



EQRS Admit & Discharge Reasons

Updated 10/24/2023

EQRS ADMIT REASONS

NEW ESRD PATIENT	<ul style="list-style-type: none"> ● Initial 2728 Form is required. <ul style="list-style-type: none"> ■ Patient/family signatures are <u>required</u> unless there is a <i>Date of Death</i> reported. ● ESRD patient having first chronic outpatient dialysis in the U.S. includes: <ul style="list-style-type: none"> ■ <i>Puerto Rico, Guam, Mariana Islands, American Samoa, U.S. Virgin Islands, Washington DC (District of Columbia).</i> ● International Patients: Treatments <u>outside the U.S.</u> and territories are not tracked in EQRS. <ul style="list-style-type: none"> ■ Signature required on 2728 Form. Discharge as OTHER if patient leaves the country.
TRANSFER IN	<ul style="list-style-type: none"> ● Patient transferring into your facility from another dialysis facility in the U.S..
RESTART	<ul style="list-style-type: none"> ● Patient restarting dialysis after a previous discharge reason of: <ul style="list-style-type: none"> ■ Discontinue Recover Function Other Lost to Follow-up ● Re-Entitlement 2728 Form is required if Restart is more than one year since stopping dialysis.
TRANSPLANT	<ul style="list-style-type: none"> ● Patient [who previously had dialysis or transplant in the U.S.] receives transplant at your transplant center. <ul style="list-style-type: none"> ■ Use NEW ESRD if patient had no previous ESRD treatment in the U.S.
DIALYSIS AFTER TRANSPLANT FAILED	<ul style="list-style-type: none"> ● Kidney transplant permanently failed and patient resuming dialysis at your facility. ● Re-Entitlement 2728 Form is required if resuming treatment more than three years after transplant.
DIALYSIS IN SUPPORT OF TRANSPLANT	<ul style="list-style-type: none"> ● Kidney transplant is <i>still functioning</i> but needs some dialysis support. ● See appropriate Discharge Reason descriptions below for: <ul style="list-style-type: none"> ■ Delayed Function RESOLVED Following a Transplant ■ Delayed Function UNRESOLVED Following a Transplant

continued on page 2

ESRD DISCHARGE REASONS

ACUTE	<ul style="list-style-type: none"> Acute patients should not be in EQRS. Use this discharge reason if you are unable to delete the patient from EQRS.
INVOLUNTARY DISCHARGE	<ul style="list-style-type: none"> Per Conditions for Coverage (CfC), all INVOLUNTARY DISCHARGES must be reported to the <i>I PRO ESRD Network Patient Services Department at 516-231-9767</i>.
LOST TO FOLLOW-UP	<ul style="list-style-type: none"> Only if the facility is unable to locate the patient. Contact the <i>I PRO ESRD Network Patient Services Department at 516-231-9767</i> for assistance before selecting this option.
TRANSFER - <ul style="list-style-type: none"> Dialysis Facility Hospital Long Term Care (LTC) Hospice Nursing Home Rehabilitation Center 	<ul style="list-style-type: none"> Dialysis Facility: Patient transferred to CMS-certified dialysis facility in the U.S. Hospital: Patient hospitalized <u>more than 30 days</u> and may return (CMS CfC expect patient will be readmitted to your facility upon discharge from a hospital. Required to hold a chair.) <ul style="list-style-type: none"> <i>Discharge Date</i> is when patient was last treated at your facility. If <i>Death Date</i> is <u>within 30 days</u> of <i>Discharge Date</i>: <ul style="list-style-type: none"> 2746 Form (ESRD Death Notification) required. Change discharge reason to DEATH.
OTHER	<ul style="list-style-type: none"> Patient is in PRISON and is receiving treatment in prison, OR Patient is OUT OF COUNTRY for >30 days. If <i>Death Date</i> is <u>within 30 days</u> of <i>Discharge Date</i>: <ul style="list-style-type: none"> 2746 Form is required. Change discharge reason to DEATH.
DISCONTINUE	<ul style="list-style-type: none"> Patient/family wishes to permanently stop dialysis treatment. If <i>Death Date</i> is <u>within 30 days</u> of <i>Discharge Date</i>: <ul style="list-style-type: none"> 2746 Form is required. Do not change the discharge reason, keep as DISCONTINUE.
DEATH	<ul style="list-style-type: none"> Patient died while a patient at your facility. Submit 2746 Form within 14 days. If <i>Death Date</i> is <u>within 30 days</u> of <i>Discharge Date</i>: <ul style="list-style-type: none"> 2746 Form is required.
TRANSPLANT IN U.S	<ul style="list-style-type: none"> Patient received kidney transplant in the U.S. (<i>any state or territory</i>).
TRANSPLANT OUT OF U.S.	<ul style="list-style-type: none"> Patient received kidney transplant in another country.

continued on page 3

ESRD DISCHARGE REASONS

<p>RECOVERED FUNCTION OF ORIGINAL KIDNEY</p>	<ul style="list-style-type: none"> • Patient recovered native kidney function and no longer requires dialysis. <ul style="list-style-type: none"> ▪ Not to be used after a transplant. • If Death Date is <u>within 30 days</u> of Discharge Date: <ul style="list-style-type: none"> ▪ 2746 Form is required. ▪ Change discharge reason to DEATH.
<p>DELAYED FUNCTION RESOLVED FOLLOWING A TRANSPLANT</p>	<ul style="list-style-type: none"> • Follows Admit Reason: DIALYSIS IN SUPPORT OF TRANSPLANT when patient has <u>regained function</u> of transplanted kidney.
<p>DELAYED FUNCTION UNRESOLVED FOLLOWING A TRANSPLANT</p>	<ul style="list-style-type: none"> • Follows Admit Reason: DIALYSIS IN SUPPORT OF TRANSPLANT when transplanted kidney fails. • If patient continues treatment at your facility, readmit as DIALYSIS AFTER TRANSPLANT FAILED.



End-Stage Renal Disease
Network Program

IPRO End-Stage Renal Disease Network Program

Corporate Office: 1979 Marcus Avenue, Lake Success, NY 11042-1072

Administration: (516) 686-9790 • Patient Services: (516) 231-9767

Email: esrdnetworkprogram@ipro.org • Web: esrd.ipro.org

IPRO, the End-Stage Renal Disease Organization for the Network of New England, Network of New York, Network of the South Atlantic, and Network of the Ohio River Valley, prepared this material under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. CMS Contract Number: 75FCMC19D0029. CMS Task Order Numbers: 75FCMC21F0001 (Network 1), 75FCMC21F0002 (Network 2), 75FCMC21F0003 (Network 6), 75FCMC21F0004 (Network 9). Publication # ESRD.IPRO-GA-NW-20231026-252 v3 10/31/2023 vb