacific Islander
  ☐ Native Hawaiian   ☐ Other Pacific Islander   ☐ Samoan
☐ White
☐ Other if unable to identify with any of these six race categories

Print Name of Enrolled/Principal Tribe: _____   *Go to instructions

Form CMS-2728 Updates (Version 2023)

Form CMS-2728 Updates

- On November 30, 2023, the Centers for Medicare & Medicaid Services (CMS) approved the version 2023 Form CMS-2728 updates.
- The updated version 2023 Form CMS-2728 will automatically generate when an Initial, Re-entitlement, or Supplemental Form CMS-2728 is added in EQRS.
- Older versions of Form CMS-2728 that were submitted or saved in EQRS will remain in their original Form CMS-2728 format.
- The version 2023 Form CMS-2728 does not need to be generated or submitted in EQRS if a previous version of the Form CMS-2728 was already started and is in a saved status in EQRS.

Form CMS-2728 Updates

Form updates apply to sections **A, B, C, and F**:

- Section A: Complete for All ESRD Patients
  - Twenty-two field item updates
- Section B: Complete for All ESRD Patients in Dialysis Treatment
  - Nine field item updates
- Section C: Complete for All Kidney Transplant Patients
  - Two field item updates
- Section F: Obtain Signature from Patient
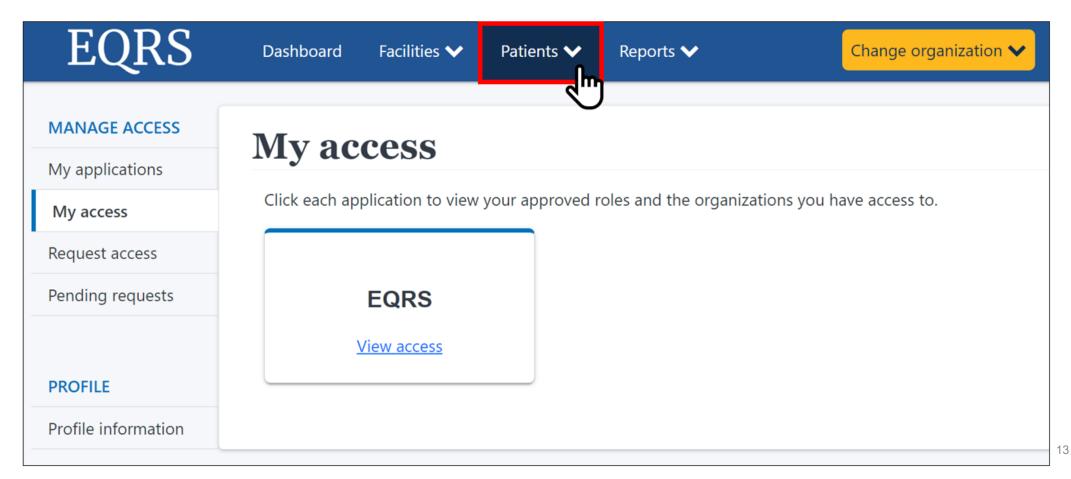 - New reporting option if patient is unable to sign form

Form CMS-2728 Updates

Three additional International Classification of Diseases (ICD)-10 Codes were added to the List of Primary Causes of Renal Disease:

- **E11.21** Type 2 diabetes mellitus with diabetic nephropathy
- **I120.0** Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
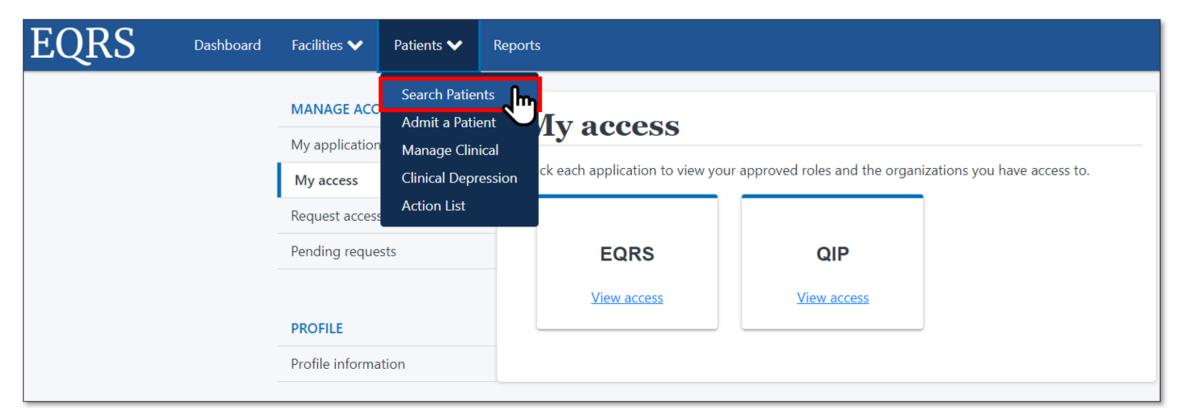- **U07.01** COVID19

Form CMS-2728 Updates: Additional Information

- Additional information on the updated Form CMS-2728 is available on www.MyCROWNWeb.org:
  - On Demand Training: Form CMS-2728 (slides and recording)
  - Reference Guide: Form CMS-2728 Updates
  - Form CMS-2728 Updates: Frequently Asked Questions
- The updated Form CMS-2728 (version 2023) is posted on the CMS.gov: https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms2728.pdf.
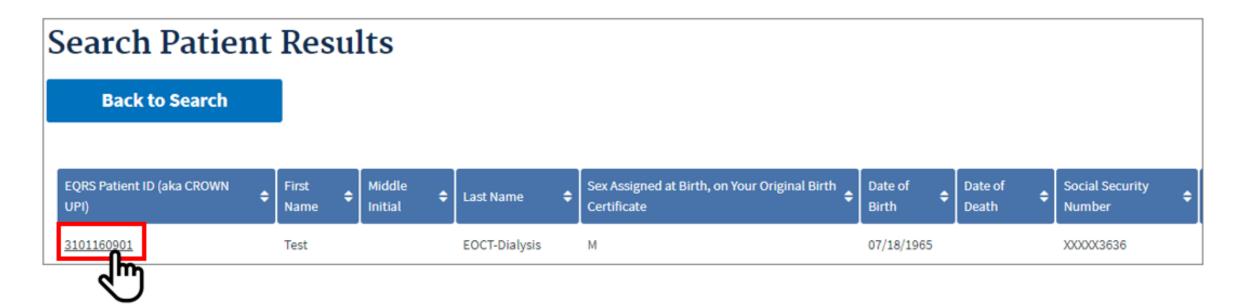
Form CMS-2728 Updates: Navigating to the Form

Form CMS-2728 Updates: Navigating to the Form

Click **Patients** in the navigation menu.

Form CMS-2728 Updates: Navigating to the Form

Click **Search Patients** in the Patients sub-menu.

Form CMS-2728 Updates: Navigating to the Form

Enter search criteria to locate patient and click **Submit**.

Form CMS-2728 Updates: Navigating to the Form

Click the **EQRS Patient ID (aka CROWN UPI)**.

Form CMS-2728 Updates: Navigating to the Form

View the patient's demographics and click the **Form 2728** link.

MANAGE PATIENT

- Patient
- Patient History
- Admissions
- Treatments
- Infections
- Vaccinations
- **Form 2728**

View Patient Demographics (Test EOCT-Dialysis – 3101160901)

✎ Edit

Patient Information

Patient's first name:	**Middle initial:**
Test	**Suffix:**
Patient's last name:	**Sex Assigned at Birth, on Your Original Birth Certificate:**
EOCT-Dialysis	M
Date of birth:	**How Do You Currently Describe Yourself:**
07/18/1965	Male
Social Security Number:	

Form CMS-2728 Updates: Navigating to the Form

Click **Add Initial 2728**.

Form CMS-2728 Updates: Section A

Form CMS-2728 Updates: Section A

Note: Items with a red box indicate form update(s) and/or modification(s).

Form CMS-2728 Updates: Section A

A. COMPLETE FOR ALL ESRD PATIENTS - 3101095149

*Check One:

☑ Initial   ☐ Re-entitlement   ☐ Supplemental

(1) *Patient's Last Name	*First Name	MI
EOCT-Dialysis	Test	E

(2) Medicare Number (if available)	(3) Social Security Number*	(4) *Date of Birth (mm/dd/yyyy)
	XXX-XX-6363	07/18/1988

(5) *Patient Mailing Address (Include City, State and Zip)	(6) Phone Number: (including area code)	(7) Alternate Phone Number:*
*Address Line 1: 100 Test ST. Address Line 2: *Zip: 27607 *City: NC State University	(753) 342-3446	(236) 363-6336

* This prepopulates from the Patient screen (*View Patient Demographics*) in EQRS.

Form CMS-2728 Updates: Section A

(8) *Sex Assigned at Birth, on Your Original Birth Certificate*	(9) How Do You Currently Describe Yourself*
Male	Male

(10) *Ethnicity	(11) Country/Area of Origin or Ancestry
Not Hispanic or Latino	

(12) *Race*	(13) *Is patient applying for ESRD Medicare coverage?
Black or African American	
Name of Enrolled/Principal Tribe:	[dropdown]

(14) *Current Medical Coverage *(Check all that apply)*	(15) *Height	(16) *Dry Weight
☐ Medicaid	[field] [dropdown]	[field] [dropdown]
☐ VA		
☑ Medicare		

* Prepopulates from the Patient screen (*View Patient Demographics*) in EQRS.

Form CMS-2728 Updates: Section A

Three new Primary Causes of Renal Disease ICD-10 Codes:

- E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- I120.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
- U07.01 COVID19

(17) *Primary cause of Renal Failure

E11.21

Type 2 diabetes mellitus with diabetic nephropathy ⌄

(18) *Occupation Status (6 months prior and current status)
Prior:

Employed Part Time ⌄

Current:

Unemployed

Form CMS-2728 Updates: Section A

(19) *Co-Morbid Conditions

- 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
- h1. Diabetes, currently use other injectable
- h2. Diabetes, on oral medications
- h3. Diabetes, without medications
- i. Diabetic retinopathy
- j. Chronic obstructive pulmonary disease
- k. Tobacco use (current smoker)
- l. Malignant neoplasm, Cancer
- m. Toxic nephropathy

- n. Alcohol dependence
- o. Drug dependence*
- p. Inability to ambulate
- q. Inability to transfer
- r. Needs assistance with daily activities
- s. Alternate housing arrangement - Assisted Living
- s1. Alternate housing arrangement - Nursing Home
- s2. Alternate housing arrangement - Other Institution
- t. Non-renal congenital abnormality
- u. None
- v. Protein Calorie Malnutrition
- w. Morbid Obesity
- x. Endocrine Metabolic Disorders
- y. Intestinal Obstruction/Perforation

- z. Chronic Pancreatitis
- aa. Inflammatory Bowel Disease
- bb. Bone/Joint/Muscle Infections/Necrosis
- cc. Dementia
- dd. Major Depressive Disorder
- ee. Myasthenia Gravis
- ff. Guillain-Barre Syndrome
- gg. Inflammatory Neuropathy
- hh. Parkinson's Disease
- ii. Partial-thickness Dermis Wounds
- jj. Seizure Disorders and Convulsions
- kk. Interstitial lung disease
- ll. Partial-thickness Dermis Wounds
- mm. Complications of specified implanted device or graft
- nn. Artificial Openings for feeding or Elimination

Form CMS-2728 Updates: Section A

(19) Co-Morbid Conditions (continued)

Consider for Pediatric Patients

- ☐ oo. Chronic lung disease (including dependency on CPAP and ventilators)
- ☐ pp. Vision impairment
- ☐ qq. Feeding tube dependence
- ☐ rr. Failure to thrive/feeding disorders
- ☐ ss. Congenital anomalies requiring subspecialty intervention (cardiac, orthopedic, colorectal)
- ☐ tt. Congenital bladder/urinary tract anomalies
- ☐ uu. Non-kidney solid organ
- ☐ vv. Stem cell transplant
- ☐ ww. Neurocognitive impairment
- ☐ xx. Global developmental delay
- ☐ yy. Cerebral palsy
- ☐ zz. Seizure disorder

Form CMS-2728 Updates: Section A

(20) *Prior to ESRD therapy:**

a. Did patient receive exogenous erythropoietin or equivalent? [No ⌄]   If Yes, answer: [⌄]

b. Was patient under care of nephrologist? [No ⌄]   If Yes, answer: [⌄]

c. Was patient under care of kidney dietitian? [No ⌄]   If Yes, answer: [⌄]

d. What access was used on first outpatient dialysis: [Central Venous Catheter ⌄]

If not AVF, then:

| |
| AVF |
| Graft |
| PD Catheter |
| Central Venous Catheter |
| Other |

a. Is maturing AVF present?

b. Is maturing graft present

Was one lumen of the Central Venous Catheter used and one needle placed in a AVF or graft? [No ⌄]

Is PD catheter present? [⌄]

Form CMS-2728 Updates: Section A

(20) Prior to ESRD therapy (continued)

e. Was patient diagnosed with an acute kidney injury in the last 12 months?   [No ▾]

If Yes, was dialysis required?   [▾]

f. Does the patient indicate they received and understood options for a home dialysis modality?   [No ▾]

g. Does the patient indicate they received and understood options

For a kidney transplant?   [Yes ▾]

For Living donor transplant?   [Yes ▾]

h. Does the patient indicate they received and understood the option of not starting dialysis at all, also called active medical management without dialysis?   [No ▾]

Form CMS-2728 Updates: Section A

(21) *Laboratory Values Within 45 Days Prior to the Most Recent ESRD Episode. If not available within 30 days of admission to the dialysis facility for ESRD treatment, admission laboratory values may be used. (HbA1c and LDL within 1 Year of Most Recent ESRD Episode).

☐ Admission Lab Values
☐ Prior Lab Values

Laboratory Test	Value	Date

Form CMS-2728 Updates: Section A

Laboratory Test	Value	Date		
		Month	Day	Year
a. Serum Albumin (g/dl)	2.9	08	01	2023
b. Serum Albumin Lower Limit				
c. Lab Method Used (BCG or BCP)	⌄			
		Month	Day	Year
d. *Serum Creatinine (mg/dl)	8	08	01	2023
		Month	Day	Year
e. Hemoglobin (g/dl)		MM	DD	YYYY
		Month	Day	Year
f. HbA1c		MM	DD	YYYY
		Month	Day	Year
g. LDL		MM	DD	YYYY
		Month	Day	Year
h. Cystatin C		MM	DD	YYYY

Form CMS-2728 Updates: Section A

(22) Does the patient have living will or Medical/Physician order for life sustaining treatment?

Yes ▾

(23) Are you currently concerned about where you will live over the next 90 days?

No ▾

(24)

a. Do you have caregiver support to assist with your daily care?   No ▾

b. Do you have caregiver support to assist with home dialysis/kidney transplant?   No ▾

c. Does the caregiver live with you?   No ▾

(25) Do you have access to reliable transportation?

Yes ▾

Form CMS-2728 Updates: Section A

(26a) **Do you understand health literature in English?**

| Yes ▾ |

(26b) **Do you need a different way other than written documents to learn about your health?**

| Yes ▾ |

(26c) **Do you need a translator to understand health information?**

| No ▾ |

Form CMS-2728 Updates: Section A

(27) Do you find it hard to pay for the very basics like housing, medical care, electricity, and heating?

Yes ⌄

(28) Within the past 12 months, has the food you bought not lasted and you didn't have money to get more?

No ⌄

(29) Has anyone, including family and friends, threatened you with harm or physically hurt you in the last 12 months?

No ⌄

Form CMS-2728 Updates: Section B

Form CMS-2728 Updates: Section B
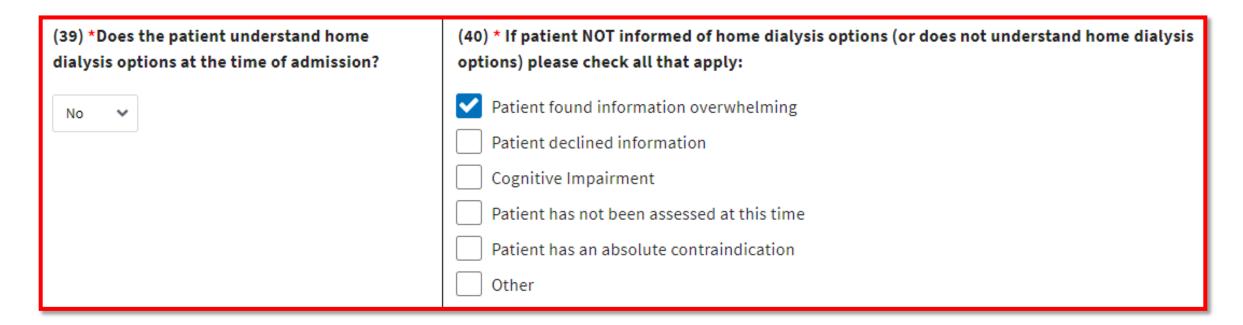

Expand All

A. COMPLETE FOR ALL ESRD PATIENTS - 3101095149 ⌄

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT ⌄

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS ⌄

D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY) ⌄

E. PHYSICIAN IDENTIFICATION ⌄

F. OBTAIN SIGNATURE FROM PATIENT ⌄

Form CMS-2728 Updates: Section B

(30) Name of Dialysis Facility US RENAL CARE PLEASANTON ROAD DIALYSIS	(31a) Medicare Provider Number (for item 30) 672510	(31b) Facility NPI (for item 30) 1497757660
(32) *Primary Dialysis Setting Dialysis Facility/Center		(33) *Primary Type of Dialysis Hemodialysis Sessions Per Week: 3 / Hours Per Session: 1.5
(34) *Date Regular Chronic Dialysis Began Month: 08 Day: 01 Year: 2023		(35) *Date Patient Started Chronic Dialysis at Current Facility 08/01/2023

(36) *Does the patient understand kidney transplant options at the time of admission? N/A	(37) If patient NOT informed of transplant options (or does not understand transplant options) please check all that apply: ☐ Patient found information overwhelming ☐ Cognitive Impairment ☐ Patient has an absolute contraindication ☐ Patient declined information ☐ Patient has not been assessed at this time ☐ Other

Note: N/A must be selected when the response to (20g) is Yes.

Form CMS-2728 Updates: Section B

(38) *Has the patient been connected to a transplant center with a referral?

Yes ⌄

(38a) *Date of referral (mm/dd/yyyy)

Month	Day	Year
08	02	2023

(38b) *Name of transplant center

Find Facility by facility ID, facility name, facility DBA, facility CCN, facility NPI, phone number, fax number

ABC KIDNEY TRANSPLANT CENTER 🔍

☐ Manually enter name

Name of transplant center

(38c) Medicare Provider Number of transplant center (for item 38b)

123456

(38d) NPI of transplant center (for item 38b)

1234567891

Note: 38c and 38d auto-populate when the transplant center name for 38b is selected via the search option.

Form CMS-2728 Updates: Section B

(39) *Does the patient understand home dialysis options at the time of admission?

No ⌄

(40) * If patient NOT informed of home dialysis options (or does not understand home dialysis options) please check all that apply:

- ☑ Patient found information overwhelming
- ☐ Patient declined information
- ☐ Cognitive Impairment
- ☐ Patient has not been assessed at this time
- ☐ Patient has an absolute contraindication
- ☐ Other

Note: N/A must be selected when the response to 20f is Yes.

Form CMS-2728 Updates: Section C

Form CMS-2728 Updates: Section C

Expand All

A. COMPLETE FOR ALL ESRD PATIENTS - 3101095149 ⌄

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT ⌄

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS ⌄

D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY) ⌄

E. PHYSICIAN IDENTIFICATION ⌄

F. OBTAIN SIGNATURE FROM PATIENT ⌄

Form CMS-2728 Updates: Section C

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS

(41) *Date of Transplant (mm/dd/yyyy) 08/01/2023	(42) Name of Transplant Hospital DUKE UNIVERSITY MEDICAL CENTER TRANSPLANT PROGRAM
(43a) CMS Certification Number (CCN) (for Item 42) 340030	(43b) Facility NPI for Item 42 1669472387
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.	
(44) Enter Date (mm/dd/yyyy)	(45) Name of Preparation Hospital
(46a) CMS Certification Number (CCN) (for Item 45)	(46b) Facility NPI for Item 45
(47) *Current Status of Transplant (if Functioning, skip items 49 and 50) NON-FUNCTIONING	(48) *Type of Transplant * Paired Exchange

* This pre-populates from the *Transplant Treatment Information* section on the Patient screen in EQRS.

Form CMS-2728 Updates: Section C

(49) If Non-Functioning, Date of Return to Regular Dialysis	(50) Current Dialysis Setting *
	Transitional Care Unit*

* Response option only enabled in the Re-entitlement Form CMS-2728 when the Admit Reason is "Dialysis After Transplant Failed."

Form CMS-2728 Updates: Section F

Form CMS-2728 Updates: Section F

Expand All

A. COMPLETE FOR ALL ESRD PATIENTS - 3101095149 ⌄

B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT ⌄

C. COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS ⌄

D. COMPLETE FOR ALL ESRD SELF-DIALYSIS TRAINING PATIENTS (MEDICARE APPLICANTS ONLY) ⌄

E. PHYSICIAN IDENTIFICATION ⌄

F. OBTAIN SIGNATURE FROM PATIENT ⌄

Form CMS-2728 Updates: Section F

Dropdown field enabled when the Date fields (item 68) are blank.

Additional Information

- MyCROWNWeb.org

- Center for Clinical Standards and Quality Service Center:
    - Phone: (866) 288-8912
    - Email: qnetsupport-esrd@cms.hhs.gov
    - Support Central

- EQRS & ESRD Quality Incentive Program Questions: QualityNet Q&A Tool

- ESRD Network Directory

Thank You

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