

## D-Notes from Network #15

### Important April Dates:

- April 1<sup>st</sup> – Facility Update Reports Due
- April 10<sup>th</sup> – February PARs Due
- April 29<sup>th</sup> – First Quarter Rosters to be Mailed by Network #15

### Recover Function Events Will be Scrutinized

Network #15 is working with the Centers for Medicare & Medicaid Services (CMS) to examine the increasing number of patients who are being reported as having recovered kidney function within a short period of time. Although 99% of these patients have a signed CMS-2728 Form attesting to the fact that they are chronic, our statistics show that once they recover, 6 out of 7 (86%) never return to dialysis, leading to the conclusion that these patients are suffering from acute renal failure.

Please note that the *Instruction Manual for Renal Providers* states:

**“The [CMS-2728] Form SHOULD NOT be completed for those patients who are in acute renal failure. Acute renal failure is a condition in which kidney function can be expected to recover after a short period of dialysis, i.e., several weeks or months.”**

If these patients are truly acute, they should NOT be reported to the Network on the PAR, should NOT have a 2728 submitted, and facilities should NOT be billing Medicare for chronic dialysis for these individuals.

Federal regulations do not prohibit dialyzing acute patients. However, a facility may not bill CMS for patients who are not deemed as having chronic ESRD. Some states may have state licensing laws that would impact the ability to dialyze individuals with acute renal failure. Facilities located in a state that permits dialysis for patients in acute renal failure need to make sure that their local computer system (REGGIE, SNAPPY, PROTON, etc.) clearly distinguishes patients who are acute, and those patients should not be reported to the Network and CMS.

As a portion of our review of this issue, CMS has asked Network #15 to conduct case reviews that look at the clinical course for patients who recover function in a short period of time. If your facility has a patient who was reported to the Network as having end-stage renal disease, and shortly thereafter was reported as having recovered renal function, we will request that you forward all information available for the patient, including:

- Initial admission assessment and subsequent re-assessments
- Care plans
- Progress notes, including SW, RD, MD, RN
- Dialysis prescription
- Medication list (please include all medications past & present)
- Physician orders
- Hospital discharge summary documentation

### Network #15 Data Dept

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[www.esrdnet15.org](http://www.esrdnet15.org)