

CMS 2746

DEATH NOTIFICATION

- **Both** Social Security Number and Medicare Number (if applicable) now required (See fields 2 & 5)

2. Medicare Claim Number
5. Social Security Number

- Modality at Death (Field 9)
 - If discontinued Dialysis prior to Death use last know modality

9. Modality at Time of Death

- a. Incenter Hemodialysis b. Home Hemodialysis c. CAPD d. CCPD e. Transplant f. Other

2746 – FIELD 12

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: _____

You must use the codes on the back of the form.

If you use “98 – Other” you must enter a narrative in line C



2746 – FIELD 13 AND 14

IF YOU CHECK YES, you MUST:

Check one (1) a – e (reason for discontinuation of dialysis)

- Complete f (Date of last treatment)
- Complete Field 14 (allows for unknown)

This field is the most common error on the 2746.

13. Renal replacement therapy discontinued prior to death: Yes No

If yes, check one of the following:

- a. Following HD and/or PD access failure
- b. Following transplant failure
- c. Following chronic failure to thrive
- d. Following acute medical complication
- e. Other
- f. Date of last dialysis treatment

____ / ____ / ____
Month Day Year

14. Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?

- Yes No
- Unknown Not Applicable

CMS 2746 - DEATH NOTIFICATION

Must be Submitted for any active patient at facility at time of death. Due in Network office within 30 days of date of death.

Also Required if death occurs within 30 days of last treatment at facility when patient chooses to discontinue dialysis treatment.