



**Reference Guide:  
Form CMS-2728 Updates (Version 2023)**

**This reference guide provides a description of updated and/or modified field items for the version 2023 Form CMS-2728 only and does not include existing field items that remain unchanged.**

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION A: COMPLETE FOR ALL ESRD PATIENTS</b>			
3	<b>Added field:</b> Social Security Number (SSN)	N/A*	<b>New field item</b> Previously grouped with Medicare Beneficiary Identifier.
7	<b>Added field:</b> Alternate Phone Contact	N/A*	<b>New field item</b>
8	<b>Renamed field:</b> Changed “Sex” to “Sex Assigned at Birth, on Your Original Birth Certificate”	N/A*	<b>Renamed field</b>
9	<b>Added field:</b> How Do You Currently Describe Yourself: <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender Male</li> <li>• Transgender Female</li> <li>• None of these</li> </ul>	N/A*	<b>New field item</b> Provides inclusion of gender identity response options.

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION A: COMPLETE FOR ALL ESRD PATIENTS</b>			
12	<p><b>Added responses:</b></p> <ul style="list-style-type: none"> <li>• Multiracial (<i>Check all that apply</i>)</li> <li>• Middle Eastern North Africa</li> <li>• Asian: <ul style="list-style-type: none"> <li>○ Asian Indian</li> <li>○ Chinese</li> <li>○ Filipino</li> <li>○ Guamanian or Chamorro</li> <li>○ Japanese</li> <li>○ Korean</li> <li>○ Vietnamese</li> <li>○ Other Asian</li> </ul> </li> <li>• Native Hawaiian and Pacific Islander: <ul style="list-style-type: none"> <li>○ Native Hawaiian</li> <li>○ Samoan</li> <li>○ Other Pacific Islander</li> </ul> </li> </ul> <p><b>Modified responses</b></p> <ul style="list-style-type: none"> <li>• Other if unable to identify with any of these five race categories</li> </ul>	N/A*	<p><b>New and modified responses added</b></p> <p>Provides inclusion of racial identity selection options. “Multiracial” is automatically checked when one or more races are selected.</p>
17	<p><b>Added Primary Causes of Renal Disease ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• E11.21 Type 2 diabetes mellitus with diabetic nephropathy</li> <li>• I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease</li> <li>• U07.1 COVID19</li> </ul>	Required	<p><b>New responses added</b></p> <p>Three additional ICD-10 codes added as reporting options.</p>
19	<p><b>Added responses:</b></p> <ul style="list-style-type: none"> <li>• Additional Co-Morbid Conditions</li> <li>• New Co-Morbid Conditions to Consider for Pediatric Patients</li> </ul>	Required	<p><b>New responses added</b></p> <p>Added an additional 20 co-morbid conditions and 12 pediatric co-morbid conditions.</p>

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION A: COMPLETE FOR ALL ESRD PATIENTS</b>			
20(d)	<p><b>Modified two responses</b> for “What access was used on first outpatient dialysis.”</p> <ul style="list-style-type: none"> <li>• Added “PD Catheter”</li> <li>• Renamed Catheter to “Central Venous Catheter”</li> </ul> <p><b>Added two sub-type questions:</b>  Was one lumen of the Central Venous Catheter used and one needle placed in an AVF or graft?   Is PD catheter present?</p>	Required	<p><b>Modified responses and added two new sub-type questions</b>  Expanded responses for access types used at initiation of dialysis to collect more thorough vascular access information.</p> <p>20d is a required field; sub-type questions are conditionally required depending on the response provided.</p>
20(e)	<p><b>Added two questions:</b>  Was patient diagnosed with an acute kidney injury (AKI) in the last 12 months?   If Yes, was dialysis required?</p>	Optional	<p><b>New field item</b>  Collects AKI information.</p>
20(f)	<p><b>Added question:</b>  Does the patient indicate they received and understood options for a home dialysis modality?</p>	Optional	<p><b>New field item</b>  Collects information on patient education and understanding of home dialysis options, prior to ESRD therapy.</p>
20(g)	<p><b>Added two questions:</b>  Does the patient indicate they received and understood options for a kidney transplant?   For living donor transplant?</p>	Optional	<p><b>New field item</b>  Collects information on patient education and understanding of transplant options, prior to ESRD therapy.</p>
20(h)	<p><b>Added question:</b>  Does the patient indicate they received and understood the option of not starting dialysis at all, also called active medical management without dialysis?</p>	Optional	<p><b>New field item</b>  Collects information on patient education and understanding of active medical management without dialysis option, prior to ESRD therapy.</p>
21	<p><b>Added ability to:</b>  Report admission laboratory values, if laboratory values within 45 Days Prior to the Most Recent ESRD Episode are not available within 30 days of admission.</p>	Required	<p><b>Modified reporting option</b>  Allows flexibility to report admission laboratory values.</p>

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION A: COMPLETE FOR ALL ESRD PATIENTS</b>			
	<b>Removed:</b> Lipid Profile (Total Cholesterol (TC), HDL Cholesterol, and Triglycerides (TG))		<b>Removed the Lipid Profile reporting</b> Modified laboratory reporting to collect ESRD focused data.
21(h)	<b>Added:</b> Cystatin C	Optional	<b>Added laboratory reporting field</b> Added cystatin to collect additional ESRD focused data.
22	<b>Added question:</b> Does the patient have a living will or Medical/Physician order for life sustaining treatment?	Optional	<b>New field item</b> Collects information on end-of-life decisions.
23	<b>Added question:</b> Are you currently concerned about where you will live over the next 90 days?	Optional	<b>New field item</b> Collects information on social determinants of health, specific to housing.
24	<b>Added three questions:</b> (a) Do you have caregiver support to assist with your daily care?  (b) With home dialysis/kidney transplant?  (c) Does the caregiver live with you?	Optional	<b>New field item</b> Includes three new caregiver support questions.  Collects information on social determinants of health, specific to caregiver support.
25	<b>Added question:</b> Do you have access to reliable transportation?	Optional	<b>New field item</b> Collects information on social determinants of health, specific to transportation.
26	<b>Added three questions:</b> (a) Do you understand health literature in English?  (b) Do you need a different way other than written documents to learn about your health?  (c) Do you need a translator to understand health information?	Optional	<b>New field item</b> Includes three new health literacy questions. Collects information on social determinants of health, specific to health literacy.  According to Health Resources & Services Administration, health literacy is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
27	<b>Added question:</b> Do you find it hard to pay for the very basics like housing, medical	Optional	<b>New field item</b> Collects information on social determinants of health,

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION A: COMPLETE FOR ALL ESRD PATIENTS</b>			
	care, electricity, and heating?		specific to basic needs.
28	<b>Added question:</b> Within the past 12 months, has the food you bought not lasted and you didn't have money to get more?	Optional	<b>New field item</b> Collects information on social determinants of health, specific to food insecurity.
29	<b>Added question:</b> Has anyone, including family and friends, threatened you with harm or physically hurt you in the last 12 months?	Optional	<b>New Field Item</b> Collects information on social determinants of health, specific to violence.

\*Pre-populates from the Patient screen (*View Patient Demographics*) in EQRS.

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION B: COMPLETE FOR ESRD PATIENTS IN DIALYSIS TREATMENT</b>			
36	<p><b>Rephrased question:</b> Changed “Has patient been informed of kidney options?” to “<b>Does the patient understand kidney transplant options at the time of admission?</b>”</p> <p><b>Added response:</b> <b>Added:</b> “N/A (if patient answered Yes to question 20g)”</p>	Required	<p><b>Rephrased question</b> Expanded questioning to collect information on patient’s understanding of transplant options.</p> <p><b>Added response</b> N/A is the required response when the answer to 20g is Yes.</p>
37	<p><b>Added two responses:</b></p> <ul style="list-style-type: none"> <li>• “Patient found information overwhelming”</li> <li>• “Cognitive Impairment”</li> </ul> <p><b>Modified two responses:</b></p> <ul style="list-style-type: none"> <li>• Changed “Patient is not eligible medically” to “<b>Patient has an absolute contraindication</b>”</li> <li>• Changed “Patient has not been assessed” to “<b>Patient has not been assessed at this time</b>”</li> </ul>	Conditionally required when No is selected for item 36	<p><b>Added and modified responses</b> Expanded questioning to collect information on patient’s understanding of transplant options.</p>
38	<p><b>Added question:</b></p> <ul style="list-style-type: none"> <li>• Has the patient been connected to a transplant center with a referral?</li> </ul>	Required	<p><b>New field item</b> Collects transplant referral information.</p>
38(a)	<p><b>Added field:</b> Date of referral (mm/dd/yyyy)</p>	Conditionally required when Yes is selected for item 38	<p><b>New field item</b> Collects transplant referral information.</p>
38(b)	<p><b>Added field:</b> Name of transplant center</p>	Conditionally required when Yes is selected for item 38	<p><b>New field item</b> Provides an option to search for a transplant center by facility ID, name, Doing Business As (DBA) category, CMS Certification Number (CCN), National Provider Identifier (NPI), phone or fax number. Alternatively, the transplant center name can be entered in the manual entry field.</p>

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION B: COMPLETE FOR ESRD PATIENTS IN DIALYSIS TREATMENT</b>			
38(c)	<b>Added field:</b> Medicare Provider Number of transplant center (for item 38b)	N/A	<b>New field item.</b> Auto-populates when the transplant center name for 38b is selected via the search option.
38(d)	<b>Added field:</b> NPI of transplant center (for item 38b)	N/A	<b>New field item</b> Auto-populates when the transplant center name for 38b is selected via the search option.
39	<b>Added question:</b> Does the patient understand home dialysis options at the time of admission?	Required	<b>New field item</b> Collects information on patient's understanding of home dialysis options.  N/A is the required response when the answer to 20f is Yes.
40	<b>Added question:</b> If patient Not informed of home dialysis options (or does not understand home dialysis options) please check all that apply: <ul style="list-style-type: none"> <li>• Patient found information overwhelming</li> <li>• Patient declined information</li> <li>• Cognitive Impairment</li> <li>• Patient has not been assessed at this time</li> <li>• Patient has an absolute contraindication</li> </ul>	Conditionally required when No is selected for item 39	<b>New field item</b> Collects information on patient's understanding of home dialysis options.

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION C: COMPLETE FOR ALL KIDNEY TRANSPLANT PATIENTS</b>			
48	<p><b>Renamed field:</b> Changed “Type of Donor” to “<b>Type of Transplant</b>”</p> <p><b>Modified responses:</b></p> <ul style="list-style-type: none"> <li>• Renamed “Deceased” to “Deceased Donor”</li> <li>• Added “Multi-organ”</li> <li>• Added “Paired Exchange”</li> </ul>	N/A**	<p><b>Renamed field and added/modified responses</b> Collects additional information on the type of kidney transplant.</p> <p>Pre-populates from the <i>Transplant Treatment Information</i> tab in EQRS.</p>
50	<p><b>Added Response:</b> “Transitional Care Unit”</p>	N/A***	<p><b>Added response</b> Expanded response to include all dialysis care settings. Option to select response is only enabled in the Re-entitlement Form CMS-2728.</p>

\*\*Prepopulates from the *Transplant Treatment Information* section on the Patient screen in EQRS.

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

Form Item Number	Updates	Required or Optional	Notes
<b>SECTION F: OBTAIN SIGNATURE FROM PATIENT</b>			
N/A	<b>Added text:</b> “If patient unable to sign/mark check below:” <ul style="list-style-type: none"> <li>• Lost to Follow-up</li> <li>• Moved out of the United States and territories</li> <li>• Expired Date (mm/dd/yyyy)</li> </ul>	N/A	<b>Added reporting option</b> Allows the form to be submitted if it cannot be signed by the patient.

Form Item Number	Updates	Required or Optional	Notes
<b>LIST OF PRIMARY CAUSES OF RENAL FAILURE (new ICD-10 codes)</b>			
LIST OF PRIMARY CAUSES OF RENAL FAILURE	<b>Added ICD-10 Codes:</b> <ul style="list-style-type: none"> <li>• E11.21 Type 2 diabetes mellitus with diabetic nephropathy</li> <li>• I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease</li> <li>• U07.1 COVID19</li> </ul>	N/A	Three additional ICD-10 codes added to the LIST OF PRIMARY CAUSES OF RENAL FAILURE.