

## Release 1.2 Kidney Data Dictionary

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## 1 DEFINITIONS

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Term	Definition
<b>Synonym</b>	Column that designates an alternative name for the data element.
<b>Includes</b>	Column that designates a reference to a similar field's format, definition, or requirements.
<b>Mandatory</b>	Field must be populated, but cannot be populated with NULL or spaces.
<b>0-n</b>	Format used to indicate that multiple values may be selected for the data element.
<b>Adult</b>	Patient age is 18 or older.
<b>Pediatric (Ped)</b>	Patient age is under 18.
<b>Treatment</b>	Group of data elements managed by active treatment facility.
<b>History</b>	Group of data elements that are not actively managed after initial entry.
<b>Grouping</b>	Column that designates a specific separation of record types or sub-modules within a tab in the KDD.
<b>Soft Edit (SE)</b>	A checking and correction process that allows data in which problems have been identified to be accepted by a computer system (provide warning and allow override).

## 2 GLOBAL REQUIREMENTS

### 2.1 General - Global

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
2.1.1	RQMT_811		Logout	Logout	Allows a user to logout of the system.		Hyperlink	~ Not mandatory ~ Upon selection, the System logs the user out of the System.
2.1.2	RQMT_812		Time Out	MM:SS	A 15-minute count-down clock, which indicates the time a user, has left in the system prior to automatically being logged out.		~ MM:SS ~ System generated	~ System Generated ~ Mandatory

## 2.2 Electronic Data Transfers - Blank

### 2.2.1 CPM Extract - Blank

## 2.3 Search - Blank

### 2.3.1 General - Search - Blank

## 2.4 User Interfaces - Blank

### 2.4.1 PART

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
2.4.1.1	RQMT_783		Filter	Filter	Indicates the search criteria to filter and display patients when performing the PART Verification.	~ All Patients ~ Current Patients ~ Discharged Patients ~ Dialysis Facility/Center Patients ~ Home Patients ~ New Patients ~ No PART >30 Days ~ Transient Patients	Dropdown	~ Not mandatory  ~ Upon selection of a permissible data value, system shall filter and display only those patients that fall in under the category according to the permissible data value  ~ Default to permissible data value of 'All Patients'
2.4.1.2	RQMT_784		Use Date Range	Use Date Range	Indicates the date range a user can enter or select to note the 'Begin' and 'End' date.		Checkbox	~ Not mandatory
2.4.1.3	RQMT_785		Date Range	Blank	Indicates the date range a	See Format	Date(10) mm/dd/yyyy	~ Not mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			From -> To		user can enter or select to note the 'Begin' and 'End' date.		Date(10) mm/dd/yyyy	
2.4.1.4	RQMT_786		Verify All/None CheckBox	All/None	Allows users to check/uncheck all/none of the patients displayed on-screen, while performing the PART Verification.		Checkbox	~ Not mandatory
2.4.1.5	RQMT_787		Verify Each Patient CheckBox	Blank	Indicates a checkbox that allows a user to check/select a particular patient from the PART Verification list.		Checkbox	~ Not mandatory
2.4.1.6	RQMT_153	KDD BR 4.1 ID 57	Verification Date	Verification	Indicates the date that the patient record was verified either through the PART Single User Interface or via Batch submission.	See Format	Date(10) mm/dd/yyyy	~ System generated date = to current date user selects and submits verification for patient record(s) through the PART Single User Interface
2.4.1.7	RQMT_788		Verify By	Verification	Indicates the user who verifies the patient record through the PART Single User Interface.		System Generated	~ System generated of user name upon verify of data.

## **2.5 User Roles and Scope - Blank**

## **2.6 Validation - Blank**

### 3 FACILITY

#### 3.1 General - Facility

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3.1.1	RQMT_1	KDD BR 3.1 ID 59	CROWN Facility Unique Identifier	CROWN FAC ID	System-generated unique characters used in CROWNWeb to identify facilities.	See Field Level Requirements	~ Integer ~ System generated	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin: System Admin = Read
3.1.2	RQMT_2	KDD BR 3.1 ID 1	Facility Legal Name	Facility Legal Name	Indicates the facility's legal	See Field Level Requirements	Text (75)	~ Mandatory  ~ Facility User Role: Facility Viewer =



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					name.			Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.3	RQMT_37	KDD BR 3.1 ID 27	Facility "Doing Business As" (DBA) Name	Initial Certification Date	Indicates the facility's 'doing business as' name.	~ User may indicate that this value is the same as the Facility Legal Name value.	Text(75)	~ Mandatory  ~ If same as Facility Legal Name indicator is selected, then Facility DBA Name value must be populated with the Facility Legal Name value.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.4	RQMT_778		Facility DBA Name Same as Legal Name	Facility DBA Name Same as Legal Name	Facility DBA Name Same as Legal Name checkbox		Checkbox	~ Not Mandatory  ~ Upon check in checkbox, populate the Facility DBA Name (KDDRQMT_249)

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								with the Facility Legal Name (KDDRQMT_2)
3.1.5	RQMT_11	KDD BR 3.1 ID 8	CMS Certification Number (CCN)	Facility CCN	Indicates the facility's Medicare certified number assigned by CMS.	See Field Level Requirements	Text (6)	<p>~ Mandatory if Provider Use Type (KDDRQMT_66) = Medicare</p> <p>~ Must be 6 characters in length.</p> <p>~ First 5 characters must be numeric.</p> <p>~ Last character must be numeric, "F", or "P".</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read, Update Network Facility Editor = Read, Update Network Admin =</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.6	RQMT_12	KDD BR 3.1 ID 9	National Provider Identifier (NPI)	Facility NPI	Indicates the facility's National Provider Identifier (NPI).	See Field Level Requirements	Number (10)	~ Mandatory  ~ Numeric only  ~ Must be 10 digits in length.  ~ The first 9 positions are the identifier and the last position is a check digit. The check digit must be valid according to the NPI Validation tab  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, update Facility Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.7	RQMT_10	KDD BR 3.1 ID 58	Network Number	Network	Indicates the ESRD Network where the facility resides.	~ 1-18  ~ Only contain Network values associated with the user.	Dropdown	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.8	RQMT_13	KDD BR 3.1 ID 10	Network Facility Code	Network Facility Code	Indicates the ESRD Network assigned and maintained facility code.		Text (10)	~ Not mandatory  ~ Alphanumeric  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.9	RQMT_14	KDD BR 3.1 ID 11	Organization Facility Code	Organizational Facility Code	Indicates the facility code if one is assigned by the facility's Corporate Organization.		Text (255)	~ Not mandatory  ~ Text  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read,

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.10	RQMT_45	KDD BR 3.1 ID 35	Facility Phone Number	Phone	Indicates the facility's main phone number.	See Field Level Requirements	~ Area code: Text(3) ~ Phone number: Text(8)	~ Mandatory  ~ Area code value is Numeric only  ~ Area code is 3 digits in length  ~ Phone number must contain 7 digits  ~ Phone number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.11	RQMT_46	KDD BR 3.1 ID 36	Facility Phone Number Extension	Extension	Indicates the extension number for the facility's main phone number.		Text (6)	~ Not mandatory  ~ Numeric only  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.12	RQMT_48	KDD BR 3.1 ID 38	Facility Fax Number	Fax	Indicates facility's main fax number.	See Field Level Requirements	~ Area code: Text(3) ~ Fax number: Text(8)	<p>~ Mandatory</p> <p>~ Area code value is Numeric only</p> <p>~ Area code is 3 digits in length</p> <p>~ Fax number must contain 7 digits</p> <p>~ Fax number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.13	RQMT_49	KDD BR 3.1 ID 39	Facility Website	Website	Indicates the facility's website address (URL).		Text(75) sub-domain.extension	~ Not mandatory  ~ Value may not contain a space  ~ Value must contain at least one

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								period (".")  ~ A sub-domain may not contain a period immediately followed by another period ("..")  ~ Extension must be between 2 and 6 characters in length  ~ Extension may only contain characters a-z  ~ Entire value must be at least 4 characters in length  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.14	RQMT_3	KDD BR 3.1 ID 2	Facility Street Address (Physical)	Physical Address	Indicates the physical street address of the facility.	See Field Level Requirements	Text (75)	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read,

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Update CMS Admin = Read
								~ System Admin: System Admin = Read, Update
3.1.15	RQMT_4	KDD BR 3.1 ID 3	Facility Street Address 2 (Physical)	Blank	Indicates the physical street address 2 of the facility.		Text (75)	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3.1.16	RQMT_7	KDD BR 3.1 ID 6	Facility Zip Code (Physical)	Zip Code	Indicates the zip code of the facility's physical address.	See Field Level Requirements	Text (5)	~ Mandatory ~ Numeric only ~ Must be 5 digits ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read ~ System Admin: System Admin = Read, Update
3.1.17	RQMT_8	KDD BR 3.1 ID 7	Facility +4 Zip	Blank	Indicates the +4		Text (4)	~ Not mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			Code (Physical)		code that follows the zip code for the facility's physical address.			~ Numeric only ~ Must be 4 digits ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read ~ System Admin: System Admin = Read, Update
3.1.18	RQMT_5	KDD BR 3.1 ID 4	Facility City (Physical)	City	Indicates the physical city in	See Field Level Requirements	Text (75)	~ Mandatory ~ Facility User Role: Facility Viewer =



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					which the facility is located.			Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.19	RQMT_9	KDD BR 3.1 ID 15	Facility County (Physical)	County	Indicates the county in which the facility's physical address is located.	Taken from 3rd party software - too many to add here.	Drop-down	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.20	RQMT_6	KDD BR 3.1 ID 5	Facility State (Physical)	State	Indicates the state in which the facility's physical address is located.	~ Must be a state or territory listed in the State tab. ~ The State will be spelled out; not abbreviated.	Dropdown	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.21	RQMT_38	KDD BR 3.1 ID 76	Mailing Address equal Physical Address	Mailing Address Same as Physical Address	Indicates that the mailing address is the same as the physical address.		Check box	<p>~ Not Mandatory</p> <p>~ If set to true, then facility's mailing street address, street address 2, city, state, zip code and +4 zip code will be populated with the corresponding physical address values.</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Roles: Network Viewer = Read  Network Patient Editor = Read  Network Facility Editor = Read, Update  Network Admin = Read</p> <p>~ CMS User Roles:  CMS Viewer = Read  CMS Editor = Read, Update  CMS Admin = Read</p> <p>~ System Admin:  System Admin = Read, Update</p>
3.1.22	RQMT_39	KDD BR 3.1 ID 28	Facility Street Address (Mailing)	Mailing Address	Indicates the facility's mailing street address.	See Field Level Requirements	Text(75)	<p>~ Mandatory</p> <p>~ If same as facility's physical address indicator is selected, then mailing street address value must be populated with the physical street address value.</p> <p>~ Facility User Role:  Facility Viewer = Read  Facility Editor = Read, Update</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.23	RQMT_40	KDD BR 3.1 ID 29	Facility Street Address 2 (Mailing)	Blank	Indicates the facility's mailing street address.		Text(75)	~ Not mandatory  ~ If same as facility's physical address indicator is selected, then mailing street address 2 must be populated with the physical street address 2 values.  ~ Facility User Role:

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.24	RQMT_43	KDD BR 3.1 ID 33	Facility Zip Code (Mailing)	Zip Code	Indicates the zip code for the facility's mailing address.		Text(5)	~ Mandatory  ~ Numeric only  ~ Must be 5 digits  ~ If same as facility's physical address indicator is

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>selected, then mailing zip code must be populated with the physical zip code value.</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.25	RQMT_44	KDD BR 3.1 ID	Facility +4 Zip	Blank	Indicates the +4	See Field Level	Text(4)	~ Not mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		34	Code (Mailing)		code that follows the zip code for the facility's mailing address.	Requirements		<p>~ Numeric only</p> <p>~ Must be 4 digits</p> <p>~ If same as facility's physical address indicator is selected, then mailing +4 zip code must be populated with the physical +4 zip code value.</p> <p>~ Facility User Role:  Facility Viewer = Read  Facility Editor = Read, Update  Facility Admin = Read</p> <p>~ Network User Roles:  Network Viewer = Read  Network Patient Editor = Read  Network Facility Editor = Read, Update  Network Admin = Read</p> <p>~ CMS User Roles:  CMS Viewer = Read  CMS Editor = Read, Update</p>



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								CMS Admin = Read ~ System Admin: System Admin = Read, Update
3.1. 26	RQMT_ 41	KDD BR 3.1 ID 30	Facility City (Mailing)	City	Indicates the city in which the facility's mailing address is located.	See Field Level Requirements	Text(75)	~ Mandatory  ~ If same as facility's physical address indicator is selected, then mailing city must be populated with the physical city value.  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.27	RQMT_779		Facility County (Mailing)	County	Indicates the county in which the facility's mailing address is located.	Drop Down Values are taken from 3rd party software. Too many to put in this area.	Drop-down	~ Mandatory
3.1.28	RQMT_42	KDD BR 3.1 ID 32	Facility State (Mailing)	State	Indicates the state in which the facility's mailing address is located.	~ Must be a state or territory listed in the State Tab. ~ State must be spelled out in this field; not abbreviated.	Dropdown	~ Mandatory  ~ If same as facility's physical address indicator is selected, then mailing state must be populated with the physical state value.  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.29	RQMT_50	KDD BR 3.1 ID 40	Facility Primary Contact First Name	Name	Indicates the primary contact personnel's legal first name.	Value determined by person with the Primary Contact job code for this facility.	Display only	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin: System Admin = Read
3.1.30	RQMT_51	KDD BR 3.1 ID 41	Facility Primary Contact Last Name	Name	Indicates the primary contact personnel's legal last name.	Value determined by person with the Primary Contact job code for this facility.	Display only	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin:

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								System Admin = Read
3.1.31	RQMT_52	KDD BR 3.1 ID 42	Facility Primary Contact Phone Number	Phone	Indicates the primary contact personnel's business phone number.	Value determined by person with the Primary Contact job code for this facility.	Display Only	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin: System Admin = Read
3.1.32	RQMT_53	KDD BR 3.1 ID 43	Facility Primary Contact Phone Number Extension	Extension	Indicates the extension number for the primary	Value determined by person with the Primary Contact job code for this	Display Only	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					contact personnel's business phone number.	facility.		Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin: System Admin = Read
3.1.33	RQMT_54	KDD BR 3.1 ID 44	Facility Primary Contact E-Mail	E-Mail	Indicates the primary contact personnel's preferred e-mail address.	Value determined by person with the Primary Contact job code for this facility.	Display Only	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Editor = Read Network Facility Editor = Read Network Admin = Read Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin: System Admin = Read Read
3.1.34	RQMT_29	KDD BR 3.1 ID 18	Program Type	Program Type	Indicates whether facility is a transplant or dialysis facility.	~ 1-Dialysis ~ 4-Transplant	Drop-down	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles:

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.35	RQMT_30	KDD BR 3.1 ID 19	Facility Status	Status	Indicates whether facility is open or closed.	~ Open ~ Closed	Drop-down	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin:



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								System Admin = Read, Update
3.1.36	RQMT_32	KDD BR 3.1 ID 21	Date Opened	Date Opened	Indicates the date the facility opened.	See Field Level Requirements	Date (10) mm/dd/yyyy	~ Mandatory  ~ Must be on or prior to the initial Certification Date  ~ Must be on or prior to the Date Closed  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ System Admin: System Admin = Read, Update
3.1. 37	RQMT_ 33	KDD BR 3.1 ID 22	Date Closed	Date Closed	Indicates the date the facility closed permanent ly -- not temporari ly due to a disaster.	See Field Level Requirements	Date (10) mm/dd/yyyy	~ Mandatory if Facility Status = Closed  ~ Must be on or after the Date Opened  ~ Must be on or after the Initial Certification Date (if populated)  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.38	RQMT_34	KDD BR 3.1 ID 23	Effective Date	Effective Date	Indicates the date the facility's change of ownership was effective.	See Field Level Requirements	Date (10) mm/dd/yyyy	~ Mandatory when Owned By is changed  ~ Must be on or after the Date Opened  ~ Must be on or after the Initial Certification Date (if populated)  ~ Must be on or prior to the Date Closed  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.39	RQMT_66	KDD BR 3.1 ID 56	Provider Use Type	Provider Use Type	Indicates the type of program for which the facility has been certified.	~ Pending Certification ~ Medicare ~ Prison ~ Acute ~ DME Supplier ~ Military ~ Special Purpose ~ Air force ~ Army ~ Navy ~ Other ~ VA	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.40	RQMT_55	KDD BR 3.1 ID 45	Location Type	Location Type	Indicates the type of location where services are provided.	~ Hospital-Based ~ Free-Standing ~ Satellite	Dropdown	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read,

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.41	RQMT_31	KDD BR 3.1 ID 20	Profit Status	Profit Status	Indicates whether the facility is for profit or not for profit.	~ Profit ~ Non-Profit	Drop-down	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3.1.42	RQMT_35	KDD BR 3.1 ID 25	Hospital CMS Certification Number (CCN)	Hospital CCN	The six-digit "parent hospital" number assigned by CMS to a hospital-related provider at the time it is certified. (For ESRD hospital units assigned both a 2300-series number and a "parent hospital" number, this is the parent hospital number).	See Field Level Requirements	Text(6)	<p>~ Mandatory if Location Type = Hospital-Based</p> <p>~ Must be 6 characters in length.</p> <p>~ Numeric only</p> <p>~ 3rd and 4th positions must be "23"</p> <p>~ Facility User Role:  Facility Viewer = Read  Facility Editor = Read  Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read  Network Patient Editor = Read  Network Facility Editor = Read,  Update  Network Admin = Read</p> <p>~ CMS User Roles:  CMS Viewer = Read  CMS Editor = Read,  Update</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								CMS Admin = Read ~ System Admin: System Admin = Read, Update
3.1.43	RQMT_15	KDD BR 3.1 ID 12	Organizational Affiliation	Organizational Affiliation	Indicates the dialysis organization that the facility states they are affiliated with.	~ Must be an ID for an affiliation listed in the Affiliation Tab.	Dropdown	~ Mandatory ~ If "Other" selected, then the "Other" text field is mandatory. ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ System Admin: System Admin = Read, Update
3.1.44	RQMT_16	KDD BR 3.1 ID 71	Other Organizational Affiliation	If Other, Please Enter Name	Indicates the dialysis organization that the facility states they are affiliated with, and the value is not contained within the standard affiliations.	See Field Level Requirements	Text (40)	~ Mandatory if Organizational Affiliation = Other  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3.1.45	RQMT_27	KDD BR 3.1 ID 17	Owned By	Owned By	Indicates who owns the facility.	~ Must be an ID for an affiliation listed in the Affiliation Tab.	Dropdown	<p>~ Mandatory</p> <p>~ If "Other" is selected, then the "Other" text field is mandatory.</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.	RQMT_	KDD BR	Other	If	An	See Field	Text (40)	~ Mandatory if

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
46	28	3.1 ID 75	Owned By	Other, Please Enter Name:	alternative affiliation who owns the facility that was not included in the standard list of affiliations.	Level Requirements		<p>Owned By (KDDRQMT_27) = Other</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1. 47	RQMT_25	KDD BR 3.1 ID 16	Managed By	Managed By	Indicates who manages the	~ Must be an ID for an affiliation listed in the	Drop-down	<p>~ Not mandatory</p> <p>~ If "Other" is selected, then the</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					facility; may not be the same as ownership.	Affiliation Tab.		<p>"Other" text field is mandatory.</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.48	RQMT_26	KDD BR 3.1 ID 74	Other Managed By	If Other, Please Enter Name	An alternative affiliation who manages	See Field Level Requirements	Text (40)	<p>~ Mandatory if Managed By = Other</p> <p>~ Facility User Role: Facility Viewer =</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					the facility that was not included in the standard list of affiliations.			Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.49	RQMT_17	KDD BR 3.1 ID 72	Back-up Facility #1 CROWN Unique Facility Identifier	Blank	CROWNWeb unique facility identifier for the facility's primary back-up facility.	~ Must be a valid CROWN Facility Unique Identifier.	System generated	~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Viewer = Read  Network Patient Editor = Read  Network Facility Editor = Read  Network Admin = Read</p> <p>~ CMS User Roles:  CMS Viewer = Read  CMS Editor = Read  CMS Admin = Read</p> <p>~ System Admin:  System Admin = Read</p>
3.1.50	RQMT_18	KDD BR 3.1 ID 61	Back-up Facility #1 DBA Name	Back-up Facility #1 DBA Name	Indicates the "doing business as" (DBA) name of the facility's primary back-up facility.	~ Must be a valid Facility DBA Name based on the Back-up Facility CCN or NPI populated.	Dropdown	<p>~ Upon selection of valid DBA Name for Backup facility #1 (KDDRQMT_37), auto-populate #1 backup facility's CROWN UPI (KDDRQMT_111), CCN (KDDRQMT_11), and NPI (KDDRQMT_12).</p> <p>~ Facility User Role:  Facility Viewer = Read  Facility Editor = Read, Update  Facility Admin = Read</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.51	RQMT_19	KDD BR 3.1 ID 62	Back-up Facility #1 CMS Certification Number (CCN)	Back-up Facility #1 CCN	Indicates the CCN of the facility's primary back-up facility.	~ Must be a CCN that exists in CROWNWeb.	Text(6)	~ Must be 6 characters in length.  ~ First 5 characters must be numeric.  ~ Last character must be numeric, "F", or "P".  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.52	RQMT_20	KDD BR 3.1 ID 13	Back-up Facility #1 National Provider Identifier (NPI)	Back-up Facility #1 NPI	Indicates the NPI of the facility's primary back-up facility.	See Field Level Requirements	Number(10)	~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.53	RQMT_21	KDD BR 3.1 ID 73	Back-up Facility #2 CROWN Unique Facility Identifier	Blank	CROWNWeb unique facility identifier for the facility's secondary back-up facility.	~ Must be a valid CROWN Facility Unique Identifier.	System generated	~ Not mandatory  ~ Back-up Facility Status cannot equal "Closed"  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin: System Admin = Read
3.1.54	RQMT_22	KDD BR 3.1 ID 63	Back-up Facility #2 DBA Name	Back-up Facility #2 DBA Name	Indicates the "doing business as" (DBA) name of the facility's secondary back-up facility.	~ Must be a valid Facility DBA Name based on the Back-up Facility CCN or NPI populated.	Dropdown	~ Not mandatory  ~ Back-up Facility Status (KDDRQMT_30) cannot equal "Closed".  ~ Upon selection of valid DBA Name (KDDRQMT_37) for Backup facility #2, auto-populate #2 backup facility's CROWN UPI (KDDRQMT_111), CCN (KDDRQMT_11), and NPI (KDDRQMT_12).  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.55	RQMT_23	KDD BR 3.1 ID 64	Back-up Facility #2 CMS Certification Number (CCN)	Back-up Facility #2 CCN	Indicates the CCN of the facility's secondary back-up facility.	~ Must be a CCN that exists in CROWNWeb.	Text(6)	~ Not mandatory  ~ Must be 6 characters in length.  ~ First 5 characters must be numeric.  ~ Last character must be numeric, "F", or "P".  ~ Facility User Role: Facility Viewer =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read Facility Editor = Read Facility Admin = Read Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.56	RQMT_24	KDD BR 3.1 ID 14	Back-up Facility #2 National Provider Identifier (NPI)	Back-up Facility #2 NPI	Indicates the NPI of the facility's secondary back-up facility.		~ Auto-populate based on the entry of the CCN or NPI or can be entered by the end user	~ Mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.57	RQMT_65	KDD BR 3.1 ID 54	Certification Type	Certification Type	Certification code assigned to the CMS Certification Number in OSCAR.	~ 1 - Transplant Center ~ 2 - Dialysis Center ~ 3 - Dialysis Facility: Hospital ~ 4 - Dialysis Facility: Non-Hospital ~ 5 - Transplant & Dialysis Center ~ 6 - Special	Drop-down	~ Mandatory if Provider Use Type = "Medicare"  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
						Purpose Facility ~ 7 - Inpatient Care Only		Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.58	RQMT_59	KDD BR 3.1 ID 49	Medicare Certified Services Offered	Medicare Certified Services Offered	Indicates all of the Medicare-certified services the facility offers.	Must include a Medicare-certified services list in the Service Tab.	Check box	~ Mandatory if Provider Use Type = "Medicare"  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Network Admin = Read</p> <p>~ CMS User Roles:            CMS Viewer = Read            CMS Editor = Read, Update            CMS Admin = Read</p> <p>~ System Admin:            System Admin = Read, Update</p>
3.1.59	RQMT_60	KDD BR 3.1 ID 50	Additional Services Offered (Non-Medicare)	Additional Services Offered (Non-Medicare)	Indicates all additional or non-certified services the facility offers.	Must be an Additional or Non-Medicare Certified Service listed in the Service Tab.	Check box	<p>~ Not mandatory</p> <p>~ Facility User Role:            Facility Viewer = Read            Facility Editor = Read, Update            Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read            Network Patient Editor = Read            Network Facility Editor = Read, Update            Network Admin = Read</p> <p>~ CMS User Roles:            CMS Viewer = Read            CMS Editor = Read,</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Update CMS Admin = Read
								~ System Admin: System Admin = Read, Update
3.1.60	RQMT_36	KDD BR 3.1 ID 26	Initial Certification Date	Initial Certification Date	Indicates the date the facility was initially certified by Medicare.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Provider Use Type = "Medicare"  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin:



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								System Admin = Read, Update
3.1.61	RQMT_56	KDD BR 3.1 ID 46	Certified Number of Stations	Certified Number of Stations	The total number of stations that are Medicare certified at the facility.	0-999	Number(3)	~ Mandatory if Provider Use Type = "Medicare"  ~ Numeric Only  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3.1.62	RQMT_57	KDD BR 3.1 ID 47	Number of Isolation Stations	Number of Isolation Stations	The total number of isolations stations at the facility.	0-999	Number(3)	~ Mandatory ~ Numeric Only ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read ~ System Admin: System Admin = Read, Update
3.1.63	RQMT_58	KDD BR 3.1 ID 48	Total Number of Stations	Total Number of Stations	The total number of stations available	0-999	Number(3)	~ Mandatory ~ Numeric Only

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			Available	Available	for use at the facility.			<p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.64	RQMT_61	KDD BR 3.1 ID 52	Facility Open Time	Open Time	Indicates the time that the facility opens each day of the week.	<p>~ hh (Hours) are 1-12</p> <p>~ mm (Minutes - in 15-minute increments) are 00, 15,</p>	Time(8) hh:mm AM	<p>~ Mandatory for each day of the week unless Not Open is not indicated for particular days of the week</p> <p>~ If Facility Status =</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
						30, or 45  ~ AM or PM (default to AM)		<p>Closed, then this field should be blank</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.65	RQMT_62	KDD BR 3.1 ID 57	Facility Close Time	Close Time	Indicates the time that the facility closes	~ hh (Hours) are 1-12  ~ mm (Minutes - in	Time(8) hh:mm PM	~ Mandatory for each day of the week unless Not Open is not indicated for particular days of

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					each day of the week.	15-minute increments) are 00, 15, 30, or 45  ~ AM or PM (default to PM)		the week  ~ If Facility Status = Closed, then this field should be blank  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.66	RQMT_63	KDD BR 3.1 ID	Number of Shifts	Number of Shifts	The number of	0-99	Number(2)	~ Mandatory for each day of the

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		53			dialysis shifts the facility offers each day of the week.			<p>week unless Not Open is not indicated for particular days of the week</p> <p>~ If Facility Status = Closed, then this field should be blank</p> <p>~ Facility User Role:  Facility Viewer = Read  Facility Editor = Read, Update  Facility Admin = Read</p> <p>~ Network User Roles:  Network Viewer = Read  Network Patient Editor = Read  Network Facility Editor = Read, Update  Network Admin = Read</p> <p>~ CMS User Roles:  CMS Viewer = Read  CMS Editor = Read, Update  CMS Admin = Read</p> <p>~ System Admin:  System Admin =</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Read, Update
3.1.67	RQMT_64	KDD BR 3.1 ID 55	Facility Not Open	Not Open	Indicates that the facility is not open for business on the identified day of the week.		Check box	<p>~ Not mandatory</p> <p>~ If checked for a day, then Facility Open Time, Facility Close Time, and Number of Shifts for that day may not be populated.</p> <p>~ Facility User Role:  Facility Viewer = Read  Facility Editor = Read, Update  Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read  Network Patient Editor = Read  Network Facility Editor = Read, Update  Network Admin = Read</p> <p>~ CMS User Roles:  CMS Viewer = Read  CMS Editor = Read, Update  CMS Admin = Read</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ System Admin: System Admin = Read, Update
3.1.68	RQMT_73	KDD BR 3.1 ID 77	Facility Submit Date	Submit Date	Indicates the date that the most recent facility record was submitted.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ System generated based on most recent date that the Facility record was successfully submitted without any validation errors.  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read CMS Admin = Read  ~ System Admin:



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								System Admin = Read
3.1. 69	RQMT_ 77	KDD BR 3.1 ID 204	Facility Default Body Surface Area Method	Default BSA Method (PD)	Indicates method by which Body Surface Area was calculated.	~ Dubois & Dubois ~ Other	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1. 70	RQMT_ 74	KDD BR 3.1 ID 201	Facility Default Kt/V HD Method	Default Kt/V Method (HD)	Indicates facility's default method	~ UKM ~ Daugirdas II ~ Depner ~ Derived	Dropdown	~ Not mandatory  ~ Facility User Role: Facility Viewer =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					that their laboratory normally uses to calculate the HD Kt/V.	from URR, no patient weight ~ Other		Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.71	RQMT_76	KDD BR 3.1 ID 203	Facility Default Kt/V PD Method	Default V Method (PD)	Indicates the facility's default method that their laboratory normally uses to calculate	~ % Body Weight ~ Hume ~ Watson ~ Other	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					the volume for PD Kt/V.			<p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.72	RQMT_82	KDD BR 3.1 ID 209	Facility Default Patient Height Unit of Measure	Default Patient Height Unit of Measure	Indicates the facility's default unit of measurement for patient height.	~ in ~ cm	Drop-down	<p>~ Not mandatory</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.73	RQMT_81	KDD BR 3.1 ID 208	Facility Default Patient Weight Unit of Measure	Default Patient Weight Unit of Measure	Indicates the facility's default unit of measurement for patient weight.	~ lb ~ kg	Drop-down	<p>~ Not mandatory</p> <p>~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read</p> <p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles:</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.74	RQMT_78	KDD BR 3.1 ID 205	Facility Default Residual Renal Function Assessed in Calculating Kt/V?	RRF Assessed in Kt/V	Indicates whether the standard process of assessing Residual Renal Function was performed when calculating the weekly Kt/V.	~ Yes ~ No	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin:

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								System Admin = Read, Update
3.1.75	RQMT_80	KDD BR 3.1 ID 207	Facility Default Pre Pump Pressure Frequency	Default Pre-Pump Pressure Frequency	Indicates the facility's default frequency for measuring the pre-pump pressure before the HD session.	~ At each treatment ~ Weekly ~ Monthly ~ Other	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.76	RQMT_79	KDD BR 3.1 ID 206	Facility Default Vascular Access	Default Vascular Access Physical	Indicates the facility's default	~ At each treatment ~ Weekly ~ Monthly	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer =

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			Physical Examination Frequency	Examination Frequency	frequency for examining the access method.	~ Other		Read Facility Editor = Read, Update Facility Admin = Read  ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read  ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read  ~ System Admin: System Admin = Read, Update
3.1.77	RQMT_75	KDD BR 3.1 ID 202	Facility Default Lab Method for Serum Albumin	Default Lab Method for Serum Albumin	Indicates the facility's default method that its laboratory normally uses to calculate	~ BCG ~ BCP	Drop-down	~ Not mandatory  ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					the Serum Albumin.			<p>~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read</p> <p>~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read</p> <p>~ System Admin: System Admin = Read, Update</p>
3.1.78	RQMT_47	KDD BR 3.1 ID 37	Facility E-Mail	Facility E-Mail	Indicates the facility's primary e-mail address.		Text(75) account@subdomain[.subdomainN[...]][.extension]	<p>~ Not mandatory</p> <p>~ Value may not contain a space</p> <p>~ Value must contain at least one "@" symbol to separate the account and the domain in the email format</p> <p>~ The format of the account may contain any character in the ASCII encoding</p>



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>(may contain anything, even a "@" symbol)</p> <p>~ Value must contain at least one character before the last "@" symbol; the account must be at least one character in length</p> <p>~ Value must contain at least one period (".") after the last "@" symbol</p> <p>~ Value must not have a period (".") in the position immediately following the last "@" symbol</p> <p>~ A sub-domain may not contain a period immediately followed by another period ("..")</p> <p>~ Extension must be between 2 and 6 characters in length</p> <p>~ Extension may only contain</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								characters a-z ~ Entire value must be at least 6 characters in length ~ Facility User Role: Facility Viewer = Read Facility Editor = Read, Update Facility Admin = Read ~ Network User Roles: Network Viewer = Read Network Patient Editor = Read Network Facility Editor = Read, Update Network Admin = Read ~ CMS User Roles: CMS Viewer = Read CMS Editor = Read, Update CMS Admin = Read ~ System Admin: System Admin = Read, Update

### 3.2 Facility Search

### 3.3 Personnel-Practitioner General

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3.3.1	RQMT_84	KDD BR 3.5 ID 3	CROWN Personnel Unique Identifier	Blank	System-generated unique number used in CROWNWeb to identify personnel.	System Generated	Integer System Generated	~ Mandatory
3.3.2	RQMT_89	KDD BR 3.5 ID 8	Personnel Salutation	Salutation	Address / greeting for an identified personnel.	~ Dr. ~ Mr. ~ Mrs. ~ Ms.	Drop-down	~ Not mandatory
3.3.3	RQMT_86	KDD BR 3.5 ID 5	Personnel First Name	First Name	The person's legal first name.	See Field Level Requirements	Text(35)	~ Mandatory
3.3.4	RQMT_87	KDD BR 3.5 ID 6	Personnel Middle Initial	Middle Initial	The person's legal middle initial.		Text(1)	~ Not mandatory
3.3.5	RQMT_85	KDD BR 3.5 ID 4	Personnel Last Name	Last Name	The person's legal last name.	See Field Level Requirements	Text(35)	~ Mandatory
3.3.6	RQMT_88	KDD BR 3.5 ID 7	Personnel Suffix	Suffix	Indicates the personnel's last name suffix, if there is one.	~ Jr ~ Sr ~ II ~ III ~ IV ~ V ~ VI	Drop-down	~ Not mandatory
3.3.7	RQMT_90	KDD BR	Credentials	Credentials	Indicates the degree or		Text(35)	~ Not mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		3.5 ID 9			certification attained by the identified personnel.			
3.3.8	RQMT_93	KDD BR 3.5 ID 13	Personnel UPIN	UPIN	Unique physician identifier number associated with various medical personnel including MD, Physician's Assistants, Clinical Nurse Specialists, and Nurse Practitioners. This value is assigned to personnel outside the CROWNWeb system.	See Field Level Requirements	Text(6)	~ Mandatory when Personnel National Provider Identifier (NPI) KDDRQMT_94 is blank if Job Code is Facility Medical Director, Other Physician, or Transplant Center Surgeon. ~ Must be 6 characters in length. ~ Valid formats: a) 1st position is alpha and positions 2-6 are numeric; or b) positions 1-3 are alpha and positions 4-6 are numeric.
3.3.9	RQMT_94	KDD BR 3.5 ID 14	Personnel National Provider Identifier (NPI)	Personnel NPI	Indicates the personnel's National Provider Identifier (NPI), which is a standard unique health identifier.	See Field Level Requirements	Text(10)	~ Mandatory when Personnel UPIN KDDRQMT_93 is blank if Job Code is Facility Medical Director, Other Physician, or Transplant

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Center Surgeon. ~ Numeric only ~ Must be 10 digits in length. ~ The first 9 positions are the identifier and the last position is a check digit. The check digit must be valid according to the NPI Validation tab.
3.3.10	RQMT_110	KDD BR 3.5 ID 30	Organization Personnel Unique Identifier	Organization Unique Personnel Identifier	Indicates the organization's unique identifier for the person.		Text(255)	~ Not mandatory
3.3.11	RQMT_780		Inactive Record	Inactive Record	An inactive Record checkbox used to indicate that the record is inactive.		Check box	~ Not mandatory ~ Upon checking 'Inactive Record' checkbox, system shall make record inactive and not display record in any personnel dropdown list located in other modules.
3.3.12	RQMT_781		Job Description	Job Description	Job description selection from the Job Code list.	See Field Level Requirements	Drop-down	~ Mandatory ~ Job Description to be display in alphabetical

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								order in the dropdown menu
3.3.13	RQMT_92	KDD BR 3.5 ID 11	Job Code	Job Code	Standardized job code assigned to a person for their position at their assigned facility. The job codes may not match the facility's job titles, but the end user assigns the closed job code definition.	Must be a Job Code listed in the Job Code Table.	Text box (pre-populates)	~ Mandatory; at least one position must exist for each personnel record. ~ Pre-populated from Job Description
3.3.14	RQMT_91	KDD BR 3.5 ID 10	Job Title	Job Title	Represents the job title of personnel as assigned by a facility. Job titles are not necessarily standardized across facilities.		Text(75)	~ Not mandatory ~ Alphanumeric, allow hyphens, spaces, apostrophes only
3.3.15	RQMT_95	KDD BR 3.5 ID 15	Personnel's Business Name	Business Name	The name of business associated with the identified personnel's physical work address.	User may select one of the facility's DBA Names from the positions assigned to the person.	Text(75)	~ Mandatory ~ If a facility was selected from one of the person's positions, pre-populate field with the selected facility.
3.3.16	RQMT_96	KDD BR	Personnel Street	Address	Indicates the personnel's	See Field Level	Text(75)	~ Mandatory if any other

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		3.5 ID 16	Address (Mailing)		preferred mailing address.	Requirements		address field entered ~ Provide a list of possible mailing street address associated with personnel to select from OR give user option of manually entering mailing address
3.3.17	RQMT_97	KDD BR 3.5 ID 17	Personnel Street Address 2 (Mailing)	Blank	Indicates the personnel's preferred mailing address 2.		Text(75)	~ Not mandatory ~ Provide a list of possible mailing street address 2 associated with personnel to select from OR give user option of manually entering mailing street
3.3.18	RQMT_100	KDD BR 3.5 ID 20	Personnel Zip Code (Mailing)	Zip Code	Indicates the personnel's preferred mailing zip code.	See Field Level Requirements	Text(5)	~ Mandatory if any other address field entered. ~ Numeric only ~ Must be 5 digits ~ Provide a list of possible mailing zip code associated with

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								personnel to select from OR give user option of manually entering mailing zip code
3.3.19	RQMT_101	KDD BR 3.5 ID 21	Personnel + 4 Zip Code (Mailing)	Blank	Indicates the personnel's preferred mailing +4 zip code		Text(4)	~ Not mandatory ~ Numeric only ~ Must be 4 digits ~ Provide a list of possible mailing + zip code associated with personnel to select from OR give user option of manually entering mailing + 4 zip code
3.3.20	RQMT_782		Personnel County	County	The county in which the personnel's mailing address is located.		Drop-down	~ Not mandatory
3.3.21	RQMT_98	KDD BR 3.5 ID 18	Personnel City (Mailing)	City	Indicates the personnel's preferred mailing city.	See Field Level Requirements	Text(75)	~ Provide a list of possible mailing city associated with personnel to select from OR give user option of manually entering mailing city
3.3.22	RQMT_99	KDD	Personnel	State	Indicates the	~ Must be a	Dropdown	~ Mandatory if



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		BR 3.5 ID 19	State (Mailing)		personnel's preferred mailing state.	state or territory listed in the State Tab. ~ State must be spelled out in this field; not abbreviated.		any other address field entered. ~ Provide a list of possible mailing state associated with personnel to select from OR give user option of manually entering mailing state
3.3.23	RQMT_105	KDD BR 3.5 ID 25	Personnel Phone Number (Business)	Business Phone	Indicates the personnel's business phone number.		Area Code: Text(3) Phone Number: Text(8)	~ Not mandatory ~ Area Code value is Numeric only ~ Area Code is 3 digits in length ~ Phone Number must contain 7 digits ~ Phone Number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.
3.3.24	RQMT_106	KDD BR 3.5	Personnel Phone Number	Ext:	Indicates the extension number for the		Text (6)	~ Not mandatory ~ Numeric only

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 26	Extension		personnel's main phone number, if any.			
3.3.25	RQMT_104	KDD BR 3.5 ID 24	Personnel Fax Number	Fax	Indicates the personnel's preferred fax number.		Area Code: Text(3) Fax Number: Text(8)	<ul style="list-style-type: none"> <li>~ Not mandatory</li> <li>~ Area Code value is Numeric only</li> <li>~ Area Code is 3 digits in length</li> <li>~ Fax Number must contain 7 digits</li> <li>~ Fax Number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.</li> </ul>
3.3.26	RQMT_107	KDD BR 3.5 ID 27	Personnel Home Phone	Home Phone	Indicates the personnel's home phone number.	See Field Level Requirements	Area Code: Text(3) Phone Number: Text(8)	<ul style="list-style-type: none"> <li>~ Mandatory for personnel with Facility Disaster Contact and Facility Disaster Contact Back-Up job code positions</li> <li>~ Area Code value is Numeric only</li> <li>~ Area Code is 3 digits in length</li> </ul>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Phone Number must contain 7 digits ~ Phone Number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position. ~ Only viewable by facilities associated with the personnel's positions ~ Only viewable by networks with oversight for facilities that are associated with the personnel's positions.
3.3.27	RQMT_108	KDD BR 3.5 ID 28	Personnel Cell Phone	Cell Phone	Indicates the personnel's cell phone number.	See Field Level Requirements	Area Code: Text(3) Phone Number: Text(8)	~ Mandatory for personnel with Facility Disaster Contact and Facility Disaster Contact Back-Up job code positions ~ Area Code value is Numeric

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>only</p> <ul style="list-style-type: none"> <li>~ Area Code is 3 digits in length</li> <li>~ Phone Number must contain 7 digits</li> <li>~ Phone Number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.</li> <li>~ Only viewable by facilities associated with the personnel's positions</li> <li>~ Only viewable by networks with oversight for facilities that are associated with the personnel's positions.</li> </ul>
3.3.28	RQMT_102	KDD BR 3.5 ID 22	Personnel E-Mail	E-Mail	Indicates the personnel's preferred e-mail address.		Text(75)	<ul style="list-style-type: none"> <li>~ Not mandatory</li> <li>~ Value may not contain a space</li> <li>~ Value must contain at least one "@" symbol to separate the</li> </ul>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>account and the domain in the email format</p> <p>~ The format of the account may contain any character in the ASCII encoding (may contain anything, even a "@" symbol)</p> <p>~ Value must contain at least one character before the last "@" symbol; the account must be at least one character in length</p> <p>~ Value must contain at least one period (".") after the last "@" symbol</p> <p>~ Value must not have a period (".") in the position immediately following the last "@" symbol</p> <p>~ A sub-domain may not contain a period immediately</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>followed by another period ("..")</p> <p>~ Extension must be between 2 and 6 characters in length</p> <p>~ Extension may only contain characters a-z</p> <p>~ Entire value must be at least 6 characters in length</p>
3.3.29	RQMT_103	KDD BR 3.5 ID 23	Alternate Email	Alternate E-Mail	Indicates the personnel's alternate e-mail address.		Text(75)	<p>~ Not mandatory</p> <p>~ Value may not contain a space</p> <p>~ Value must contain at least one "@" symbol to separate the account and the domain in the email format</p> <p>~ The format of the account may contain any character in the ASCII encoding (may contain anything, even a "@" symbol)</p> <p>~ Value must contain at least one character</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>before the last "@" symbol; the account must be at least one character in length</p> <p>~ Value must contain at least one period (".") after the last "@" symbol</p> <p>~ Value must not have a period (".") in the position immediately following the last "@" symbol</p> <p>~ A subdomain may not contain a period immediately followed by another period ("..")</p> <p>~ Extension must be between 2 and 6 characters in length</p> <p>~ Extension may only contain characters a-z</p> <p>~ Entire value must be at least 6 characters in</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								length ~ Only viewable by facilities associated with the personnel's positions ~ Only viewable by networks with oversight for facilities that are associated with the personnel's positions.
3.3.30	RQMT_109	KDD BR 3.5 ID 29	Personnel Submit Date	Submit Date	Indicates the most recent date the personnel record was submitted.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ System generated based on most recent date that the Personnel record was successfully submitted without any validation errors.

### 3.3.31 Personnel Search - Blank



## 4 PATIENT INFORMATION

### 4.1 General - Patient

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.1.1	RQMT_111	KDD BR 4.1 ID 1	CROWN Unique Patient Identifier (UPI)	Blank	Unique identifier for patients.		Integer System Assigned	~ Mandatory ~ System generated
4.1.2	RQMT_113	KDD BR 4.1 ID 2	Patient Last Name	Last Name	The patient's current legal last name.	See Field Level Requirements	Text(35)	~ Mandatory ~ Must be what is on the patient's Social Security card or Medicare card
4.1.3	RQMT_115	KDD BR 4.1 ID 4	Patient First Name	First Name	Indicates the patient's current legal first name.	See Field Level Requirements	Text(35)	~ Mandatory ~ Must be what is on the patient's Social Security card or Medicare card
4.1.4	RQMT_116	KDD BR 4.1 ID 5	Patient Middle Initial	Middle Initial	Indicates the patient's current legal middle initial.		Text(1)	~ Not mandatory ~ Alpha characters ~ No other special characters allowed
4.1.5	RQMT_114	KDD BR 4.1 ID 3	Patient Suffix	Suffix	Indicates the patient's last name suffix, if there is one.	~ 1 - Jr ~ 2 - Sr ~ 3 - II ~ 4 - III ~ 5 - IV ~ 6 - V ~ 7 - VI	Drop-down	~Not mandatory
4.1.6	RQMT_120	KDD BR 4.1 ID 9	Patient Social Security Number	SSN	Indicates the patient's social security number.	See Field Level Requirements	Text(11)	~ Not Mandatory ~ Must be 11 digit with numerical values in positions 1-3, 5-6, and 8-11

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ No special characters or spaces other than hyphen permitted in positions 4 and 7. If user does not enter a hyphen, then system will automatically add the hyphen in that position. ~ Entry cannot be nine digits of the same number (I.e. "11111111") ~ Entry cannot be a sequential number (I.e. "123456789" or "987654321")
4.1.7	RQMT_119	KDD BR 4.1 ID 8	Patient Date of Birth	Date of Birth	The patient's date of birth.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory ~ Must be a valid date ~ Cannot be a future date ~ Validate numeric entry falling between 1850 and current year ~ Display a hard error when the DOB is not valid
4.1.8	RQMT_118	KDD BR 4.1 ID 7	Patient Sex/Gender	Gender	The patient's gender	~ M - Male ~ F - Female	Text(1)	~ Mandatory
4.1.9	RQMT	KDD	Patient	Medicare	Indicates the	See Field Level	Text(11)	~ Mandatory if

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
	_117	BR 4.1 ID 6	Medicare Claim Number	Claim Number	patient's current Medicare health insurance claim number.	Requirements		Current Medical Coverage = Medicare, not required in any other scenario ~ First character valid values are: 0,1,2,3,4,5,6,7,A,B,C,D,E,F,G,{ ~ The values for characters 2-9 must be numeric ~ Length must be no shorter than 10 characters and no longer than 11 characters. ~ BIC (Basic Insurance Code) must be valid (See BIC Tab of KDD) ~ Check if the HICNUM is a RRB number. If so, convert to a valid HICNUM
4.1.1 0	RQMT _129	KDD BR 4.1 ID 18	Patient Ethnicity	Ethnicity	The patient's ethnicity.	~ 6 - Non-Hispanic or Latino ~ 7 - Hispanic or Latino	Drop-down	~ Not mandatory
4.1.1 1	RQMT _131	KDD BR 4.1 ID 20	Patient Race	Race	This field contains the patient's races based on Federal racial	Must be a race code listed in the Race table of the Race tab.	Check box	~ Not mandatory ~ Multiple Selections permitted

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					categories. Multiple categories may be selected.			<p>~ If American Indian/Alaska Native checked, enable Name of Enrolled/Principal Tribe</p> <p>~ If American Indian/Alaska Native unchecked, disable Name of Enrolled/Principal Tribe</p> <p>~ If Native Hawaiian/Pacific Islander checked, enable Country/Area of Origin or Ancestry</p> <p>~ If Native Hawaiian/Pacific Islander unchecked, disable Country/Area of Origin/Ancestry</p>
4.1.1 2	RQMT _748	KDD BR 4.1 ID 21	Name of Enrolled/Principal Tribe	Name of Enrolled/Principal Tribe	Indicates the patients enrolled/principal tribe if the patient is an American Indian/Alaska Native.	See Race Subcodes in Race Table	Drop-down	~ Mandatory if American Indian/Alaska Native is selected for Race field. Not required in all other scenarios.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.1.1 3	RQMT _747	KDD BR 4.1 ID 19	Patient Country/A rea of Origin or Ancestry	Country / Area of Origin	Indicates the patient's country of origin or ancestry.	Must be a Country Code in the Country Table	Drop-down	~ Mandatory if Ethnicity indicates patient is Hispanic or Latino AND/OR if Race selected = Native Hawaiian or Pacific Islander. Not required in all other scenarios.
4.1.1 4	RQMT _128	KDD BR 4.1 ID 17	Patient Do Not Contact	Do Not Contact	Indicates if the patient does not want to be provided with mailings or materials from the Network or other entities.		Check box	~ Not mandatory
4.1.1 5	RQMT _123	KDD BR 4.1 ID 11	Patient Street Address (Mailing)	Mailing Address	Indicates the mailing address of the patient.	See Field Level Requirements	Text(75)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								(Physical). ~ Free form text allowable.
4.1.1 6	RQMT _124	KDD BR 4.1 ID 12	Patient Street Address 2 (Mailing)	Blank	Indicates the mailing address 2 of the patient.	See Field Level Requirements	Text (75)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical). ~ Free form text allowable.
4.1.1 7	RQMT _126	KDD BR 4.1 ID 15	Patient Zip Code (Mailing)	Zip Code	Indicate the patient's mailing zip code.	See Field Level Requirements	Text(5)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								(Physical). ~ Numerical only ~ No special characters or spaces
4.1.18	RQMT_125	KDD BR 4.1 ID 13	Patient City (Mailing)	City	Indicates the mailing city of the patient.	See Field Level Requirements	Text(75)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical). ~ Free form text allowable. ~ User can change any pre-populated value
4.1.19	RQMT_127	KDD BR 4.1 ID 16	Patient + 4 Zip Code (Mailing)	Blank	Indicates the +4 code that follows the zip code for the patient's mailing address.		Text(4)	~ Not mandatory ~ Numerical only ~ No special characters or spaces
4.1.20	RQMT_122	KDD BR 4.1	Patient State of Residence	State	This field contains the patient's	~ Must be a state or territory listed in the State Tab.	Drop-down	~ Mandatory ~ Pre-populate when Zip Code

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 10	(Mailing)		state for his/her mailing address.	~ State must be spelled out in this field; not abbreviated.		entered ~ User can change any pre-populated value
4.1.2 1	RQMT _121	KDD BR 4.1 ID 56	Mailing Address equal Physical Address	Physical Address Same as Mailing Address	Indicates the patient's mailing address is the same as the physical address.		Checkbox	~ Not mandatory  ~ If set to true, then patient's physical street address, street address 2, city, state, zip code and +4 zip code will be populated with the corresponding mailing address values
4.1.2 2	RQMT _139	KDD BR 4.1 ID 28	Patient Address (Physical)	Physical Address	Indicates the physical street address of the patient.	See Field Level Requirements	Text(75)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical). ~ Free form text allowable.
4.1.2	RQMT	KDD	Patient	Blank	Indicates the		Text(75)	~ Not mandatory



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
3	_140	BR 4.1 ID 29	Address 2 (Physical)		physical street address 2 of the patient.			~ Free form text allowable.
4.1.2 4	RQMT _143	KDD BR 4.1 ID 32	Patient Zip Code (Physical)	Zip Code	Indicates the patient's physical zip code.	See Field Level Requirements	Text(5)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical) ~ Numerical only ~ No special characters or spaces
4.1.2 5	RQMT _144	KDD BR 4.1 ID 33	Patient + 4 Zip Code (physical)	Blank	Indicates the +4 code that follows the zip code for the patient's physical address.		Text(4)	~ Not mandatory ~ Numerical only ~ No special characters or spaces
4.1.2 6	RQMT _141	KDD BR 4.1 ID 30	Patient City (Physical)	City	Indicates the city in which the patient lives.	See Field Level Requirements	Text(75)	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								(Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical). ~ Free form text allowable. ~ User can change any pre-populated value
4.1.2 7	RQMT _138	KDD BR 4.1 ID 27	Patient State of Residence (Physical)	State	Contains the patient's state of physical residence.	~ Must be a state or territory listed in the State Tab. ~ State must be spelled out in this field; not abbreviated.	Drop-down	~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical).  ~ Must be a state or territory listed in the State Tab  ~ User may

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								indicate that the patient's mailing address is the same as the patient's physical address.
4.1.2 8	RQMT _142	KDD BR 4.1 ID 31	Patient County (Physical)	County	Indicates the county in which the patient's physical address is located (US Only).	See Field Level Requirements	Drop-down	<p>~ Mandatory if the following Patient Physical address fields are populated: Patient Address (Physical), Patient Address 2 (Physical), Patient City (Physical), Patient County (Physical), Patient State of Residence (Physical), Patient Zip Code (Physical), Patient +4 Zip Code (Physical).</p> <p>~ Pre-populate when Zip Code entered</p> <p>~ Free form text allowable.</p> <p>~ User can change any pre-populated value</p>
4.1.2 9	RQMT _145	KDD BR 4.1 ID 34	Patient Home Phone Number	Home Phone Number	Indicates the patient's home phone number.		Area Code: Text(3) Phone Number: Text(8)	<p>~ Not mandatory</p> <p>~ Area Code value is Numeric only</p> <p>~ Area Code is 3 digits in length</p> <p>~ Phone Number must contain 7</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								digits ~ Phone Number may have a hyphen ("-"") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.
4.1.3 0	RQMT _146	KDD BR 4.1 ID 35	Patient Work Phone Number	Work Phone Number	Indicates the patient's work phone number.		Area Code: Text(3) Phone Number: Text(8)	~ Not mandatory ~ Area Code value is Numeric only ~ Area Code is 3 digits in length ~ Phone Number must contain 7 digits ~ Phone Number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.
4.1.3 1	RQMT _147	KDD BR 4.1 ID 36	Patient Work Phone Number Extension	Ext:	Indicates the extension number for the patient's work phone number, if any.		Text(6)	~ Not mandatory ~ Numeric only

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.1.3 2	RQMT _148	KDD BR 4.1 ID 37	Patient Cell Phone Number	Cell Phone Number	Indicates the patient's cell phone number.		Area Code: Text(3) Phone Number: Text(8)	<ul style="list-style-type: none"> <li>~ Not mandatory</li> <li>~ Area Code value is Numeric only</li> <li>~ Area Code is 3 digits in length</li> <li>~ Phone Number must contain 7 digits</li> <li>~ Phone Number may have a hyphen ("-") between the 3rd and 4th digits. If user does not enter a hyphen, then system will automatically add the hyphen in that position.</li> </ul>
4.1.3 3	RQMT _149	KDD BR 4.1 ID 38	Patient E- Mail Address	E-Mail Address	Indicates the patient's e- mail address.		Text(75) account@subdom ain[.subdomainN[ ...]] [.extension]	<ul style="list-style-type: none"> <li>~ Not mandatory</li> <li>~ Value may not contain a space</li> <li>~ Value must contain at least one "@" symbol to separate the account and the domain in the email format</li> <li>~ The format of the account may contain any character in the ASCII encoding (may contain anything, even a "@" symbol)</li> </ul>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Value must contain at least one character before the last "@" symbol; the account must be at least one character in length ~ Value must contain at least one period (".") after the last "@" symbol ~ Value must not have a period (".") in the position immediately following the last ""@"" symbol ~ A subdomain may not contain a period immediately followed by another period (".") ~ Extension must be between 2 and 6 characters in length ~ Extension may only contain characters a-z ~ Entire value must be at least 6 characters in length
4.1.3 4	RQMT _137	KDD BR 4.1 ID 26	Patient Current Employment Status	Current Employment Status	Indicates the patient's current employment	~ Unemployed ~ Employed Full Time ~ Employed Part	Dropdown	~ Not mandatory ~ If the patient is less than 6 years of age, then a value is

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					status. If patient is under 6 years of age, leave blank.	Time ~ Homemaker ~ Retired due to Age/Preference ~ Retired (Disability) ~ Medical Leave of Absence ~ Student		not expected. ~ Only one selection is permitted
4.1.3 5	RQMT _151	KDD BR 4.1 ID 44	Patient Current School Status	Current School Status	Indicates patient's current school status.	~ 1 - School Full Time ~ 2 - School Part Time ~ 3 - Not in School	Drop-down	~ Not mandatory ~ May only be populated for patients between the ages 18-54. ~ Only one selection is permitted
4.1.3 6	RQMT _152	KDD BR 4.1 ID 45	Patient Current Vocational Rehabilita tion Status	Current Vocational Rehabilita tion Status	Indicates the patient's current vocational rehabilitation status.	~ 1 - Referred to VR ~ 2 - Currently in VR ~ 3 - Completed VR ~ 4 - Not eligible for VR ~ 5 - Declines VR	Drop-down	~ Not mandatory ~ May only be populated for patients between the ages 18-54. ~ Only one selection is permitted
4.1.3 7	RQMT _133	KDD BR 4.1 ID 59	Date Regular Chronic Dialysis Began	Date Regular Chronic Dialysis Began	Indicates the date that the patient started regular course of dialysis. When admitting a patient and		Display only	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					the admit reason = Dialysis After Transplant Failed, the Date Regular Chronic Dialysis Began represents the Date Return to Dialysis.			
4.1.3 8	RQMT _135	KDD BR 4.1 ID 61	Patient Date of Death	Date of Death	Indicates the patient's date of death.	See Field Level Requirements	Date(10) mm/dd/yyyy	<ul style="list-style-type: none"> <li>~ Not mandatory</li> <li>~ Cannot be a future date</li> <li>~ Cannot be before patient DOB</li> <li>~ Greater than or equal to Date of Last Dialysis Treatment, if populated: KDDRQMT_179</li> <li>~ Greater than or equal to Date of Most Recent Transplant, if populated: KDDRQMT_181</li> <li>~ Greater than or equal to Date Regular Chronic Dialysis Began, if populated:</li> </ul>



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_133 ~ Greater than or equal to Date Pt Most Recent Admit Date: KDDRQMT_354
4.1.39	RQMT_136	KDD BR 4.1 ID 62	Patient Primary Cause of Death	Primary Cause of Death Code	Indicates the patient's primary cause of death.	See Death Code Table	Text(3)	~ Mandatory when the Patient DOD is less than or equal to 30 days post-discharge from the facility  ~ Only one selection permitted  ~ Entry of valid 2 or 3 digit ESRD Death Code from form (see Death Notification Causes) will populate Death Cause Description OR User can select the Primary Cause of Death from list of value that will populate Death Code
4.1.40	RQMT_751	KDD BR 4.1 ID 62	Primary Cause of Death Description	Primary Cause of Death Description	Indicates the patient's primary cause of death description.	See Death Code Table	Drop-down	~ Populate based on Primary Cause of Death Code or choose from dropdown list of Primary Cause of Death Code

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Description
4.1.4 1	RQMT _134	KDD BR 4.1 ID 60	Primary Cause of Renal Failure Code	Primary Cause of Renal Failure	Indicates the ICD-9-CM code for the primary cause of end stage renal disease for this patient.	Must be a Primary Cause Code in the Dx Code Table.	Text(5)	~ Not mandatory
4.1.4 2	RQMT _150	KDD BR 4.1 ID 54	Effective Date (Change)	Effective Date	Indicates the date that all changes to the patient record become effective.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory ~ Must be a valid date ~ Can not be a future date ~ default to current date that can be manually changed by user
4.1.4 3	RQMT _154	KDD BR 4.1 ID 58	Patient Submit Date	Blank	Indicates most recent date the patient record was submitted.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ System Generated based on most recent date that the patient record was successfully submitted without any validation errors.
4.1.4 4	RQMT _390	KDD BR 6.3 ID 43	First ESRD Treatment	Treatment Start Date	Indicates the date of first ESRD treatment (dialysis or transplant) received.	Derived	Date(10) mm/dd/yyyy	~ Once field is non-null, it can not be changed (e.g. overwritten by subsequent 2728s) ~ Value is derived from first dialysis or transplant treatment record.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.1.4 5	RQMT _391	KDD BR 6.3 ID 46	Age Began ESRD	Blank	Indicates the age that the patient began ESRD as a chronic dialysis patient or by receiving a transplant, whichever occurred first.	See Field Level Requirements	Integer System Assigned	~ Calculated based on the difference between the patient's date of birth and the First ESRD Treatment dates  ~ Integer  ~ Calculated value is not rounded
4.1.4 6	RQMT _392	KDD BR 6.3 ID 68	Current Age	Blank	Indicates the patient's current age if the patient is living, or age at the time of the patient's death.	See Field Level Requirements	Integer System Assigned	~ Calculated based on the difference between the patient's Date of Birth and the current date (if the patient is not deceased) or the patient's Date of Death (if the patient is deceased)  ~ Integer  ~ Calculated value is not rounded

## 4.2 Patient Search

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.2.1	RQMT_805		Date of Birth Range	Date of Birth: (select	Indicates the range of patient's date of birth or a		Date(10) mm/dd/yyyy	~ Not mandatory ~ System to allow user to enter a

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
				range or specific date)	specific date.		Date(10) mm/dd/yyyy	specific date or a date range
4.2.2	RQMT_806		Date of Death Range	Date of Death: (select range or specific date)	Indicates the range of patient's date of death or a specific date.		Date(10) mm/dd/yyyy  Date(10) mm/dd/yyyy	~ Not mandatory ~ System to allow user to enter a specific date or a date range
4.2.3	RQMT_807		Patients Included in Search	Patients Included in Search	Indicates living, deceased, or both living and deceased patients to display in search.	~ All Patients ~ Living ~ Deceased	Dropdown	~ Not mandatory
4.2.4	RQMT_808		Patient's SIMS UPI	SIMS UPI	The SIMS UPI for patient converting from SIMS to CROWNWeb.	~Alphanumeric	~ Text	~ Mandatory for Patients converted from SIMS

### 4.3 Admit / Discharge

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.3.1	RQMT_813		SSN N/A	SSN N/A	Indicates if Patient's Social Security Number is not applicable.	~ SSN N/A	Checkbox	~ Mandatory if SSN (KDDRQMT_120) is not entered  ~ Not mandatory when SSN (KDDRQMT_120) is entered
4.3.2	RQMT_814		Claim Number N/A	Claim Number N/A	Indicates if Patient's	~ Claim Number N/A	Checkbox	~ Mandatory if Medicare Claim

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					Medicare Claim Number is not applicable.			Number (KDDRQMT_117) is not entered  ~ Not mandatory if Medicare Claim Number (KDDRQMT_117) is entered
4.3.3	RQMT_351	KDD BR 6.3 ID 1	CROWN Unique Patient Identifier (UPI)	Blank	CROWNWeb unique identifier for patients.	See Field Level Requirements	Integer System Generated	~ Mandatory ~ System generated
4.3.4	RQMT_352	KDD BR 6.3 ID 60	CROWN Facility Unique Identifier	Blank	CROWNWeb unique identifier for facilities.	See Field Level Requirements	Integer System Generated	~ Mandatory ~ System generated
4.3.5	RQMT_354	KDD BR 6.3 ID 32	Admit Date	Admit Date	Indicates the date of the patient's first dialysis treatment or home training date at the facility. This date may represent the Date Patient Started Chronic Dialysis at Current Facility on	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory for Admit/Discharge ~ Cannot be a future date ~ Cannot be before patient's DOB ~ Must be between 1973 and the current year ~ Must be on or before the Discharge Date ~ Must be greater than or equal to Date Regular Chronic Dialysis

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					the 2728.			Began (if populated) ~ Must be on or before the patient's Date of Death ~ Present ERROR message if Facility associated with the admission not open as of the Admit Date ~ Admit date cannot be prior to Facility's Open Date
4.3.6	RQMT_355	KDD BR 6.3 ID 73	Admit Reason	Admit Reason	Indicates the reason a patient was admitted to care at a facility.	Must be an Admit Reason ID in the Reason Table.	Dropdown	~ Mandatory for Admit/Discharge
4.3.7	RQMT_356	KDD BR 6.3 ID 63	Transient Status	Transient Status	Indicates whether the patient is expected to be managed by the facility for less than 30 days or not.	~ Y - Yes ~ N - No	Dropdown	~ Mandatory for Admit/Discharge
4.3.8	RQMT_357	KDD BR 6.3 ID	Transient Reason	Transient Reason	Indicates the reason for the patient's transient	Must be a Transient Reason ID in the Reason	Dropdown	~ Mandatory if Transient Status = Yes

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		64			status.	Table.		
4.3.9	RQMT_358	KDD BR 6.3 ID 2	Facility CMS Certification Number (CCN)	Facility CCN	Indicates the facility's CCN where the patient is receiving care.	~ Must be a CCN in the user's scope	Text (6)	<p>~ Mandatory for Admit/Discharge when the facility selected has a CCN</p> <p>~ Upon identification of admitting facility by selection of either Facility DBA Name, CROWN UFI, CCN, or NPI, auto-populate the rest of the admitting facility identifiers</p> <p>~ See KDDRQMT_11 for other field level requirements</p>
4.3.10	RQMT_359	KDD BR 6.3 ID 3	Facility National Provider Identifier (NPI)	Facility NPI	Indicates the facility's NPI where the patient is receiving care.	See Field Level Requirements	Number(10)	<p>~ Mandatory for Admit/Discharge.</p> <p>~ Upon identification of admitting facility by selection of either Facility DBA Name, CROWN UFI, CCN, or NPI, auto-populate the rest of the admitting</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								facility identifiers ~ See KDDRQMT_12 for other field level requirements
4.3.11	RQMT_360	KDD BR 6.3 ID 69	Facility "Doing Business As" (DBA) Name	Facility DBA Name	Indicates the facility's DBA name where the patient is receiving care.	~ Must be a valid Facility DBA Name in the user's scope	Dropdown	~ Mandatory for Admit/Discharge  ~ Upon identification of admitting facility by selection of either Facility DBA Name, CROWN UFI, CCN, or NPI, auto-populate the rest of the admitting facility identifiers
4.3.12	RQMT_361	KDD BR 6.3 ID 33	Discharge Date	Discharge Date	Indicates the date that the facility discharges the patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory for Discharge ~ Can not be future date ~ Cannot be before the patient's DOB ~ Must be between 1973 and the current year ~ Must be on or after the related admit date ~ Facility associated with



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								the admission must be open as of the Discharge Date
4.3.13	RQMT_362	KDD BR 6.3 ID 34	Discharge Reason	Discharge Reason	Indicates the reason a patient was discharged from care at a facility.	Must be an Discharge Reason ID in the Reason Table.	Dropdown	~ Mandatory for Discharge ~ May only be viewed by users associated with the originating facility and Network users
4.3.14	RQMT_363	KDD BR 6.3 ID 65	Involuntary Discharge Subcategory	Involuntary Discharge Subcategory	Indicates the reason stated for the involuntary discharge.	Must be an Involuntary Discharge Subcategory ID in the Reason Table.	Dropdown	~ Not mandatory if Discharge Reason = Involuntary Discharge ~ May only be viewed by users associated with the originating facility and Network users
4.3.15	RQMT_364	KDD BR 6.3 ID 66	Transfer Discharge Subcategory	Transfer Discharge Subcategory	Indicates the type of facility that the discharging facility believes will provide future care.	Must be a Transfer Discharge ID value in the Reason Table.	Dropdown	~ Not mandatory if Discharge Reason = Transfer
4.3.16	RQMT_374	KDD BR 6.3 ID	Patient Transient State of Residence	State	This field contains the patient's transient	~ Must be a state or territory listed in the	Dropdown	~ Mandatory if any other Patient Transient address fields are

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		77			state for his/her mailing address.	State Tab. ~ State must be spelled out in this field; not abbreviated.		populated. ~ User can change any pre-populated entry
4.3.17	RQMT_375	KDD BR 6.3 ID 78	Patient Transient Street Address	Transient Address	Indicates the transient street address of the patient.	See Field Level Requirements	Text(75)	~ Mandatory if any other Patient Transient address fields are populated. ~ Free form text allowable
4.3.18	RQMT_376	KDD BR 6.3 ID 79	Patent Transient Street Address 2	Blank	Indicates the transient street address 2 of the patient.		Text(75)	~ Not mandatory ~ Free form text allowable
4.3.19	RQMT_377	KDD BR 6.3 ID 80	Patient Transient City	City	Indicates the transient city of the patient.	See Field Level Requirements	Text(75)	~ Mandatory if any other Patient Transient address fields are populated. ~ Free form text allowable ~ User can change any pre-populated entry
4.3.20	RQMT_378	KDD BR 6.3 ID 81	Patient Transient Zip Code	Zip Code	Indicate the Patient's transient zip code.	See Field Level Requirements	Text(5)	~ Mandatory if any other Patient Transient address fields are populated. ~ Numerical only ~ No special characters or

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								spaces
4.3.21	RQMT_379	KDD BR 6.3 ID 82	Patient Transient + 4 Zip Code	Blank	Indicates the transient +4 code that follows the zip code for the patient's mailing address.		Text(4)	~ Not mandatory ~ Numerical only ~ No special characters or spaces
4.3.22	RQMT_380	KDD BR 6.3 ID 83	Patient Transient Contact Phone Number	Transient Phone Number	Indicates the patient's transient phone number.		Area Code: Text(3) Phone Number: Text(8)	~ Not mandatory ~ Numeric Only - No special characters or spaces other than hyphen between 3rd and 4th digit and 6th and 7th digits
4.3.23	RQMT_393	KDD BR 6.3 ID 75	Admit/Discharge Submit Date	Submit Date	Indicates most recent date the patient Admit or Discharge record was submitted.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ System generated based on most recent date that the patient Admit/Discharge record was successfully submitted without any validation errors.

#### 4.4 2728 - Medical Evidence Form

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.4.1	RQMT_19	KDD	Form Type	Check One	Indicate the	~ Initial	Text(1)	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
	4	BR 4.9 ID 1	Indicator		type of form being submitted for the patient.	~ Re-entitlement ~ Supplemental		~ Must be a permissible data value ~ Patient can only have one Initial 2728 ~ Patient can only have one Supplemental 2728
4.4.2	RQMT_195	KDD BR 4.9 ID 2	CROWN Unique Patient Identifier (UPI)	Blank	Unique identifier for patients.	See Field Level Requirements	Integer System Generated	~ Mandatory
4.4.3	RQMT_196	KDD BR 4.9 ID 3	Patient Last Name	Last Name	The patient's current legal last name.		Display only	~ Mandatory
4.4.4	RQMT_197	KDD BR 4.9 ID 4	Patient First Name	First Name	Indicates the patient's current legal first name.		Display only	~ Mandatory
4.4.5	RQMT_198	KDD BR 4.9 ID 5	Patient Middle Initial	MI	Indicates the patient's current legal middle initial.		Display only	~ Not mandatory
4.4.6	RQMT_199	KDD BR 4.9 ID 6	Patient Medicare Claim Number	Medicare Claim Number	Indicates the patient's current Medicare health insurance claim number.		Display only	~ Mandatory
4.4.7	RQMT_200	KDD BR 4.9 ID 7	Patient Social Security Number	Social Security Number	Indicates the patient's social security number.		Display only	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.4.8	RQMT_201	KDD BR 4.9 ID 8	Patient Date of Birth	Date of Birth	Patient's date of birth.		Display only	~ Mandatory
4.4.9	RQMT_202	KDD BR 4.9 ID 9	Patient Address (Mailing)	Patient Mailing Address	Indicates the mailing address of the patient.		Display only	~ Include Street Address ~ Include City, State, and Zip
4.4.10	RQMT_206	KDD BR 4.9 ID 13	Patient Zip Code (Mailing)	Blank	Indicate the patient's mailing zip code.		Display only	~ Mandatory
4.4.11	RQMT_204	KDD BR 4.9 ID 11	Patient City (Mailing)	City	Indicates the mailing city of the patient.		Display only	~ Mandatory
4.4.12	RQMT_205	KDD BR 4.9 ID 12	Patient State of Residence (Mailing)	State	This field contains the patient's state for his/her mailing address.		Display only	~ Mandatory
4.4.13	RQMT_207	KDD BR 4.9 ID 14	Patient Home Phone Number	Phone Number	Indicates the patient's home phone number.		Display only	~ Mandatory
4.4.14	RQMT_208	KDD BR 4.9 ID 15	Patient Sex/Gender	Gender	The patient's gender.		Display only	~ Mandatory
4.4.15	RQMT_209	KDD BR 4.9 ID 16	Patient Ethnicity	Ethnicity	The patient's ethnicity.		Display only	~ Not mandatory
4.4.16	RQMT_210	KDD BR 4.9 ID 17	Patient Country/Area of Origin or Ancestry	Country/Area of Origin or Ancestry	Indicates patient's country of origin or ancestry.	Must be a Country Code in the Country Table	Display only	~ Mandatory if Ethnicity indicates patient is Hispanic or Latino AND/OR if Race selected

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								= Native Hawaiian or Pacific Islander. Not required in all other scenarios
4.4.17	RQMT_211	KDD BR 4.9 ID 18	Patient Race	Race	This field contains the patient's races) based on Federal racial categories. Multiple categories may be selected.		Display only	~ Auto-populate patient general data (KDDRQMT_131)
4.4.18	RQMT_220	KDD BR 4.9 ID 100	Name of Enrolled/Principal Tribe	Name of Enrolled/Principal Tribe	Indicates the patient's enrolled/principal tribe if the patient is an American Indian/Alaska Native.	See Race Sub-codes in Race Table	Dropdown	~ Mandatory if American Indian/Alaska Native is selected for Race field. Not required in all other scenarios.
4.4.19	RQMT_212	KDD BR 4.9 ID 19	Medicare Application	Is patient applying for ESRD Medicare coverage?	Check the appropriate yes or no block to indicate if patient is applying for ESRD Medicare. Note: Even though a person may already be entitled to	~ Yes ~ No	Dropdown	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					general Medicare coverage, he/she should reapply for ESRD Medicare coverage.			
4.4.20	RQMT_213	KDD BR 4.9 ID 20	Current Medical Coverage	Current Medical Coverage	Indicates the patient's current medical coverage status.	~ 1 - Medicaid ~ 2 - DVA ~ 3 - Medicare ~ 4 - Medicare Advantage ~ 5 - Employer Group Health Insurance ~ 6 - Other ~ 7 - None	Dropdown	~ Mandatory ~ Multiple Selections permitted ~ If "None" is selected then no other values may be selected ~ If any other value is selected then "None" must be selected ~ If Medicare Claim Number (KDDRQMT_199) is populated then Medicare must be selected.
4.4.21	RQMT_214	KDD BR 4.9 ID 21	Patient Height	Height	Indicates the most recent recorded height of the patient or if an amputee, height before amputation.	~ 48-82 inches (Adult) SE ~ 122-208 cm (Adult) SE ~ 10.0-82.0 in (Ped) (on CPM) SE	Real NN inches / NNN centimeters	~ Mandatory ~ Present fatal error if value is 0 (zero) -- when online entry, do not allow save ~ Present

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					Estimate or use last known height for those patients unable to be measured.	~ 25.0-208.0 cm (Ped) (on CPM) SE		warning if value is not in the permissible data value ranges: ~~ Adult (Age on lab collection date >= 18) range is 48 - 82 in or 122 - 208 cm ~~ Pediatric (Age on lab collection date < 18) range is 10 - 82 in or 25 - 208 cm
4.4.22	RQMT_215	KDD BR 4.9 ID 22	Patient Dry Weight	Dry Weight	Indicates the patient's weight post dialysis.	~ 70-500 lbs SE ~ 32-227 kgs SE	Integer	~ Mandatory ~ Numeric only ~ Mandatory in Pounds or Kilograms ~ Must be a permissible data value if patient is an Adult
4.4.23	RQMT_216	KDD BR 4.9 ID 23	Primary Cause of Renal Failure Code	Primary Cause of Renal Failure	Indicates the ICD-9-CM code for the primary cause of end stage renal disease for this patient.	Must be a Primary Cause Code in the Dx Code Table	Text(5)	~ Mandatory when admitting a patient and the Admit Reason = New to ESRD  ~ Auto-populate



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Primary Cause of Renal Failure Codes with corresponding Primary Cause of Renal Failure Code Description from the Diagnosis Code Table if Primary Cause of Renal Failure code description (KDDRQMT_815) is entered.
4.4.24	RQMT_217	KDD BR 4.9 ID 24	Patient Prior Employment Status (6 Months Prior)	Employment Status (6 mos prior and current status)	Indicates the patient's employment status 6 months prior to renal failure. If patient is under 6 years of age, 6 months prior to the time of the current ESRD episode, leave blank.	~ Unemployed ~ Employed Full Time ~ Employed Part Time ~ Homemaker ~ Retired due to Age/Preference ~ Retired (Disability) ~ Medical Leave of Absence ~ Student	Dropdown	~ Mandatory if the patient is 6 years of age or older, 6 months prior to the current ESRD episode.
4.4.25	RQMT_21	KDD	Patient	Employment	Indicates the		Display	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
	8	BR 4.9 ID 25	Current Employment Status (At Onset)	Status	patient's current employment status. If patient is under 6 years of age, leave blank.		only	
4.4.26	RQMT_219	KDD BR 4.9 ID 26	Co-Morbid Conditions	Co-Morbid Conditions	Indicates all of the patient's co-morbid conditions.	Must be a Co-morbid Condition in the Co-Morbid Table.	Dropdown	<ul style="list-style-type: none"> <li>~ Mandatory</li> <li>~ At least one value must be selected</li> <li>~ Multiple selections are allowed</li> <li>~ "None" is invalid if any other value is selected</li> <li>~ If Institutionalized (u) is selected as a Co-Morbid Condition, then u1, u2, or u3 must be checked.</li> </ul>
4.4.27	RQMT_221	KDD BR 4.9 ID 28	ESA Received	Did patient receive exogenous erythropoietin or equivalent?	Indicates whether an Erythropoietin Stimulating Agent (ESA), such as Exogenous erythropoietin (EPO) or	<ul style="list-style-type: none"> <li>~ Yes</li> <li>~ No</li> <li>~ Unknown</li> </ul>	Dropdown	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					equivalent, was received by the patient prior to ESRD therapy.			
4.4.28	RQMT_22 2	KDD BR 4.9 ID 29	ESA Time Frame in Months	Timeframe	Indicates when the patient was administered the ESA (EPO or equivalent) prior to ESRD therapy.	~ 0<6 ~ 6-12 ~ >12	Dropdown	~ Mandatory if ESA Received = Yes
4.4.29	RQMT_22 3	KDD BR 4.9 ID 30	Nephrologist Indicator	Was patient under care of a nephrologist?	Indicates if the patient was under the care of a nephrologist prior to ESRD therapy.	~ Yes ~ No ~ Unknown	Dropdown	~ Mandatory
4.4.30	RQMT_22 4	KDD BR 4.9 ID 31	Nephrologist Time Frame in Months	Timeframe	Indicates the time frame when the patient was under a nephrologist's care prior to ESRD therapy.	~ <6 ~ 6-12 ~ >12	Dropdown	~ Mandatory if Nephrologist Indicator = Yes
4.4.31	RQMT_22 5	KDD BR 4.9 ID 32	Kidney Dietician Indicator	Was patient under care of kidney dietitian?	Indicates if the patient was under the care of a kidney dietician prior to ESRD therapy.	~ Yes ~ No ~ Unknown	Dropdown	~ Mandatory
4.4.32	RQMT_22 6	KDD BR 4.9 ID 33	Kidney Dietician Time Frame	If Yes, answer:	Indicates the time frame when the	~ <6 months ~ 6-12 months	Dropdown	~ Mandatory if Kidney Dietician

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			in Months		patient was under a kidney dietician care prior to ESRD therapy.	~ >12 months		Indicator = Yes
4.4.33	RQMT_227	KDD BR 4.9 ID 34	Access Type for First Outpatient Dialysis	What access was used on first outpatient dialysis?	The vascular access information as to the type of access used (AVF, graft, catheter (including port device) or other type of access.	~ AVF ~ Graft ~ Catheter ~ Other	Dropdown	dropdown
4.4.34	RQMT_228	KDD BR 4.9 ID 35	Maturing AVF Present?	Is maturing AVF Present?	Indicates if the access type was not a fistula (AVF), whether or not a maturing AVF was present prior to ESRD therapy.	~ Yes ~ No	Dropdown	~ Mandatory if Access Type for First Outpatient Dialysis is one of the following: Graft, Catheter, or Other
4.4.35	RQMT_229	KDD BR 4.9 ID 36	Maturing Graft Present?	Is maturing graft present?	Indicates if the access type was not a fistula (AVF) or graft, whether or not a maturing Graft was present prior to ESRD therapy.	~ Yes ~ No	Dropdown	~ Mandatory if Access Type for Dialysis is one of the following: Catheter or Other
4.4.36	RQMT_23	KDD	2728-Serum	Serum Albumin	Indicates the	1.00 - 5.50	Real	~ Not

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
	0	BR 4.9 ID 37	Albumin (g/dl)	(g/dl)	serum albumin value (g/dl) for this patient.		N.NN	mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.37	RQMT_231	KDD BR 4.9 ID 38	2728-Serum Albumin Collection Date	Blank	Indicates the date the serum albumin value was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Serum Albumin value is entered; ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's DOB (KDDRQMT_119) ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death (KDDRQMT_165) ~ Must have been taken within 45 days prior to Date Regular Chronic

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Dialysis Began (KDDRQMT_25 5) or the Transplant Date (KDDRQMT_25 9) when associated with 2728 ~ Must be prior to the Physician Signature date (KDDRQMT_28 9) when associated with 2728.
4.4.38	RQMT_23 2	KDD BR 4.9 ID 39	2728-Serum Albumin Lower Limit	Serum Albumin Lower Limit	Indicates the serum albumin lower limit of the normal range for the laboratory which performed the serum albumin test.	0.50 - 5.50	Real N.NN	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.39	RQMT_23 3	KDD BR 4.9 ID 40	2728-Lab Method (for Serum Albumin)	Lab Method Used (BCG or BCP)	Indicates the serum albumin lab method used (BCG or BCP).	~ BCG ~ BCP	Drop-down	~ Not mandatory
4.4.40	RQMT_23 4	KDD BR 4.9 ID 41	2728-Serum Creatinine (mg/dl)	Serum Creatinine (mg/dl)	Indicates the serum creatinine value (mg/dl)	2.0 - 25.0	Real NN.N	~ Mandatory ~ Present warning if value is not in

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					for this patient.			the permissible data value range
4.4.41	RQMT_235	KDD BR 4.9 ID 42	2728-Serum Creatinine Collection Date	Blank	Indicates the date the serum creatinine value was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	<ul style="list-style-type: none"> <li>~ Mandatory if Serum Creatinine value is populated</li> <li>~ Must be a valid date</li> <li>~ Cannot be a future date</li> <li>~ Cannot be prior to patient's DOB</li> <li>~ Must be between 1973 and current year</li> <li>~ Cannot be after patient's Date of Death</li> <li>~ Must have been taken within 45 days prior to Date Regular Chronic Dialysis Began (KDDRQMT_255) or the Transplant Date (KDDRQMT_259) when associated with</li> </ul>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								2728 ~ Must be prior to the Physician Signature date (KDDRQMT_289) when associated with 2728.
4.4.42	RQMT_236	KDD BR 4.9 ID 43	2728-Hemoglobin (g/dl)	Hemoglobin (g/dl)	Indicates the hemoglobin value (g/dl) that was taken for this patient.	5.0 - 20.0	Real NN.N	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.43	RQMT_237	KDD BR 4.9 ID 44	2728-Hemoglobin Collection Date	Blank	Indicates the date the hemoglobin value was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Hemoglobin value is populated ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's DOB ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Must have been taken within 45 days prior to Date Regular Chronic Dialysis Began (KDDRQMT_25 5) or the Transplant Date (KDDRQMT_25 9) when associated with 2728 ~ Must be prior to the Physician Signature date (KDDRQMT_28 9) when associated with 2728.
4.4.44	RQMT_238	KDD BR 4.9 ID 45	2728-HbA1c	HbA1c	Indicates the HbA1c value for this patient.	4.0 - 14.0 %	Real NN.N	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.45	RQMT_239	KDD BR 4.9 ID 46	2728-HbA1c Collection Date	Blank	Indicates the date the HbA1c value was taken for this	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if HbA1c value is populated ~ Must be a

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					patient.			valid date ~ Cannot be a future date ~ Cannot be prior to patient's DOB ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death; ~ Must have been taken within 45 days prior to Date Regular Chronic Dialysis Began (KDDRQMT_25 5) or the Transplant Date (KDDRQMT_25 9) when associated with 2728. ~ Must be prior to the Physician Signature date (KDDRQMT_28 9) when associated with 2728.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.4.46	RQMT_240	KDD BR 4.9 ID 47	2728-Total Cholesterol	Lipid Profile TC	Indicates the Total Cholesterol (TC) value for this patient	100 - 240	Integer NNN	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.47	RQMT_241	KDD BR 4.9 ID 48	2728-Total Cholesterol Collection Date	Blank	Indicates the date the Total Cholesterol value was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Total Cholesterol value is populated ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's DOB ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death; ~ Must be no more than 1 year prior to Date Regular Chronic Dialysis Began (KDDRQMT_255) or the

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Transplant Date (KDDRQMT_25 9) when associated with 2728. ~ Must be prior to the Physician Signature date (KDDRQMT_28 9) when associated with 2728.
4.4.48	RQMT_24 2	KDD BR 4.9 ID 49	2728-LDL Cholesterol	LDL	Indicates the Lipid Profile LDL Cholesterol (LDL) value for this patient.	100 - 190	Integer NNN	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.49	RQMT_24 3	KDD BR 4.9 ID 50	2728-LDL Cholesterol Collection Date	Blank	Indicates the date the LDL Cholesterol value was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if LDL Cholesterol value is populated ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's DOB ~ Must be between 1973

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								and current year ~ Cannot be after patient's Date of Death ~ Must be no more than 1 year prior to Date Regular Chronic Dialysis Began (KDDRQMT_25 5) or the Transplant Date (KDDRQMT_25 9) when associated with 2728. ~ Must be prior to the Physician Signature date (KDDRQMT_28 9) when associated with 2728.
4.4.50	RQMT_24 4	KDD BR 4.9 ID 51	2728-HDL Cholesterol	HDL	Indicates the Lipid Profile HDL Cholesterol (HDL) value for this patient.	35 - 60	Integer NN	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.4.51	RQMT_245	KDD BR 4.9 ID 52	2728-HDL Cholesterol Collection Date	Blank	Indicates the date the HDL Cholesterol value was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if HDL Cholesterol value is populated</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be prior to patient's DOB</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death;</p> <p>~ Must be no more than 1 year prior to Date Regular Chronic Dialysis Began (KDDRQMT_255) or the Transplant Date (KDDRQMT_259) when associated with 2728.</p> <p>~ Must be prior to the Physician</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Signature date (KDDRQMT_28 9) when associated with 2728.
4.4.52	RQMT_24 6	KDD BR 4.9 ID 53	2728- Triglycerides	TG	Indicates the Lipid Profile Triglycerides value for this patient.	100 - 1000	Integer NNNN	~ Not mandatory ~ If populated, present warning if value is not in the permissible data value range
4.4.53	RQMT_24 7	KDD BR 4.9 ID 54	2728- Triglycerides Collection Date	Blank	Indicates the date that the Lipid Profile Triglycerides was taken for this patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Triglycerides value is populated ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's DOB ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death; ~ Must be no more than 1 year prior to Date Regular

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Chronic Dialysis Began (KDDRQMT_25 5) or the Transplant Date (KDDRQMT_25 9) when associated with 2728. ~ Must be prior to the Physician Signature date (KDDRQMT_28 9) when associated with 2728.
4.4.54	RQMT_248	KDD BR 4.9 ID 101	Dialysis Facility CROWN Unique Facility Identifier	Blank	CROWNWeb Unique identifier for facilities.	See Field Level Requirements	Integer System Assigned	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~~ KDDRQMT_248 ~~ KDDRQMT_249 ~~ KDDRQMT_250 ~~ KDDRQMT_251 ~~ KDDRQMT_252



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~~ KDDRQMT_255 ~~ KDDRQMT_256 ~~ KDDRQMT_257  ~ Pre-populated based on the dialysis facility associated with the dialysis treatment record that would require a 2728
4.4.55	RQMT_249	KDD BR 4.9 ID 55	Facility "Doing Business As" (DBA) Name	Facility DBA Name	Indicates the dialysis facility's DBA name where the patient is receiving care.	See Field Level Requirements	Drop-down	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes ~~ KDDRQMT_248 ~~ KDDRQMT_249 ~~ KDDRQMT_250 ~~ KDDRQMT_251 ~~ KDDRQMT_252 ~~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_255 ~~ KDDRQMT_256 ~~ KDDRQMT_257  ~ Pre-populated based on the dialysis facility associated with the dialysis treatment record that would require a 2728
4.4.56	RQMT_250	KDD BR 4.9 ID 56	Provider Number	Medicare Provider Number	Indicates the dialysis facility's CMS Certification Number (CCN) where the patient is receiving care.	See Field Level Requirements	Number(10)	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~~ KDDRQMT_248 ~~ KDDRQMT_249 ~~ KDDRQMT_250 ~~ KDDRQMT_251 ~~ KDDRQMT_252 ~~ KDDRQMT_255

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~~ KDDRQMT_256 ~~ KDDRQMT_257  ~ Pre-populated based on the dialysis facility associated with the dialysis treatment record that would require a 2728
4.4.57	RQMT_251	KDD BR 4.9 ID 58	Primary Dialysis Setting	Primary Dialysis Setting	Indicates the anticipated long term treatment setting for this patient.		Auto-populate	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~~ KDDRQMT_248 ~~ KDDRQMT_249 ~~ KDDRQMT_250 ~~ KDDRQMT_251 ~~ KDDRQMT_252 ~~ KDDRQMT_255 ~~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_256 ~ ~ KDDRQMT_257  ~ See KDDRQMT_366 for other field level requirements
4.4.58	RQMT_252	KDD BR 4.9 ID 59	Primary Type of Dialysis	Primary Type of Dialysis	Indicates the anticipated long term primary type of treatment for this patient.	~ Hemodialysis ~ CAPD ~ CCPD ~ Other	Dropdown	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~ ~ KDDRQMT_248 ~ ~ KDDRQMT_249 ~ ~ KDDRQMT_250 ~ ~ KDDRQMT_251 ~ ~ KDDRQMT_252 ~ ~ KDDRQMT_255 ~ ~ KDDRQMT_256 ~ ~ KDDRQMT_257  ~ See KDDRQMT_367

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								for other field level requirements
4.4.59	RQMT_253	KDD BR 4.9 ID 60	Sessions per Week	Sessions per week	Indicates the number of hemodialysis sessions a patient receives per week.		Auto-populate	~ Mandatory
4.4.60	RQMT_254	KDD BR 4.9 ID 61	Time Per Session	hours per session	Indicates the time delivered per session for hemodialysis patients (in minutes).	See Field Level Requirements	Real N.N	~ If populated, convert value from minutes to hours, rounding to 2 decimals  ~ See KDDRQMT_369 for other field level requirements
4.4.61	RQMT_255	KDD BR 4.9 ID 62	Date Regular Chronic Dialysis Began	Date Regular Chronic Dialysis Began	Indicates the date that the patient started regular course of dialysis. When admitting a patient and the admit reason = Dialysis After Transplant Failed, the Date Regular Chronic Dialysis	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~~ KDDRQMT_248 ~~ KDDRQMT_249 ~~ KDDRQMT_250

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					Began represents the Date Return to Dialysis.			~~ KDDRQMT_251 ~~ KDDRQMT_252 ~~ KDDRQMT_255 ~~ KDDRQMT_256 ~~ KDDRQMT_257  ~ Mandatory on a dialysis treatment record when admitting a patient and the admit reason is New to ESRD, Restart where the patient's last discharge date was over 1 year ago, or Dialysis After Transplant Failed where the patient's last treatment was a transplant and the transplant date was more than 3 years ago

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Cannot be a future date  ~ Cannot be before patient's DOB  ~ Must be between 1973 and the current year  ~ If populated, must be prior to the Physician Signature Date
4.4.62	RQMT_256	KDD BR 4.9 ID 63	Date Patient Started Chronic Dialysis at Current Facility	Date Patient Started Chronic Dialysis at Current Facility	Indicates the date of the patient's first dialysis treatment or home training date at the facility. This date may represent the Date Patient Started Chronic Dialysis at Current Facility on the 2728.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~ KDDRQMT_248 ~ KDDRQMT_249 ~ KDDRQMT_250 ~ KDDRQMT_251 ~ KDDRQMT_252 ~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_255 ~ KDDRQMT_256 ~ KDDRQMT_257  ~ Pre-populated with the Admit Date associated with the dialysis treatment record that would require a 2728 ~ If populated, must be prior to the Physician Signature Date  ~ See KDDRQMT_354 for other field level requirements
4.4.63	RQMT_257	KDD BR 4.9 ID 64	Informed of Kidney Transplant Options	Has patient been informed of kidney transplant options?	Indicates whether or not the patient has been informed of his/her options for receiving a kidney transplant.	~ Yes ~ No	Drop-down	~ Mandatory if any field in Section B (Dialysis Treatment section) is populated. This includes: ~ KDDRQMT_248



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~~ KDDRQMT_249 ~~ KDDRQMT_250 ~~ KDDRQMT_251 ~~ KDDRQMT_252 ~~ KDDRQMT_255 ~~ KDDRQMT_256 ~~ KDDRQMT_257
4.4.64	RQMT_258	KDD BR 4.9 ID 65	Reasons Patient Not Informed	If patient NOT informed of transplant options	Indicates all the reasons why a kidney transplant is not an option for this patient at this time. User can select multiple reasons.	~ Medically unfit ~ Unsuitable due to age ~ Psychologically unfit ~ Patient declines information ~ Patient has not been assessed ~ Other	Drop-down	~ Mandatory if informed of Kidney Transplant Options = No (at least one value must be selected)  ~ Multiple selections are permitted
4.4.65	RQMT_259	KDD BR 4.9 ID 66	Transplant Date	Date of Transplant	Indicates the date of the patient's most recent kidney transplants.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if any field in Section C (Transplant section) is populated. This includes: ~~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_259 ~ KDDRQMT_260 ~ KDDRQMT_261 ~ KDDRQMT_262 ~ KDDRQMT_263 ~ KDDRQMT_264 ~ KDDRQMT_265 ~ KDDRQMT_266 ~ KDDRQMT_267 ~ KDDRQMT_268  ~ If populated, must be prior to Attending Physician Signature Date  ~ See KDDRQMT_381 for other field level requirements
4.4.66	RQMT_260	KDD BR 4.9 ID 102	Transplant Hospital CROWN Unique Facility	Blank	CROWNWeb unique identifier for facilities.	See Field Level Requirements	System generated	~ Mandatory if any field in Section C (Transplant section) is

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			Identifier					populated. This includes: ~ ~ KDDRQMT_259 ~ ~ KDDRQMT_260 ~ ~ KDDRQMT_261 ~ ~ KDDRQMT_262 ~ ~ KDDRQMT_263 ~ ~ KDDRQMT_264 ~ ~ KDDRQMT_265 ~ ~ KDDRQMT_266 ~ ~ KDDRQMT_267 ~ ~ KDDRQMT_268  ~ Pre-populated based on the transplant hospital associated with the transplant record that would require a 2728
4.4.67	RQMT_261	KDD BR 4.9 ID 67	Name of Transplant Hospital	Name of Transplant Hospital	Indicates the DBA name of the transplant		Auto-populate	~ Mandatory if any field in Section C

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					hospital where the patient received a kidney transplant.			(Transplant section) is populated. This includes: ~~ KDDRQMT_259 ~~ KDDRQMT_260 ~~ KDDRQMT_261 ~~ KDDRQMT_262 ~~ KDDRQMT_263 ~~ KDDRQMT_264 ~~ KDDRQMT_265 ~~ KDDRQMT_266 ~~ KDDRQMT_267 ~~ KDDRQMT_268  ~ Pre-populated based on the transplant hospital associated with the transplant record that would require a 2728
4.4.68	RQMT_26	KDD	Transplant	Medicare	Indicates the	See Field	Number(10	~ Mandatory if

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
	2	BR 4.9 ID 68	Hospital Medicare Provider Number	Provider Number for item 29	provider number of the transplant hospital where patient received a kidney transplant.	Level Requirements	)	any field in Section C (Transplant section) is populated. This includes: ~~ KDDRQMT_259 ~~ KDDRQMT_260 ~~ KDDRQMT_261 ~~ KDDRQMT_262 ~~ KDDRQMT_263 ~~ KDDRQMT_264 ~~ KDDRQMT_265 ~~ KDDRQMT_266 ~~ KDDRQMT_267 ~~ KDDRQMT_268  ~ Pre-populated based on the transplant hospital associated with the transplant record that would require a

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								2728
4.4.69	RQMT_263	KDD BR 4.9 ID 69	Date Patient Admitted for Transplant	Enter Date	Indicates the date the patient was admitted as an inpatient to a hospital in preparation for, or anticipation of a kidney transplant.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ If populated, must be prior to Physician Signature Date  ~ See KDDRQMT_385 for other field level requirements
4.4.70	RQMT_264	KDD BR 4.9 ID 103	Preparation Hospital CROWN Unique Facility Identifier	Blank	CROWNWeb unique identifier for facilities	See Field Level Requirements	System generated	~ Pre-populated based on the preparation hospital associated with the transplant record that would require a 2728.
4.4.71	RQMT_265	KDD BR 4.9 ID 70	Name of Preparation Hospital	Name of Preparation Hospital	Indicates the name of the hospital where patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.		Auto-populated	~ Pre-populated based on the preparation hospital associated with the transplant record that would require a 2728.
4.4.72	RQMT_266	KDD BR 4.9	Preparation Hospital	Medicare Provider	Indicates the provider		Number(10)	~ Pre-populated

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 71	Provider Number	Number for item 32	number of the hospital where the patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.			based on the preparation hospital associated with the transplant record that would require a 2728.
4.4.73	RQMT_267	KDD BR 4.9 ID 72	Transplant Status	Current Status of Transplant	Indicates the status of the transplant.		Auto-populated	~ Mandatory if any field in Section C (Transplant section) is populated. This includes: ~ KDDRQMT_259 ~ KDDRQMT_260 ~ KDDRQMT_261 ~ KDDRQMT_262 ~ KDDRQMT_263 ~ KDDRQMT_264 ~ KDDRQMT_265 ~ KDDRQMT_266 ~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_267 ~ ~ KDDRQMT_268  ~ See KDDRQMT_381 for other field level requirements
4.4.74	RQMT_268	KDD BR 4.9 ID 73	Type of Donor	Type of Donor	Indicates the anticipated long term primary type of treatment for this patient.	Transplant Treatment Types: ~ Deceased ~ Living Related ~ Living Unrelated	Dropdown	~ Mandatory if any field in Section C (Transplant section) is populated. This includes: ~ ~ KDDRQMT_259 ~ ~ KDDRQMT_260 ~ ~ KDDRQMT_261 ~ ~ KDDRQMT_262 ~ ~ KDDRQMT_263 ~ ~ KDDRQMT_264 ~ ~ KDDRQMT_265 ~ ~ KDDRQMT_266 ~ ~ KDDRQMT_267 ~ ~ KDDRQMT_268



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ See KDDRQMT_367 for other field level requirements
4.4.75	RQMT_269	KDD BR 4.9 ID 74	Date Return to Dialysis after Failed Transplant	If Non-Functioning, Date of Return to Regular Dialysis	If transplant is nonfunctioning, enter date patient returned to a regular course of dialysis. If patient did not stop dialysis post transplant, enter transplant date.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if Transplant Status = Non-Functioning</p> <p>~ Pre-populated with the Date Regular Chronic Dialysis Began (KDDRQMT_133) associated with the dialysis treatment record that would require a 2728.</p> <p>~ If populated, must be prior to the Physician Signature Date</p> <p>~ See KDDRQMT_133 for other field level</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								validations
4.4.76	RQMT_270	KDD BR 4.9 ID 75	Primary Dialysis Setting After Failed Transplant	Current Dialysis Treatment Site	Indicates the anticipated long term treatment setting for this patient.		Dropdown	~ Mandatory if Transplant Status = Non-Functioning ~ See KDDRQMT_366 for other field level validations
4.4.77	RQMT_271	KDD BR 4.9 ID 104	Training Facility CROWN Unique Facility Identifier	Blank	CROWNWeb unique identifier for facilities.	See Field Level Requirements	System Generate	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~ KDDRQMT_273 ~~ KDDRQMT_274 ~~ KDDRQMT_275 ~~ KDDRQMT_277 ~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~ KDDRQMT_281 ~~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_282 ~ ~ KDDRQMT_283  ~ Facility must be in the user's scope  ~ Facility's Program Type must be Dialysis  ~ Facility must be open on the Date Training Began
4.4.78	RQMT_272	KDD BR 4.9 ID 76	Training Facility "Doing Business As" (DBA) Name	Name of Training Provider	Indicates the name of the facility furnishing self-care dialysis training.		Dropdown	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~ ~ KDDRQMT_271 ~ ~ KDDRQMT_272 ~ ~ KDDRQMT_273 ~ ~ KDDRQMT_274 ~ ~ KDDRQMT_275 ~ ~ KDDRQMT_277

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~ KDDRQMT_281 ~~ KDDRQMT_282 ~~ KDDRQMT_283  ~ Facility must be in the user's scope  ~ Facility's Program Type must be Dialysis  ~ Facility must be open on the Date Training Began
4.4.79	RQMT_273	KDD BR 4.9 ID 77	Training Provider Number	Medicare Provider Number of Training Provider (for item 38)	Indicates the Provider Number of the training facility.		Auto-Populate	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_273 ~ KDDRQMT_274 ~ KDDRQMT_275 ~ KDDRQMT_277 ~ KDDRQMT_279 ~ KDDRQMT_280 ~ KDDRQMT_281 ~ KDDRQMT_282 ~ KDDRQMT_283  ~ Facility must be in the user's scope  ~ Facility's Program Type must be Dialysis  ~ Facility must be open on the Date Training Began
4.4.80	RQMT_274	KDD BR 4.9 ID 79	Date Training Began	Date Training Began	Indicates the date self-dialysis training began.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if any field in Section D (Training section) is

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								populated. This includes: ~ ~ KDDRQMT_271 ~ ~ KDDRQMT_272 ~ ~ KDDRQMT_273 ~ ~ KDDRQMT_274 ~ ~ KDDRQMT_275 ~ ~ KDDRQMT_277 ~ ~ KDDRQMT_279 ~ ~ KDDRQMT_280 ~ ~ KDDRQMT_281 ~ ~ KDDRQMT_282 ~ ~ KDDRQMT_283  ~ If populated, must be equal or prior to the Training Physician Signature Date  ~ Must be a valid date  ~ Cannot be

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>before patient's DOB</p> <p>~ If populated, must be before the end of the 3rd month after Date Regular Chronic Dialysis Began</p> <p>~ If populated, cannot be more than 30 days before the Date Regular Chronic Dialysis Began</p> <p>~ Must be between 1973 and current year</p>
4.4.81	RQMT_275	KDD BR 4.9 ID 80	Type of Training	Type of Training	Indicates the type of self-dialysis training the patient began.	<p>~ Hemodialysis</p> <p>~ CAPD</p> <p>~ CCPD</p> <p>~ Other</p>	Dropdown	<p>~ Mandatory if any field in Section D (Training section) is populated. This includes:</p> <p>~~ KDDRQMT_271</p> <p>~~ KDDRQMT_272</p> <p>~~</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_273 ~ KDDRQMT_274 ~ KDDRQMT_275 ~ KDDRQMT_277 ~ KDDRQMT_279 ~ KDDRQMT_280 ~ KDDRQMT_281 ~ KDDRQMT_282 ~ KDDRQMT_283  ~ If populated, if the form type is Initial or Re-entitlement, and if the Primary Dialysis Setting and the Primary Type of Dialysis fields are populated, then the training and dialysis settings and types must match.



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.4.82	RQMT_276	KDD BR 4.9 ID 81	Type of Hemo Training	Blank	Indicates the type of self-dialysis hemodialysis training the patient began.	~ Home ~ In Center	Dropdown	~ Mandatory if Type of Training = Hemodialysis
4.4.83	RQMT_277	KDD BR 4.9 ID 82	Training Completion Indicator	This Patient is Expected to Complete (or has completed) Training and will Self-dialyze on a Regular Basis.	Indicates whether or not the physician certifies that the patient has or is expected to complete the training successfully and self-dialysis on a regular basis.	~ Yes ~ No	Dropdown	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~ KDDRQMT_273 ~~ KDDRQMT_274 ~~ KDDRQMT_275 ~~ KDDRQMT_277 ~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~ KDDRQMT_281 ~~ KDDRQMT_282 ~~ KDDRQMT_283

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ If populated, present warning if Training Completion Indicator = No
4.4.84	RQMT_278	KDD BR 4.9 ID 83	Training Completion Date	Date When Patient Completed, or is Expected to Complete, Training	Indicates the date the patient completed or is expected to complete self-dialysis training.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Training Completion Indicator = Yes  ~ Must be greater than or equal to the Date Training Began  ~ Can be a future date
4.4.85	RQMT_279	KDD BR 4.9 ID 105	Training Physician Personnel Unique Identifier	Blank	Indicates the training practitioner's CROWNWeb unique identifier for the training physician.	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving training.	auto-populate	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~ KDDRQMT_273 ~~ KDDRQMT_274 ~~ KDDRQMT_275

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~~ KDDRQMT_277 ~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~ KDDRQMT_281 ~~ KDDRQMT_282 ~~ KDDRQMT_283
4.4.86	RQMT_280	KDD BR 4.9 ID 84	Training Physician Last Name	Printed Name and Signature of Physician personally familiar with the patient's training	Indicates the training practitioner's last name.	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving training.	Dropdown	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~ KDDRQMT_273 ~~ KDDRQMT_274 ~~ KDDRQMT_275 ~~ KDDRQMT_277 ~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_281 ~~ KDDRQMT_282 ~~ KDDRQMT_283
4.4.87	RQMT_281	KDD BR 4.9 ID 85	Training Physician First Name	Printed Name and Signature of Physician personally familiar with the patient's training	Indicates the training practitioner's first name.	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving training.	Dropdown	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~ KDDRQMT_273 ~~ KDDRQMT_274 ~~ KDDRQMT_275 ~~ KDDRQMT_277 ~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~ KDDRQMT_281 ~~ KDDRQMT_282 ~~ KDDRQMT_283
4.4.88	RQMT_282	KDD BR 4.9	Date Training	Blank	Indicates the date that the	See Field Level	Date(10) mm/dd/yyyy	~ Mandatory if any field in

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 86	Physician Signed Form		training physician signed the form.	Requirements	y	Section D (Training section) is populated. This includes: ~ ~ KDDRQMT_271 ~ ~ KDDRQMT_272 ~ ~ KDDRQMT_273 ~ ~ KDDRQMT_274 ~ ~ KDDRQMT_275 ~ ~ KDDRQMT_277 ~ ~ KDDRQMT_279 ~ ~ KDDRQMT_280 ~ ~ KDDRQMT_281 ~ ~ KDDRQMT_282 ~ ~ KDDRQMT_283  ~ Must be a valid date  ~ Cannot be a future date  ~ Must be between 1973

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								and current year  ~ Must be greater than patient's DOB  ~ Must be greater than or equal to Date Training Began
4.4.89	RQMT_283	KDD BR 4.9 ID 87	Training Physician UPIN	UPIN of Physician in Item 44	Indicates the training practitioner's UPIN.	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving training.	Auto-populate	~ Mandatory if any field in Section D (Training section) is populated. This includes: ~~ KDDRQMT_271 ~~ KDDRQMT_272 ~~ KDDRQMT_273 ~~ KDDRQMT_274 ~~ KDDRQMT_275 ~~ KDDRQMT_277 ~~ KDDRQMT_279 ~~ KDDRQMT_280 ~~ KDDRQMT_281

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~~ KDDRQMT_282 ~~ KDDRQMT_283  ~ Populate element from Personnel UPIN - KDDRQMT_93 if available; if UPIN not available then populate from Personnel National Provider Identifier (NPI) - KDDRQMT_94
4.4.90	RQMT_284	KDD BR 4.9 ID 106	Attending Physician Personnel Unique Identifier	Blank	The attending physician's unique personnel identifier used in CROWNWeb.		Auto-populate	~ Mandatory
4.4.91	RQMT_285	KDD BR 4.9 ID 89	Attending Physician Last Name	Attending Physician	Indicates the attending physician's legal last name.	See Field Level Requirements	Dropdown	~ Pre-populated based on the Attending Practitioner associated with the patient's treatment
4.4.92	RQMT_286	KDD BR 4.9	Attending Physician	Attending Physician	Indicates the attending	See Field Level	Dropdown	~ Pre-populated

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 90	First Name		physician's legal first name.	Requirements		based on the Attending Practitioner associated with the patient's treatment
4.4.93	RQMT_287	KDD BR 4.9 ID 91	Attending Physician Phone Number	Physician Phone No.	Indicates the attending physician's business phone number.		Auto-populate	~ Pre-populated from the attending physician's personnel record
4.4.94	RQMT_288	KDD BR 4.9 ID 93	Attending Physician UPIN	UPIN of Physician in Item 46	Unique physician identifier number associated with various medical personnel including MD, Physician's Assistants, Clinical Nurse Specialists, and Nurse Practitioners. This value is assigned to personnel outside the CROWNWeb system, OR  Indicates the personnel's National		Auto-populate	~ Pre-populated based on the Attending Practitioner associated with the patient's treatment  ~ Populate element from Personnel UPIN - KDDRQMT_93 if available; if UPIN not available then populate from Personnel National Provider Identifier (NPI) - KDDRQMT_94



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					Provider Identifier (NPI), which is a standard unique health identifier.			
4.4.95	RQMT_289	KDD BR 4.9 ID 95	Date Attending Physician Signed Form	Date	Indicates the date that the attending physician signed the form.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory</p> <p>~ Must be on or after the Date Regular Chronic Dialysis Began (if populated), the Date Patient Started Chronic Dialysis at Current Facility (if populated), the Transplant Date (if populated), and the Transplant Preparation Admission Date (if populated)</p> <p>~ Cannot be a future date</p> <p>~ Must be between 1973 and current year</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Must be greater than patient's DOB
4.4.96	RQMT_290	KDD BR 4.9 ID 96	Remarks	Remarks	Contains any miscellaneous remarks (text) entered by the Physician.		Text(255)	~ Not mandatory
4.4.97	RQMT_291	KDD BR 4.9 ID 97	Patient Sign Date	Date	Indicates the date that the patient signed the 2728.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory unless patient is deceased (Date of Death is populated in patient record)  ~ Must be on or after the Date Regular Chronic Dialysis Began (if populated), the Date Patient Started Chronic Dialysis at Current Facility (if populated), the Transplant Date (if populated), and the Transplant Preparation Admission Date (if populated).

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Cannot be a future date</p> <p>~ Must be between 1973 and current date</p> <p>~ Must be greater than patient's DOB</p>
4.4.98	RQMT_29 2	KDD BR 4.9 ID 98	2728 Form Version	Blank	System- generated form version	Default to "2005"	Text(5) mm/yy or YYYY System Assigned	<p>~ Mandatory</p> <p>~ Use mm/yy that is printed on the current form version for all newly created 2728s in CROWNWeb</p> <p>~ Legacy data will have "2005" as the form version.</p>
4.4.99	RQMT_29 3	KDD BR 4.9 ID 99	2728- Glomerular Filtration Rate (GFR)	Blank	Indicates an estimate of kidney function using the Modification of Diet in Renal Disease (MDRD) GFR calculation using age,	See Field Level Requirements	System generated  Real NNN.NN	Calculation for patients 19 years of age or older: $GFR = 186 \times (\text{Serum Creatinine lab value})^{-1.154} \times (\text{age})^{-0.203} \times (0.742 \text{ if Gender} =$

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					race, gender and serum creatinine.			<p>Female) x (1.212 if Race = Black)</p> <p>Calculation for patients 18 years of age or under: <math>GFR = k * Height \text{ (in cm)} / \text{Serum Creatinine lab value}</math>  Where <math>k=0.45</math> (age &lt; 1.5),  <math>k=0.55</math> (1.5 = age &lt; 13 or if Female),  <math>k=0.70</math> (age = 13 and if Male)</p> <p>~ Age Calculation:  Age = Serum Creatinine Collection Date - Date of Birth</p> <p>~ If greater than or equal to 15, then the Remarks field must be populated</p>
4.4.100	RQMT_294	KDD BR 4.9 ID 107	2728 Submit Date	Submit Date	Indicates the most recent date the	See Field Level Requirements	Date(10) mm/dd/yyyy	~ System generated based on most

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					patient record was submitted.			recent date that the 2728 form was successfully submitted without any validation errors.
4.4.10 1	RQMT_81 5		Primary Cause of Renal Failure Code Description	Blank	Indicates the Primary Cause of Renal Failure code description for the primary cause of end stage renal disease for this patient.	Must be a Primary Cause Code Description in the Dx Code Table	Dropdown	<p>~ Mandatory when admitting a patient and the Admit Reason (KDDRQMT_35 5) = New to ESRD</p> <p>~ List Primary Cause of Renal Failure Codes Description (KDDRQMT_13 4) in alphabetical order</p> <p>~ Auto-populate Primary Cause of Renal Failure Codes Description (KDDRQMT_13 4) with corresponding Primary Cause</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								of Renal Failure Code from the Diagnosis Code Table if Primary Cause of Renal Failure code (KDDRQMT_216) is entered.

#### 4.5 2746 - Death Notification

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.5.1	RQMT_155	KDD BR 4.8 ID 1	CROWN Unique Patient Identifier (UPI)	Blank	Unique identifier for patients.	See Field Level Requirements	Integer System Assigned	~ Mandatory
4.5.2	RQMT_156	KDD BR 4.8 ID 2	Patient Last Name	Patient's last name	Indicates the patient's current legal last name.		Display only	~ Mandatory
4.5.3	RQMT_157	KDD BR 4.8 ID 3	Patient First Name	First	Indicates the patient's current legal first name.		Display only	~ Mandatory
4.5.4	RQMT_158	KDD BR 4.8 ID 4	Patient Middle Initial	MI	Indicates the patient's current legal middle initial.		Display only	~ Not mandatory
4.5.5	RQMT_159	KDD BR	Patient Medicare	Medicare Claim Number	Indicates the patient's		Display only	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		4.8 ID 5	Claim Number		current Medicare health insurance claim number.			
4.5.6	RQMT_160	KDD BR 4.8 ID 6	Patient Sex/Gender	Patient's Sex	Indicates the patient's sex/gender.	~ M - Male ~ F - Female	Display only	~ Mandatory
4.5.7	RQMT_161	KDD BR 4.8 ID 7	Patient Date of Birth	Date of Birth	Indicates the patient's date of birth.		Date(10) mm/dd/yyyy	~ Mandatory ~ Must be a valid date ~ Cannot be a future date ~ Validate numeric entry falling between 1850 and current year ~ CPM 820 and 821 ONLY - Field Error DOB cannot be greater than 12/31/yyyy
4.5.8	RQMT_162	KDD BR 4.8 ID 8	Patient Social Security Number	Social Security Number	Indicates the patient's social security number.		Display only	~ Mandatory
4.5.9	RQMT_163	KDD BR 4.8 ID 9	Patient State of Residence	Patient's State of Residence	Indicates the state in which the patient's		Display only	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					mailing address is located.			
4.5.10	RQMT_164	KDD BR 4.8 ID 10	Patient Place of Death	Place of Death	Indicates the location at which this patient expired.	~ Hospital ~ Dialysis Unit ~ Home ~ Nursing Home ~ Other	Drop-down	~ Mandatory ~ Only one value may be selected
4.5.11	RQMT_165	KDD BR 4.8 ID 11	Patient Date of Death	Date of Death	Indicates the patient's date of death.		Display only	~ Mandatory
4.5.12	RQMT_166	KDD BR 4.8 ID 12	Patient's Modality At Time of Death	Modality at Time of Death	Indicates the anticipated long-term treatment setting for this patient.	~ Incenter Hemodialysis ~ Home Hemodialysis ~ CAPD ~ CCPD ~ Transplant ~ Other	Display only	~ Mandatory ~ Only one selection permitted ~ Derive populated Permissible Data Value based on the following: **If Primary Type of Treatment (KDDRQMT_367) = Hemodialysis AND Primary Dialysis Setting (KDDRQMT_366) = Dialysis Facility, then set value = Incenter



#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Hemodialysis</p> <p>**If Primary Type of Treatment (KDDRQMT_367) = Hemodialysis AND Primary Dialysis Setting (KDDRQMT_366) = Home, then set value = Home Hemodialysis</p> <p>**If Primary Type of Treatment (KDDRQMT_367) = Hemodialysis AND Primary Dialysis Setting (KDDRQMT_366) = SNF/Long Term Care, then set value = Incenter Hemodialysis</p> <p>**If Primary Type of Treatment (KDDRQMT_367</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>) = CAPD, then set value = CAPD</p> <p>**If Primary Type of Treatment (KDDRQMT_367) = CCPD, then set value = CCPD</p> <p>**If Primary Type of Treatment (KDDRQMT_367) = Transplant Living Related or Transplant Living Unrelated, or Transplant Deceased, or Transplant Other, then set value = Transplant</p> <p>**If Primary Type of Treatment (KDDRQMT_367) = Other, set value = Other</p>
4.5.1 3	RQMT_16 7	KDD BR	Provider Name	Provider Name and Address	Indicates the facility's		Display only	~ Pre-populated based on the

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		4.8 ID 14		(Street)	'doing business as' name and physical street address.			dialysis facility (KDDRQMT_360 ) associated with the most recent dialysis treatment record (Primary Treatment Setting KDDRQMT_366 = Hemodialysis, CAPD, CCPD, or Other)
4.5.1 4	RQMT_16 8	KDD BR 4.8 ID 15	Provider Street Address	Provider Address (City/State)	Indicates the physical street address of the facility.		Display only	~ Mandatory
4.5.1 5	RQMT_16 9	KDD BR 4.8 ID 42	Provider Street Address 2	Blank	Indicates the physical street address 2 of the facility.		Display only	~ Mandatory
4.5.1 6	RQMT_17 0	KDD BR 4.8 ID 16	Provider City	Blank	Indicates the physical city of the facility.		Display only	~ Mandatory
4.5.1 7	RQMT_17 1	KDD BR 4.8 ID 17	Provider State	Blank	Indicates the physical state of the facility.		Display only	~ Mandatory
4.5.1 8	RQMT_17 2	KDD BR	Provider Number	Provider Number	Indicates the facility's		Display only	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		4.8 ID 18			Medicare-certified number assigned by CMS.			
4.5.19	RQMT_173	KDD BR 4.8 ID 19	Patient Primary Cause of Death	Primary Cause	Indicates the patient's primary cause of death.		Display only	~ Mandatory (Always)
4.5.20	RQMT_174	KDD BR 4.8 ID 20	Patient Secondary Cause of Death Indicator	Were there secondary causes?	Indicates the patient's secondary causes of death.	~ Yes ~ No	Drop-down	~ Mandatory ~ Default is set to No
4.5.21	RQMT_175	KDD BR 4.8 ID 21	Patient Secondary Cause of Death 1, 2, 3, 4	If Yes, Specify:	Indicates a secondary cause of death for this patient (Up to 4 secondary causes may be selected).	See Death Code Table	Text(3) or Dropdown	~ Mandatory if Secondary Cause of Death value=yes, at least one additional valid ESRD Death Code is required.  ~ Entry of valid 2 or 3 digit ESRD Death Code from form (see Death Notification Causes) will populate Death Cause Description OR

#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>User can select the Secondary Cause of Death from list of value that will populate Death Code</p> <p>~ A maximum of 4 secondary ESRD Death Codes permitted  ~ If Death Code entered = (98) Other, user required to manually enter cause</p> <p>~ May multi-select up to 4 secondary causes of death</p> <p>~ Cannot be the same as the Patient Primary Cause of Death (12a)</p> <p>~ Each non-null secondary cause of Death must be a unique Cause of Death</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.5.2 2	RQMT_17 6	KDD BR 4.8 ID 22	Patient Other Cause of Death	If cause is other (98) please specify:	Requires specifics regarding the patient's cause of death if "other cause of death" is selected.	See Field Level Requirements	Text(75)	~ Mandatory if Death Code entered = '(98) Other' for primary or secondary causes. ~ Must contain at least 2 non-blank characters
4.5.2 3	RQMT_17 7	KDD BR 4.8 ID 23	Patient Discontinued Renal Replacement Therapy	Renal replacement therapy discontinued prior to death:	Indicates if the patient voluntarily discontinued renal replacement therapy treatment prior to death.	~ Yes ~ No	Drop-down	~ Mandatory
4.5.2 4	RQMT_17 8	KDD BR 4.8 ID 24	Reason Patient Discontinued Renal Replacement Therapy	If yes, check one of the following:	Indicates why the patient's treatment was discontinued .	~ Following HD and/or PD access failure ~ Following transplant failure ~ Following chronic failure to thrive ~ Following acute medical complication ~ Other	Drop-down	~ Mandatory if "Patient Discontinued Renal Replacement Therapy (13a)"= Yes. Not required in all other scenarios. ~ Only one selection permitted
4.5.2 5	RQMT_17 9	KDD BR	Last Treatment	Date of last dialysis	Indicates patient's last	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if "Patient

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		4.8 ID 25	Date	treatment	treatment date if the patient discontinued renal replacement therapy.		y	<p>Discontinued Renal Replacement Therapy (13a)"= Yes. Not required in all other scenarios.</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Must be before or equal to Patient Date of Death (KDDRQMT_135 )</p> <p>~ Must be on or after the Treatment Change Date (KDDRQMT_365 )</p>
4.5.26	RQMT_180	KDD BR 4.8 ID 26	Discontinue Request of Patient/Family	Was discontinuation of renal replacement therapy after patient/family request to stop dialysis?	Indicates the patient's treatment was discontinued at the request of his family or	<p>~ Yes</p> <p>~ No</p> <p>~ Unknown</p> <p>~ Not Applicable</p>	Dropdown	<p>~ Mandatory</p> <p>~ Pre-populate with N/A if 'Patient Discontinued Renal Replacement Therapy (13a)"=</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					himself.			NO
4.5.27	RQMT_181	KDD BR 4.8 ID 27	Date of Most Recent Transplant	Date most recent transplant	Indicates the date of the patient's most recent kidney transplants).		Date(10) mm/dd/yyyy	~ Not mandatory ~ If Patient has multiple Transplant records, this is the most recent Transplant date.
4.5.28	RQMT_182	KDD BR 4.8 ID 28	Transplant Type	Type of transplant received	Indicates the anticipated long term primary type of treatment for this patient.	~ Living Related ~ Living Unrelated ~ Deceased ~ Unknown	Dropdown	~ Not mandatory ~ If Patient has multiple Transplant records, this refers to the Type of Donor of the most recent transplant record.
4.5.29	RQMT_183	KDD BR 4.8 ID 29	Graft Function at Death	Was graft functioning (patient not on dialysis) at time of death?	Indicates whether or not the graft was functioning (patient not on dialysis) at the time of death.	~ Yes ~ No ~ Unknown	Dropdown	~ Mandatory if Date of Most Recent Transplant is Not Null. Not required in all other scenarios.
4.5.30	RQMT_184	KDD BR 4.8 ID 30	Outpatient Dialysis Status Prior to Death	Did transplant patient resume chronic maintenance dialysis prior	Indicates whether or not the patient resumed outpatient	~ Yes ~ No ~ Unknown	Dropdown	~ Mandatory if Date of Most Recent Transplant is Not Null. Not required in all



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
				to death?	dialysis prior to death.			other scenarios.
4.5.3 1	RQMT_18 5	KDD BR 4.8 ID 31	Hospice Prior to Death	Was patient receiving Hospice care prior to death?	Indicates the patient was receiving Hospice care prior to death.	~ Yes ~ No ~ Unknown	Dropdown	~ Mandatory
4.5.3 2	RQMT_18 7	KDD BR 4.8 ID 34	Attending Physician Name	Name of Physician	Indicates the attending physician's legal last name.	See Field Level Requirements	Drop-down	~ Mandatory
4.5.3 3	RQMT_18 8	KDD BR 4.8 ID 35	Attending Physician First Name	Name of Physician	Indicates the attending physician's legal first name.	See Field Level Requirements	Drop-down	~ Mandatory  ~ Populate based on Physician associated with Patients most current treatment record
4.5.3 4	RQMT_18 6	KDD BR 4.8 ID 32	2746 Practitioner UPIN	Physician UPIN	Indicates the attending practitioner's UPIN, OR Indicates the attending practitioner's NPI.		Display only	~ Mandatory  ~ Populate based on Physician associated with Patients most current treatment record  ~ Populate element from Personnel UPIN -

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								KDDRQMT_93 if available; if UPIN not available then populate from Personnel National Provider Identifier (NPI) - KDDRQMT_94
4.5.35	RQMT_189	KDD BR 4.8 ID 38	Person Completing Form 2746 Last Name	Person Completing This Form	Indicates the person completing the 2746 form's legal last name.	Must be a personnel record at facility specified in KDDRQMT_172 .	Drop-down	~ Mandatory ~ Can be changed to select another personnel record prior to submit.
4.5.36	RQMT_190	KDD BR 4.8 ID 39	Person Completing Form 2746 First Name	Person Completing This Form	Indicates the person completing the 2746 form's legal first name.	Must be a personnel record at facility specified in KDDRQMT_162 .	Drop-down	~ Mandatory ~ Can be changed to select another personnel record prior to submit.
4.5.37	RQMT_191	KDD BR 4.8 ID 40	Death Form Signed Date	Date	Indicates the date the 2746 form was signed.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory ~ Cannot be a future date ~ Must be equal or greater than patient DOD
4.5.38	RQMT_192	KDD BR 4.8	2746 Form Version	Blank	System-generated form version	Default to: Form CMS-2746-U2	Display only	~ Mandatory

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 41				(08/06) EF 08/2006		
4.5.39	RQMT_193	KDD BR 4.8 ID 43	2746 Submit Date	Blank	Indicates the most recent date the patient record was submitted.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ System generated based on most recent date that the 2746 form was successfully submitted without any validation errors.

#### 4.6 GAP Patients

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.6.1	RQMT_789		Select One	*Select One	Allows the user to select either an entire Network or a single facility when searching for a GAP patient.	~ Entire Network (Default) ~ Single Facility	Radio Buttons	~ When Entire Network is selected, drop-down of the Networks (KDDRQMT_10) in ascending order allows the end user to select a Network.  ~ When Single Facility is selected, a field with the Display name of Facility CCN displays allowing the end user to enter the Facility CCN (KDDRQMT_11), then two additional fields display with the following Display names Facility NPI (KDDRQMT_12) and

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Facility DBA Name (KDDRQMT_37) that auto-populate corresponding to the entered Facility CCN.  ~ Mandatory
4.6.2	RQMT_790		Filter	*Filter	Allows the user to select a time frame filter when performing a GAP patient search.	~ Less Than 30 Days ~ 90 To 180 Days ~ 180 To 365 Days ~ More Than 365 Days	Drop-down	~ Mandatory  ~ Default to permissible data value of 'Less Than 30 Days'
4.6.3	RQMT_791		Setting	Setting	Column that populates the patient Primary Dialysis Setting (KDDRQMT_366).		~ Hyperlink	~ Mandatory  ~ Retrieved from patient's Dialysis Setting (KDDRQMT_366) at the last Facility admission prior to discharge (KDDRQMT_361).
4.6.4	RQMT_792		Last Facility	Last Facility	Column that populates the facility DBA name (KDDRQMT_37) a patient was admitted to prior to discharge.		~ Hyperlink	~ Mandatory ~ Retrieved from patient's discharge record(Facility DBA Name KDDRQMT_37).

#### 4.7 Merging Patients - blank

#### 4.8 Treatment

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
4.8.1	RQMT_353	KDD BR 6.3 ID 61	CROWN Personnel Unique Identifier	Blank	CROWNWeb unique identifier for personnel.		Integer System generated	~ Mandatory
4.8.2	RQMT_365	KDD BR 6.3 ID 74	Treatment Start Date	Treatment Start Date	Indicates the date of the patient's treatment setting or type, which is also known as the patient's modality. This date may reflect the patient's admit date to the facility or the date that the patient's treatment type or setting has changed while under the care of the facility.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory for Treatment  ~ Pre-populate by Admit Date (KDDRQMT_354) on creation of Admit record (first treatment record and not a subsequent record)  ~ Must be greater than or equal to the Admit Date (KDDRQMT_354) for the facility  ~ Cannot be a future date  ~ Cannot be before patient DOB (KDDRQMT_119)  ~ Must be on or

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>before the patient's Discharge Date (KDDRQMT_361) for the facility</p> <p>~ Must be between 1973 and the current year</p> <p>~ Admit date (KDDRQMT_354) cannot be prior to Facility's Open Date (KDDRQMT_32)</p> <p>~ Present ERROR message if Facility associated with the admission not open as of the Admit Date</p>
4.8.3	RQMT_366	KDD BR 6.3 ID 13	Primary Dialysis Setting	Primary Dialysis Setting	Indicates the anticipated long-term treatment setting for this patient.	<p>~ 1 - Home</p> <p>~ 2 - Dialysis Facility/Center</p> <p>~ 3 - SNF/Long Term Care Facility</p>	Dropdown	~ Mandatory on a treatment record when admitting a patient and updating the patient's treatment
4.8.4	RQMT_394	KDD BR 6.3 ID	Treatment Submit Date	Submit Date	Indicates the most recent date the patient's treatment record		Date(10) mm/dd/yyyy	~ System generated based on most recent date that the

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		76			was submitted.			patient Treatment record was successfully submitted without any validation errors.
4.8.5	RQMT_367	KDD BR 6.3 ID 14	Primary Type of Treatment	Primary Type of Treatment	Indicates the anticipated long-term primary type of treatment for this patient.	Dialysis Treatment Types: ~ 1 - Hemodialysis ~ 2 - CAPD ~ 3 - CCPD ~ 4 - Other  Transplant Treatment Types: ~ 5 - Transplant - Living Related ~ 6 - Transplant - Living Unrelated ~ 7 - Transplant - Deceased ~ 8 - Unknown	Dropdown	~ Mandatory on a treatment record when admitting a patient, updating the patient's treatment, and creating a transplant record.
4.8.6	RQMT_368	KDD BR 6.3 ID 8	Sessions per Week	Sessions Per Week	Indicates the number of hemodialysis sessions a patient receives per week.	~ 1.0 - 7.0	Real N.N	~ Mandatory if Primary Type of Treatment (KDD RQMT_367) = Hemodialysis
4.8.7	RQMT_369	KDD	Time Per	Time Per	Indicates the	~ 60 - 600	Integer	~ Mandatory if

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		BR 6.3 ID 9	Session (Delivered)	Session (in minutes)	time delivered per session for hemodialysis patients (in minutes).		NNN	Primary Type of Treatment (KDDRQMT_367) = Hemodialysis
4.8.8	RQMT_370	KDD BR 6.3 ID 4	Attending Practitioner Name	Attending Practitioner	Indicates the attending practitioner's legal last name.	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving care.	Drop-down	~ Mandatory for Treatment ~ Concatenate KDDRQMT_85 and KDDRQMT_86 To create Practitioner's name. ~ Display Last Name, First Name
4.8.9	RQMT_372	KDD BR 6.3 ID 6	Attending Practitioner UPIN	Attending Practitioner UPIN	Indicates the attending practitioner's UPIN	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving care.	Display only	~ Mandatory for Treatment when Attending Practitioner National Provider Identifier (KDDRQMT_373) is blank
4.8.10	RQMT_373	KDD BR 6.3 ID 7	Attending Practitioner National Provider Identifier (NPI)	Attending Practitioner NPI	Indicates the attending practitioner's NPI.	Must be a person with a UPIN or NPI that has a position at the facility where the patient is receiving care.	Display only	~ Mandatory for Treatment when Attending Practitioner UPIN (KDDRQMT_372) is blank.
4.8.11	RQMT_381	KDD BR	Transplant Date	Transplant Date	Indicates the date of the	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory for transplant



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		6.3 ID 50			patient's most recent kidney transplants.			<p>treatment</p> <p>~ Pre-populate by Admit Date (KDDRQMT_354) on creation of a Transplant Facility Admit record</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be before patient's DOB</p> <p>~ Must be between 1973 and current year</p>
4.8.12	RQMT_382	KDD BR 6.3 ID 51	Transplant Hospital "Doing Business As" (DBA) Name	Facility DBA Name	Indicates the DBA name of the transplant hospital where the patient received a kidney transplant.	~ Facility's Program Type must be Transplant	Drop-down	<p>~ Mandatory for transplant treatment</p> <p>~ Pre-populated based on Transplant Hospital selected</p>
4.8.13	RQMT_383	KDD BR 6.3 ID 52	Transplant Hospital CMS Certification Number	Facility CCN	Indicates the CCN of the transplant hospital where the patient	~ Facility's Program Type must be Transplant	Text(6)	<p>~ Mandatory for transplant treatment</p> <p>~ Pre-populated</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
			(CCN)		received a kidney transplant.			<p>based on Transplant Hospital selected</p> <p>~ Upon identification of Transplant Hospital by selection of either DBA Name, CCN, or NPI, auto-populate the rest of the transplant hospital identifiers</p> <p>~ See KDDRQMT_11 for other field level requirements</p>
4.8.14	RQMT_384	KDD BR 6.3 ID 53	Transplant Hospital National Provider Identifier (NPI)	Facility NPI	Indicates the facility's NPI of the transplant hospital where the patient received a kidney transplant.	~ Facility's Program Type must be Transplant	Number(10)	<p>~ Mandatory for transplant treatment</p> <p>~ Pre-populated based on Transplant Hospital selected</p> <p>~ Upon identification of Transplant Hospital by selection of either DBA Name, CCN, or NPI, auto-</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>populate the rest of the transplant hospital identifiers</p> <p>~ See KDDRQMT_12 for other field level requirements</p>
4.8.15	RQMT_385	KDD BR 6.3 ID 54	Date Patient Admitted for Transplant	Admit Date	Indicates the date the patient was admitted as an inpatient to a hospital in preparation for, or anticipation of a kidney transplant.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if the Preparation Hospital facility is populated</p> <p>~ Must be equal or prior to the Transplant Date</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be before patient DOB</p> <p>~ Must between 1973 and current year</p>
4.8.16	RQMT_386	KDD BR 6.3 ID 70	Preparation Hospital "Doing Business As" Name	Preparation Hospital DBA Name	Indicates the DBA name of the hospital where patient was admitted as an	~ Facility's Program Type must be Transplant	Dropdown	~ Mandatory if Date Patient Admitted for Transplant is populated

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.			
4.8.17	RQMT_387	KDD BR 6.3 ID 71	Preparation Hospital CMS Certification Number (CCN)	Preparation Hospital CCN	Indicates the CCN of the hospital where the patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.	~ Facility's Program Type must be Transplant	Text(6)	<p>~ Mandatory if Date Patient Admitted for Transplant is populated</p> <p>~ Upon identification of Transplant Hospital by selection of either DBA Name, CCN, or NPI, auto-populate the rest of the transplant hospital identifiers</p> <p>~ See KDDRQMT_11 for other field level requirements</p>
4.8.18	RQMT_388	KDD BR 6.3 ID 72	Preparation Hospital National Provider Identifier (NPI)	Preparation Hospital NPI	Indicates the preparation hospital's NPI where the patient was admitted as an in-patient in	~ Facility's Program Type must be Transplant	Number(10)	~ Mandatory if Date Patient Admitted for Transplant is populated

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					preparation for, or anticipation of, a kidney transplant prior to the date of the actual transplantation.			~ Upon identification of Transplant Hospital by selection of either DBA Name, CCN, or NPI, auto-populate the rest of the transplant hospital identifiers  ~ See KDDRQMT_12 for other field level requirements
4.8.19	RQMT_389	KDD BR 6.3 ID 55	Transplant Status	Transplant Status	Indicates the status of the transplant.	~ Functioning ~ Non-functioning	Dropdown	~ Not mandatory for transplant treatment (only mandatory for 2728)

#### 4.9 Patient Match Logic - Blank

## 5 CLINICAL MODULE

### 5.1 General - Clinical

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.1.1	RQMT_776		Collection Type	Collection Type	Indicates which collection type the user wishes to work with.	~ Hemodialysis ~ Peritoneal Dialysis ~ Vascular Access	Drop-down	~ Mandatory  ~ Default to permissible data values of 'Hemodialysis'
5.1.2	RQMT_777		Clinical Month	Clinical Month	The month the end user will be entering the clinical data for.	~ Month Year (Open) ~ Month Year (Closed)	Dropdown	~ Mandatory  ~ Upon clinical data being closed for the month the (Open) will change to (Closed) for that particular month  ~ After month is Closed data will be locked (unable to be changed, entered, deleted) within the user role  ~ Only patient data for the selected month will be displayed  ~ Defaults to Current Month and Year  ~ Month and year

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								shall display in consecutive order for a minimum of two years.
5.1.3	RQMT_973		Clinical Month Status	Status	Defines the status of the Clinical Month as open or closed in accordance with CMS.	~ Open ~ Closed	Radio Button	~ Default = Open
5.1.4	RQMT_801		Facility DBA Name	Facility DBA Name	Indicates the facility's 'doing business as' name.		Drop-down	~ Mandatory
5.1.5	RQMT_745		CMS Certification Number (CCN)	Facility CCN	Indicates the facility's Medicare certified number assigned by CMS to identify a specific search facility.	~ only stored valid CCNs can be populated	Pre-Populates	~ Mandatory if Provider Use Type (KDDRQMT_66) = Medicare  ~ Must be 6 characters in length
5.1.6	RQMT_802		National Provider Identifier (NPI)	Facility NPI	Indicates the facility's National Provider Identifier (NPI) for the facility.		Number(10)	~ Mandatory  ~ Numeric only  ~ Must be 10 digits in length  ~ The first 9 positions are the identifier and the last position is a check digit. The check digit must be valid according to the NPI

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Validation tab.
5.1.7	RQMT_775		Last Name Group	Last Name Group	Allows a user to select a patient according to his/her last name's group.	~ All ~ A-H ~ I-Q ~ R-Z	Drop-down	~ Not mandatory
5.1.8	RQMT_804		List of Patient at selected Facility	Patient	Indicates the list of patients for the selected facility.		Dropdown	~ Mandatory  ~ System shall display list of patients according to following selection: ~~ Collection Type (KDDRQMT_776) ~~ Clinical Month (KDDRQMT_777) ~~ Facility DBA Name (KDDRQMT_801) ~~ Last Name Group (KDDRQMT_775)
5.1.9	RQMT_295	KDD BR 6.1 ID 1	CROWN Unique Patient Identifier (UPI)	Blank	Unique identifier for patients		Integer System Assigned	~ Mandatory ~ System generated
5.1.10	RQMT_302	KDD BR 6.1 ID 27	Glomerular Filtration Rate (GFR)	GFR	Indicates an estimate of kidney function using the Modification of Diet in Renal Disease (MDRD) GFR calculation using age, race, gender and		System generated  Real NNN.NN	~ Calculation for Adult patients (19 years of age or older): GFR = 186 x (Serum Creatinine lab value)-1.154 x (age)-0.203 x (0.742 if Gender = Female) x (1.212 if Race =



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					serum creatinine.			Black) ~ Calculation for Pediatric patients (18 years of age or under): $GFR = k * Height \text{ (in cm)} / \text{Serum Creatinine lab value}$ Where k=0.45 (age < 1.5), k=0.55 (1.5 = age < 13 or if Female), k=0.70 (age = 13 and if Male)  ~ Age Calculation: Age = Serum Creatinine Collection Date - Date of Birth

## 5.2 Clinical Search

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.2.1	RQMT_794		Display Patients	Display Patients	Indicates the selection of patients with data or missing all clinical data to be identified.	~ With Clinical Values ~ Missing All Clinical Data	Drop-down	~ Mandatory ~ Defaults to permissible data value of 'With Clinical Values'
5.2.2	RQMT_795		Collection Type	Collection Type	Indicates the collection type based on patient's modality to identify patients	~ Hemodialysis ~ Peritoneal Dialysis ~ Vascular	Drop-down	~ Mandatory ~ Defaults to permissible data value of 'Hemodialysis'

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					for search.	Access		
5.2.3	RQMT_796		Measure	Measure	Allows the end user to select the CPM category.	~ Select One ~ Anemia Management ~ Adequacy ~ Mineral Metabolism	Drop-down	~ Mandatory when Display Patients (KDDRQMT_794) = With Clinical Values  ~ Defaults to permissible data values of 'Select One'
5.2.4	RQMT_797		Display Patients Per Page	Display Patients Per Page	Allows the end user to select the number of patients to be displayed per page.	~ 10 ~ 20 ~ 50 ~ All	Drop-down	~ Mandatory  ~ Defaults to permissible data value of '10'
5.2.5	RQMT_798		Clinical Month Status	Status	Allows the end user to select the status of the clinical month.	~ Open ~ Closed	~ Radio Button	~ Defaults permissible data values of 'Open'  ~ Entry permissible determined by the user's role and scope

### 5.3 Adequacy of Dialysis

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.3.1	RQMT_300	KDD BR 6.1 ID 13	Serum Creatinine	Serum Creatinine	Indicates the serum creatinine value (mg/dl) for this patient.	2.0 – 25.0	Real NN.N	~ Mandatory when Primary Type of Treatment (KDDRQMT_367) is Peritoneal Dialysis (CAPD or CCPD) on the day of the Serum Creatinine

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Collection Date (KDDRQMT_301) AND if Dialysate Volume (KDDRQMT_344), Dialysate Urea Nitrogen (KDDRQMT_345), Dialysate Creatinine (KDDRQMT_346), Urine Volume (KDDRQMT_347), or Serum BUN (KDDRQMT_350) is entered</p> <p>~ Present warning if value is not in the permissible data value range</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>
5.3.2	RQMT_301	KDD BR 6.1 ID	Serum Creatinine Collection Date	Blank	Indicates the date the serum creatinine value was	See Field Level Requirements	Date(10) mm/dd/yy yy	~ Mandatory if Serum Creatinine (KDDRQMT_300) value is populated

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		14			collected for the patient.			~ Must be a valid date  ~ Cannot be a future date  ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)  ~ Must be between 1973 and current year  ~ Cannot be after patient's Date of Death (KDDRQMT_135)  ~ Pre-populate date with Common Lab Test Date  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value  ~ Present warning

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>when Primary Type of Treatment (KDDRQMT_367) is = Peritoneal Dialysis (CAPD or CCPD) on the day of the Serum Creatinine Collection Date (KDDRQMT_301) AND if Serum Creatinine Collection Date (KDDRQMT_301) is not equal to newly entered or previously existing Date of PD Adequacy Measurement when record is submitted</p> <p>~ Present warning when Primary Type of Treatment (KDDRQMT_367) is = Hemodialysis on the day of the Serum Creatinine Collection Date (KDDRQMT_301) AND if Serum Creatinine Collection Date</p>

#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>(KDDRQMT_301) is not equal to newly entered or previously existing Kt/V Hemodialysis Collection Date (KDDRQMT_322) when record is submitted</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p> <p>~ Must be a date within the Clinical Month and Year selected</p>
5.3.3	RQMT_321	KD D BR 6.1 ID 215	Kt/V Hemodialysis	Kt/V	Indicates the Single Pool Kt/V value for Hemodialysis.	0.50 - 2.50	N.NN	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								CCPD) ~ Present warning if value is not in the permissible data value range  ~ Mandatory if Kt/V Hemodialysis Method (KDDRQMT_323) is entered  ~ Mandatory when Kt/V Hemodialysis Collection Date, BUN Pre-dialysis, BUN Post-dialysis, Pre-dialysis Weight, Post- dialysis Weight, or Delivered Minutes of BUN Dialysis Session is entered.  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.3.4	RQMT_322	KDD BR 6.1 ID 216	Kt/V Hemodialysis Collection Date	Blank	Indicates the collection date of Single Pool Kt/V value.	See Field Level Requirements	Date(10) mm/dd/yy yy	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = CAPD or CCPD</p> <p>~ Pre-populate with Common Lab Test Date</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Mandatory if Kt/V Hemodialysis (KDDRQMT_321), Kt/V Hemodialysis Method (KDDRQMT_323), BUN Pre-Dialysis (KDDRQMT_330), BUN Post-Dialysis (KDDRQMT_331), Pre-Dialysis Weight (KDDRQMT_332), or Post-Dialysis</p>



#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Weight (KDDRQMT_334) is entered  ~ Must be a valid date  ~ Cannot be a future date  ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)  ~ Must be between 1973 and current year  ~ Cannot be after patient's Date of Death (KDDRQMT_135)  ~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>patient's lab data</p> <p>~ Date must be within the selected Clinical Month and Year</p> <p>~ Mandatory when patient's Height is populated</p>
5.3.5	RQMT_323	KDD BR 6.1 ID 217	Kt/V Hemodialysis Method	Kt/V Method	Indicates the method used to calculate Single Pool Kt/V for Hemodialysis.	<p>~ UKM</p> <p>~ Daugirdas II</p> <p>~ Depner</p> <p>~ Derived from URR, no patient weight</p> <p>~ Other</p>	Dropdown	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = CAPD or CCPD</p> <p>~ Mandatory if value for Kt/V Hemodialysis (KDDRQMT_321) is entered</p> <p>~ Auto-populated from Facility Default Kt/V Hemodialysis Method (KDDRQMT_74)</p> <p>~ Displays any data entered for the patient for the selected month(if</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								present) ~ User can change value  ~ Enabled with the Kt/V Hemodialysis is populated, otherwise disabled
5.3.6	RQMT_324	KDD BR 6.1 ID 218	Date of PD Adequacy Measurement	Blank	Indicates the date when PD adequacy measurement was performed.	See Field Level Requirements	Date(10) mm/dd/yy yy	~ Data entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Pre-populate with Common Lab Test Date  ~ User can change value  ~ Displays any data entered for the patient for the selected month(if present)  ~ Mandatory if Weekly Kt/V Peritoneal Dialysis (KDDRQMT_325), Body Surface Area

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Method (KDDRQMT_327), Residual Renal Function Assessed in Calculating Kt/V? (KDDRQMT_328), Treatment Changed (KDDRQMT_329), Dialysate Urea Nitrogen (KDDRQMT_345), Dialysate Creatinine (KDDRQMT_346), Urine Urea Nitrogen (KDDRQMT_348), Urine Creatinine (KDDRQMT_349), or Serum BUN (KDDRQMT_350) is entered  ~ Must be a valid date  ~ Cannot be a future date  ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361)(if present) for the patient at the Facility entering patient's lab data</p> <p>~ Must be within the date of the selected Clinical Month and Year</p> <p>~ Mandatory when patient's Height is populated</p> <p>~ Mandatory when dialysate</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Volume is populated  ~ Mandatory when Clinic Weight is populated
5.3.7	RQMT_325	KDD BR 6.1 ID 221	Weekly Kt/V Peritoneal Dialysis	Weekly Kt/V	Indicates the weekly Kt/V urea (dialysate and urine clearance) at the time the Weekly Kt/V PD adequacy measurement was performed.	0.50 - 5.00 (0.50-6.00)	N.NN	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Kt/V Peritoneal Dialysis Method (KDDRQMT_326), Body Surface Area Method (KDDRQMT_327), Residual Renal Function Assessed in Calculating Kt/V? (KDDRQMT_328), or Treatment Changed (KDDRQMT_329) is entered  ~ Present warning if value is not in the permissible data value

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>ranges:            ~~ Adult (Age on lab collection date &gt;= 18) range is 0.50 - 5.00            ~~ Pediatric (Age on lab collection date &lt; 18) range is 0.50 - 6.00</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Mandatory when the date of PD Adquacy Measurement, Dialysate Urea Nitrogen, Dialysate Creatinine, Urine Urea Nitrogen, Urine Creatinine, or Serum BUN is populated</p>
5.3.8	RQMT_326	KD D BR 6.1	Kt/V Peritoneal Dialysis Method	V Method	Indicates the method by which V was	~ % Body Weight ~ Hume ~ Watson ~ Other	Dropdown	~ Date entry not allowed when Primary Type of Treatment

#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 222			calculated for Kt/V Peritoneal Dialysis.			(KDDRQMT_367) = Hemodialysis  ~ Mandatory when Weekly Kt/V Peritoneal Dialysis (KDDRQMT_325) is populated  ~ Auto-populated from Facility Default Kt/V PD Method (KDDRQMT_76)  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value  ~ Enabled when Weekly Kt/V Peritoneal Dialysis is populated, otherwise disabled
5.3.9	RQMT_327	KD BR 6.1 ID 226	Body Surface Area Method	BSA Method	Indicates the method by which Body Surface Area was	~ Dubois & Dubois ~ Other	Dropdown	~ Data entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					calculated.			<p>~ Mandatory when Weekly Kt/V Peritoneal Dialysis (KDDRQMT_325) is populated</p> <p>~ Auto-populated from Facility Default Body Surface Area Method (KDDRQMT_77)</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>
5.3.10	RQMT_328	KDD BR 6.1 ID 223	Residual Renal Function Assessed in Calculating Kt/V?	RRF Assessed in Kt/V	Indicates whether the standard process of assessing Residual Renal Function was performed when calculating the Weekly	~ Yes ~ No	Dropdown	<p>~ Data entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis</p> <p>~ Mandatory when Weekly Kt/V Peritoneal Dialysis (KDDRQMT_325) is populated</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					Kt/V.			<p>~ Auto-populated from Facility Default Residual Renal Function Assessed in Calculating Kt/V? (KDDRQMT_78)</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>
5.3.1 1	RQMT_329	KDD BR 6.1 ID 225	Treatment Changed?	Prescription Change after Adequacy Measurement	Indicates if the prescription changed following the PD adequacy measurement.	~ Yes ~ No	Dropdown	<p>~ Entry not allowed when the Primary Type of Treatment (KDDRQMT_367) = Hemodialysis</p> <p>~ Mandatory when Weekly Kt/V Peritoneal Dialysis (KDDRQMT_325) is entered</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ User can change value
5.3.12	RQMT_330	KDD BR 6.1 ID 227	BUN Pre-Dialysis	BUN Pre-dialysis (mg/dL)	Indicates the pre-dialysis BUN value.	3- 200	NNN	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CCPD or CAPD)</p> <p>~ Present warning if value entered is less than BUN Post-dialysis (KDDRQMT_331)</p> <p>~ Mandatory if BUN Post-Dialysis (KDDRQMT_331), Pre-Dialysis Weight (KDDRQMT_332), Post-Dialysis Weight (KDDRQMT_334), or Delivered Minutes of BUN Hemodialysis Session (KDDRQMT_337) is entered</p> <p>~ Displays any data entered for</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								the patient for the selected month(if present)  ~ User can change value
5.3.13	RQMT_331	KDD BR 6.1 ID 228	BUN Post-Dialysis	BUN Post-dialysis (mg/dL)	Indicates the post-dialysis BUN value.	3- 200 (Must be less than BUN Pre-dialysis)	NNN	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CCPD or CAPD)  ~ Present warning if value entered is greater than BUN Pre-dialysis (KDDRQMT_330)  ~ Mandatory if BUN Pre-Dialysis (KDDRQMT_330), Pre-Dialysis Weight (KDDRQMT_332), Post-Dialysis Weight (KDDRQMT_334), or Delivered Minutes of BUN Hemodialysis Session (KDDRQMT_337)

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>is entered</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>
5.3.14	RQMT_332	KDD BR 6.1 ID 237	Pre-Dialysis Weight	Pre-Dialysis Weight	Indicates pre-dialysis weight when pre-dialysis BUN was drawn.	70 - 700 or 32 - 318 (2.2 - 700.0 or 1.0-318.0)	NNN.N	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or CCPD)</p> <p>~ Mandatory if BUN Pre-Dialysis (KDDRQMT_330), BUN Post-Dialysis (KDDRQMT_331), Post-Dialysis Weight (KDDRQMT_334), or Delivered Minutes of BUN Hemodialysis Session (KDDRQMT_337) is entered</p> <p>~ Enabled when</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>BUN Pre-Dialysis or BUN Post-Dialysis is populated, otherwise disabled</p> <p>~ Present fatal error if value is 0 (zero) -- when online entry, do not allow save</p> <p>~ Present warning if value is not in the permissible data value ranges:            ~~ Adult (Age on lab collection date &gt;= 18) range is 70 - 700 lbs or 32 - 318 kgs            ~~ Pediatric (Age on lab collection date &lt; 18) range is 2.2 - 700 lbs or 1 - 318 kgs</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								change value
5.3.1 5	RQMT_33 3	KDD BR 6.1 ID 238	Pre-Dialysis Weight Unit of Measure	Blank	Indicates the pre- dialysis weight unit of measure.	~ lb ~ kg	Dropdown	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or CCPD)</p> <p>~ Mandatory if Pre-Dialysis Weight (KDDRQMT_332) is entered</p> <p>~ Auto-populated from Facility Default Patient Weight Unit of Measure (KDDRQMT_81)</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Enabled when BUN Pre-Dialysis or BUN Post-</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Dialysis is populated, otherwise disabled
5.3.1 6	RQMT_33 4	KD D BR 6.1 ID 239	Post-Dialysis Weight	Post-Dialysis Weight	Indicates post-dialysis weight when post-dialysis BUN was drawn.	70 - 700 or 32 - 318 (2.2 - 700.0 or 1.0-318.0 )	NNN.N	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or CCPD)</p> <p>~ Mandatory if BUN Pre-Dialysis (KDDRQMT_330), BUN Post-Dialysis (KDDRQMT_331), Pre-Dialysis Weight (KDDRQMT_332), Delivered Minutes of BUN Hemodialysis Session (KDDRQMT_337) is entered</p> <p>~ Present fatal error if value is 0 (zero) -- when online entry, do not allow save</p> <p>~ Present warning if more than 5%</p>



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>greater than Pre-dialysis weight (KDDRQMT_332)</p> <p>~ Present warning if value is not in the permissible data value ranges:</p> <p>~~ Adult (Age on lab collection date &gt;= 18) range is 70 - 700 lbs or 32 - 318 kgs</p> <p>~~ Pediatric (Age on lab collection date &lt; 18) range is 2.2 - 700 lbs or 1 - 318 kgs</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Enabled when BUN Pre-Dialysis or BUN Post-Dialysis is populated, otherwise disabled</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.3.1 7	RQMT_33 5	KD D BR 6.1 ID 240	Post-Dialysis Weight Unit of Measure	Blank	Indicates the post-dialysis weight unit of measure.	~ lb ~ kg	Drop-down	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or CCPD)</p> <p>~ Mandatory if Post-dialysis Weight (KDDRQMT_334) is entered</p> <p>~ Auto-populated from Facility Default Patient Weight Unit of Measure (KDDRQMT_81)</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Enabled when BUN Pre-Dialysis or BUN Post-Dialysis is</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								populated, otherwise disabled
5.3.1 8	RQMT_33 7	KDD BR 6.1 ID 250	Delivered Minutes of BUN Hemodialys is Session	Delivered Minutes of BUN Hemodialys is Session	Indicates the actual delivered time on hemodialysis in minutes at session when BUNs were drawn.	60 - 600	NNN	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or CCPD)</p> <p>~ Present warning if value is not in the permissible data value range</p> <p>~ Mandatory if BUN Pre-Dialysis (KDDRQMT_330), Pre-Dialysis Weight (KDDRQMT_332), BUN Post-Dialysis (KDDRQMT_331), or Post-Dialysis Weight (KDDRQMT_334) is entered</p> <p>~ Default to previously recorded value when BUN Pre-Dialysis (KDDRQMT_330),</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Pre-Dialysis Weight (KDDRQMT_332), BUN Post-Dialysis (KDDRQMT_331), or Post-Dialysis Weight (KDDRQMT_334) is entered
5.3.19	RQMT_338	KDD BR 6.1 ID 258	Patient Height	Height	Indicates the most recent recorded height of the patient or if an amputee, height before amputation.	~ 48-82 (Adult) SE ~ 122-208 (Adult) SE ~ 10.0-82.0 (Ped) (on CPM) SE ~ 25.0-208.0 (Ped) (on CPM) SE	Real NN.N / NNN.N	~ Mandatory when Kt/V Hemodialysis (KDDRQMT_321) or Weekly Kt/V Peritoneal Dialysis (KDDRQMT_325) is entered  ~ Present fatal error if value is 0 (zero) -- when online entry, do not allow save  ~ Present warning if value is not in the permissible data value ranges: ~~ Adult (Age on lab collection date >= 18) range is 48 - 82 in or 122 - 208 cm ~~ Pediatric (Age

#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>on lab collection date &lt; 18) range is 10 - 82 in or 25 - 208 cm</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ For newly admitted patients or patients with no existing value set to blank until data is entered</p> <p>~ User can change value</p>
5.3.2 0	RQMT_33 9	KD D BR 6.1 ID 259	Patient Height Unit of Measure	Blank	Indicates the patient's height unit of measure.	~ in ~ cm	Drop-down	<p>~ Mandatory if Patient Height (KDDRQMT_338) is entered</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ For newly admitted patients or patients with no existing value,</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								auto-populated from Facility Default  ~ User can change value
5.3.21	RQMT_340	KDD BR 6.1 ID 245	Clinic Weight	Clinic Weight	Indicates the patient's weight at clinic visit (abdomen empty) at the time the PD adequacy measurement was performed.	70.0 - 700.0 or 32.0 - 318.0 (2.2- 700.0 or 1.0 - 318.0)	NNN.N	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Creatinine Clearance (KDDRQMT_343), Dialysate Volume (KDDRQMT_344), Dialysate Urea Nitrogen (KDDRQMT_345), Dialysate Creatinine (KDDRQMT_346), Urine Volume (KDDRQMT_347), Serum BUN (KDDRQMT_350), or Serum Creatinine (KDDRQMT_300) is entered  ~ Present fatal

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>error if value is 0 (zero) -- when online entry, do not allow save</p> <p>~ Present warning if value is not in the permissible data value range</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>
5.3.2 2	RQMT_34 1	KDD BR 6.1 ID 246	Clinic Weight Unit of Measurement	Blank	Indicates the unit of measurement used for clinic weight.	~ lb ~ kg	Dropdown	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis</p> <p>~ Mandatory when Clinic Weight (KDDRQMT_340) is populated</p> <p>~ Displays any data entered for the patient for the selected month(if</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								present)  ~ For newly admitted patients or patients with no existing value, auto-populated from Facility Default Patient Weight Unit of Measure (KDDRQMT_81)  ~ User can change value
5.3.23	RQMT_342	KDD BR 6.1 ID 247	Body Surface Area Corrected?	BSA Corrected	Indicates if the creatinine clearance is corrected for body surface area, using standard methods.	~ Yes ~ No	Dropdown	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Primary Type of Treatment (KDDRQMT_367) = Peritoneal Dialysis (CAPD or CCPD) AND Creatinine Clearance (KDDRQMT_343) are populated  ~ Displays any



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								data entered for the patient for the selected month(if present)  ~ User can change value
5.3.24	RQMT_343	KDD BR 6.1 ID 248	Creatinine Clearance	Creatinine Clearance	Indicates the weekly creatinine clearance (dialysate and urine clearance) at the time the PD adequacy measurement was performed; also used to calculate the GFR.	10.0 - 200.0 or 10.0 - 150.0 1.73	NNN.N	~ Mandatory if Clinic Weight (KDDRQMT_340), Dialysate Volume (KDDRQMT_344), Dialysate Urea Nitrogen (KDDRQMT_345), Dialysate Creatinine (KDDRQMT_346), Urine Volume (KDDRQMT_347), Serum BUN (KDDRQMT_350), or Serum Creatinine (KDDRQMT_300) is entered  ~ Present warning if value is not in the permissible data value range: ~ 10.0 - 200.0 L/wk when Body Surface Area Corrected

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								(KDDRQMT_342)is = Yes ~ 10.0 - 150.0 L/wk/1.73m2 when Body Surface Area Corrected (KDDRQMT_342)is = No  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value
5.3.25	RQMT_344	KDD BR ID 241	Dialysate Volume	24hr Dialysate Volume (ml)	Indicates the 24 hour dialysate volume (prescribed and ultrafiltration) at the time the PD adequacy measurement was performed.	4000 - 25,000 (300 - 25,00)	NNNNN	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Clinic Weight (KDDRQMT_340), Creatinine Clearance (KDDRQMT_343), Dialysate Urea Nitrogen (KDDRQMT_345), Dialysate

#	Rqmt ID	Old KD D ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								Creatinine (KDDRQMT_346), Urine Volume (KDDRQMT_347), Serum BUN (KDDRQMT_350), or Serum Creatinine (KDDRQMT_300) is entered  ~ Present warning if value is not in the permissible data value ranges: ~~ Adult (Age on lab collection date >= 18) range is 4000 - 25,000 mL ~~ Pediatric (Age on lab collection date < 18) range is 300 - 25,000 mL  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value
5.3.2	RQMT_34	KD	Dialysate	24hr	Indicates	10.0 - 500.0	NNN.N	~ Entry not

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
6	5	D BR 6.1 ID 229	Urea Nitrogen	Dialysate Urea Nitrogen (mg/dL)	the 24 hr dialysate urea nitrogen at the time the PD adequacy measurement was performed.			<p>allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis</p> <p>~ Mandatory if Clinic Weight (KDDRQMT_340), Creatinine Clearance (KDDRQMT_343), Dialysate Volume (KDDRQMT_344), Dialysate Creatinine (KDDRQMT_346), Urine Volume (KDDRQMT_347), Serum BUN (KDDRQMT_350), or Serum Creatinine (KDDRQMT_300) is entered</p> <p>~ Present warning if value is not in the permissible data value range.</p> <p>~ Displays any data entered for the patient for the selected month(if</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								present) ~ User can change value
5.3.27	RQMT_346	KDD BR 6.1 ID 230	Dialysate Creatinine	24hr Dialysate Creatinine (mg/dL)	Indicates the 24 hr dialysate creatinine at the time the PD adequacy measurement was performed.	2.5 - 20.0	NN.N	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Clinic Weight (KDDRQMT_340), Creatinine Clearance (KDDRQMT_343), Dialysate Volume (KDDRQMT_344), Dialysate Urea Nitrogen (KDDRQMT_345), Urine Volume (KDDRQMT_347), Serum BUN (KDDRQMT_350), or Serum Creatinine (KDDRQMT_300) is entered  ~ Present warning if value is not in the permissible data value range.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>
5.3.28	RQMT_347	KDD BR 6.1 ID 242	Urine Volume	24hr Urine Volume (ml)	Indicates the 24 hr urine volume, if performed, at the time the PD adequacy measurement was performed.	10 - 3500	NNNN	<p>~ Entry not allowed when modality = HD</p> <p>~ Not mandatory</p> <p>~ Present warning if value is not in the permissible data value range.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p>
5.3.29	RQMT_348	KDD BR 6.1 ID 231	Urine Urea Nitrogen	24hr Urine Urea Nitrogen (mg/dL)	Indicates the 24 hr urine urea nitrogen at the time the PD adequacy measurement was performed.	10.0 - 950.0	NNN.N	<p>~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis</p> <p>~ Mandatory if Urine Volume</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								(KDDRQMT_347) is entered  ~ Present warning if value is not in the permissible data value range.  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value
5.3.30	RQMT_349	KDD BR 6.1 ID 232	Urine Creatinine	24hr Urine Creatinine (mg/dL)	Indicates the 24 hr urine creatinine at the time the PD adequacy measurement was performed.	1.0 - 400.0	NNN.N	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Urine Volume (KDDRQMT_347) is entered  ~ Present warning if value is not in the permissible data value range.  ~ Displays any data entered for

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								the patient for the selected month(if present)  ~ User can change value
5.3.3 1	RQMT_350	KDD BR 6.1 ID 233	Serum BUN	Serum BUN (mg/dL)	Indicates the serum BUN value at the time PD adequacy assessment was performed.	15 - 140	NNN	~ Entry not allowed when Primary Type of Treatment (KDDRQMT_367) = Hemodialysis  ~ Mandatory if Clinic Weight (KDDRQMT_340), Creatinine Clearance (KDDRQMT_343), Dialysate Volume (KDDRQMT_344), Dialysate Urea Nitrogen (KDDRQMT_345), Dialysate Creatinine (KDDRQMT_346), Urine Volume (KDDRQMT_347), or Serum Creatinine (KDDRQMT_300) is entered  ~ Present warning



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								if value is not in the permissible data value range.  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value
5.3.3 2	RQMT_74 6		Creatinine Clearance Method	Blank	Method used to calculate Creatinine Clearance for Peritoneal Dialysis Collection Type.	~ L/wk  ~ L/wk/1.73m(superscript) <sup>2</sup>	Dropdown	~ Mandatory when Creatinine Clearance (KDDRQMT_343) is entered  ~ Displays any data entered for the patient for the selected month(if present) )  ~ User can change value

#### 5.4 Anemia Management

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.4.1	RQMT_303	KDD BR 6.1	Hemoglobin	Hgb (g/dL)	Indicates the hemoglobin value (g/dl)	5.0 - 20.0	Real NN.N	~ Not mandatory  ~ If populated,

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		ID 15			for the selected patient.			<p>present warning if value is not in the permissible data value range</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Mandatory when Hemoglobin Collection date is entered</p>
5.4.2	RQMT_304	KDD BR 6.1 ID 16	Hemoglobin Collection Date	Blank	Indicates the date the hemoglobin value was taken for the selected patient.		Date(10) mm/dd/yyyy	<p>~ Mandatory if Hemoglobin (KDDRQMT_303) value is populated</p> <p>~ Pre-populate date with Common Lab Test Date</p> <p>~ User can change value</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Must be a date within the Clinical Month and Year selected
5.4.3	RQMT_307	KDD BR 6.1 ID 203	Serum Ferritin	Ferritin (ng/ml)	Indicates the pre-dialysis serum ferritin concentration value.	10 - 4000	NNNN	~ Present warning if value is not in the permissible data value range  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value  ~ Mandatory when Serum Ferritin Collection Date is populated
5.4.4	RQMT_308	KDD BR 6.1 ID 204	Serum Ferritin Collection Date	Blank	Indicates the date of pre-dialysis serum ferritin concentration value.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Serum Ferritin (KDDRQMT_307) is entered  ~ Pre-populate with Common Lab Test Date  ~ User can change value  ~ Must be a valid date

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Cannot be a future date</p> <p>~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Must be a date within the selected Clinical Month and Year
5.4.5	RQMT_309	KDD BR 6.1 ID 205	Iron Saturation (TSAT) Percentage	TSAT (%)	Indicates the pre-dialysis % transferrin (TSAT) (iron) saturation value.	3 - 120%	NNN%	<p>~ Whole number percent is required</p> <p>~ Present warning if value is not in the permissible data value range.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Mandatory when Iron Saturation (TSAT) % Collection date is populated</p>
5.4.6	RQMT_310	KDD BR 6.1 ID 206	Iron Saturation (TSAT) Percentage Collection Date	Blank	Indicates the date of pre-dialysis % transferrin (TSAT) (iron) saturation value.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if Iron Saturation (TSAT) Percentage (KDDRQMT_309) is entered</p> <p>~ Pre-populate with Common Lab Test Date</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ User can change value</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ Must be a date within the selected Clinical Month and Year</p>
5.4.7	RQMT_311	KDD BR 6.1 ID 207	Reticulocyte Hemoglobin (CHr)	Reticulocyte Hemoglobin (CHr) (pg)	Indicates the pre-dialysis reticulocyte Hb content (CHr) value.	20-40	NN	<p>~ Present warning if value is not in the permissible data value range.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Mandatory when Reticulocyte Hemoglobin (CHr) Collection Date is populated</p>
5.4.8	RQMT_312	KDD BR 6.1 ID 208	Reticulocyte Hemoglobin (CHr) Collection Date	Blank	Indicates the date of pre-dialysis reticulocyte Hb content (CHr) value.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Reticulocyte Hemoglobin (CHr) (KDDRQMT_311) is entered



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Pre-populate with Common Lab Test Date ~ User can change value ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119) ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death (KDDRQMT_135) ~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>patient at the Facility entering patient's lab data</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ Must be a date within the selected Clinical Month and Year</p>

### 5.5 Mineral Metabolism

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.5.1	RQMT_296	KDD BR 6.1 ID 9	Serum Albumin	Serum Albumin (g/dL)	Indicates the serum albumin value (g/dl) for the patient.	1.00 - 5.50	Real N.NN	<p>~ Mandatory if Uncorrected Serum Calcium (KDDRQMT_319) is entered</p> <p>~ If populated, present warning if value is not in the permissible data value range</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ User can change value</p> <p>~ Mandatory when Serum Albumin Collection Date, Serum Albumin Lower Limit, or Uncorrected Serum Calcium is collected</p>
5.5.2	RQMT_297	KDD BR 6.1 ID 10	Serum Albumin Collection Date	Blank	Indicates the date the serum albumin value was collected for the patient.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if Serum Albumin (KDDRQMT_296) value is entered</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT(135))</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Pre-populate date with Common Lab Test Date</p> <p>~ User can change value</p> <p>~ Present warning if Serum Albumin Collection Date (KDDRQMT_297) is not equal to Uncorrected Serum Calcium Collection Date (KDDRQMT_320) when record is submitted</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p> <p>~ Displays any data entered for the patient for the selected month(if</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								present) ~ Must be a date within the selected Clinical Month and Year
5.5.3	RQMT_298	KDD BR 6.1 ID 11	Serum Albumin Lower Limit	Serum Albumin Lower Limit (g/dL)	Indicates the serum albumin lower limit of the normal range for the laboratory which performed the serum albumin test.	0.50 - 5.50	Real N.NN	~ Mandatory if Serum Albumin (KDDRQMT_296) is populated ~ If populated, present warning if value is not in the permissible data value range ~ Displays any data entered for the patient for the selected month(if present) ~ User can change value
5.5.4	RQMT_299	KDD BR 6.1 ID 12	Lab Method (for Serum Albumin)	Serum Albumin Lab Method	Indicates the serum albumin lab method used (BCG or BCP).	~ BCG ~ BCP	Dropdown	~ Mandatory if Serum Albumin (KDDRQMT_296) is populated ~ Auto-populated from Facility Default Lab Method for Serum Albumin ~ Displays any data

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								entered for the patient for the selected month(if present)  ~ User can change value
5.5.5	RQMT_315	KDD BR 6.1 ID 211	Serum Phosphorus	Pho (mg/dL)	Indicates the pre-dialysis serum phosphorus value.	0.1 - 20.0	NN.N	~ Present warning if value is not in the permissible data value range.  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value  ~ Mandatory when the Serum Phosphorus Collection Date is populated
5.5.6	RQMT_316	KDD BR 6.1 ID 212	Serum Phosphorus Collection Date	Blank	Indicates the date of serum phosphorus value.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Serum Phosphorus (KDDRQMT_315) value is entered  ~ Pre-populate with Common Lab Test Date  ~ User can change

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								value ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119) ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death (KDDRQMT_135) ~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data ~ Displays any data

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								entered for the patient for the selected month(if present)  ~ Must be a date within the Clinical Month and Year
5.5.7	RQMT_317	KDD BR 6.1 ID 213	Corrected Serum Calcium	Corrected Ca (mg/dL)	Indicates the pre-dialysis serum calcium value, corrected for sub-lower limit results of Serum Albumin from same set of blood work.	0.1 - 20.0	NN.N	~ Present warning if value is not in the permissible data value range.  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value Corrected Serum Calcium  ~ Mandatory when Corrected Serum Calcium Collection Date is populated
5.5.8	RQMT_318	KDD BR 6.1 ID 214	Corrected Serum Calcium Collection Date	Blank	Indicates the date of the corrected serum calcium value.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if Corrected Serum Calcium (KDDRQMT_317) value is entered  ~ Pre-populate with Common Lab Test Date



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ User can change value ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119) ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death (KDDRQMT_135) ~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ Must be a date within the selected Clinical Month and Year</p>
5.5.9	RQMT_319	KDD BR 6.1 ID 243	Uncorrected Serum Calcium	Uncorrected Ca (mg/dL)	Indicates the raw pre-dialysis serum calcium value, not corrected for sub-Lower Limit results of Serum Albumin from same set of blood work.	0.1 - 20.0	NN.N	<p>~ Present warning if value is not in the permissible data value range</p> <p>~ Mandatory if Serum Albumin (KDDRQMT_296) value is entered</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ Mandatory when Uncorrected Serum Calcium Collection Date or Serum Albumin is populated</p>
5.5.10	RQMT_320	KDD	Uncorrected	Blank	Indicates the	See Field	Date(10)	~ Mandatory if

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		BR 6.1 ID 244	Serum Calcium Collection Date		date of the uncorrected serum calcium value.	Level Requirements	mm/dd/yyyy	<p>Uncorrected Serum Calcium (KDDRQMT_319) value is entered</p> <p>~ Pre-populate with Common Lab Test Date</p> <p>~ User can change value</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Present warning if Uncorrected Serum Calcium Collection Date</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>(KDDRQMT_320) is not equal to Serum Albumin Collection Date (KDDRQMT_297) when record is submitted</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ Must be a date within the selected Clinical Month and Year</p>

### 5.6 Vascular Access

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
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#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.6.1	RQMT_395	KDD BR 6.3 ID 40	Access Type for Dialysis	Current Access Type	Indicates the type of access that was used for dialysis on the dialysis session date reported.	1=AV Fistula Only (with 2 Needles) 2=AV Fistula Combined with an AV Graft 3=AV Fistula Combined with a Catheter 4=AV Graft Only (with 2 Needles) 5=AV Graft Combined with a Catheter 6=Catheter Only 7=Port Access Only 9=Other/Unknown	Dropdown	<p>~ Mandatory when admitting a patient and the Primary Type of Treatment (KDDRQMT_367) is Hemodialysis.</p> <p>~ If Access Type for Dialysis = 1 or 3, then Access Physical Examination (KDDRQMT_404) and Pre Pump Pressure (KDDRQMT_406) are required.</p> <p>~ If Access Type for Dialysis = 2, 4, or 5, then Access Physical Examination (KDDRQMT_404), Pre Pump Pressure (KDDRQMT_406), Graft Survey (KDDRQMT_408), Static Venous Pressure (KDDRQMT_409), Doppler (KDDRQMT_411), and Intra-Access</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Flow (KDDRQMT_413) are required.</p> <p>~ If Access Type for Dialysis = 4, 5, 6, 7, or 9, then Maturing AVF Present? (KDDRQMT_396) is required.</p> <p>~ If Access Type for Dialysis = 6, 7, or 9, then Maturing Graft Present? (KDDRQMT_397) is required.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year,</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								and selected Facility, set value of the previous Clinical Month and Year value for the patient at the selected facility.  ~User may change the defaulted value.
5.6.2	RQMT_396	KDD BR 6.3 ID 41	Maturing AVF Present?	AV Fistula Maturing	Indicates if the access type was not a fistula (AVF), whether or not a maturing AVF was present	~ Yes ~ No	Dropdown	~ Mandatory if Access Type for Dialysis (KDDRQMT_395) is one of the following: 4,5,6,7,or 9.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					prior to ESRD therapy.			<p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p>
5.6.3	RQMT_397	KDD BR 6.3 ID 42	Maturing Graft Present?	AV Graft Maturing	Indicates if the access type was not a fistula (AVF) or graft, whether or not a maturing Graft	<p>~ Yes</p> <p>~ No</p>	Dropdown	~ Mandatory if Access Type for Dialysis (KDDRQMT_395) is one of the following: 6, 7,



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					was present prior to ESRD therapy.			<p>or 9.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p>
5.6.4	RQMT_398	KDD BR 6.3 ID 203	Date Access Type for Dialysis Changed	Date Access Type Changed	Indicates the date that the Access Type for Dialysis (KDDRQMT_395) was actually changed to this access type.	See Field Level Requirements	Date(10) mm/dd/yyyy	~ Mandatory if the pre-populated Access Type for Dialysis (KDDRQMT_395) answer is changed to a different type.

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Date cannot be auto-populated.</p> <p>~ Date must be equal or prior to current date.</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's vascular access data.</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ Must be a valid date</p> <p>~ Must be on or after 1/1/1973</p> <p>~ Cannot be prior to the patient's Date of Birth</p>
5.6.5	RQMT_399	KDD BR 6.3 ID 219	Date of Reported Dialysis Session	Date of Reported Dialysis Session	Indicates the date of the dialysis session being referenced by the user when supplying the patient's vascular access details.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if user changes any of the patient's vascular access details (KDDRQMT_IDs: 366, 367, 395, 396, 398, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, or 414).</p> <p>~ Date cannot be auto-populated.</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Date must be equal or prior to current date.</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if present) for the patient at the Facility entering patient's vascular access data.</p> <p>~ Cannot be prior to the patient's Date of Birth</p> <p>~ Must be on or after 1/1/1973</p> <p>~ Must be a valid date</p> <p>~ Must be a date</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								within the selected Clinical Month and Year
5.6.6	RQMT_400	KDD BR 6.3 ID 204	AVF Creation Date	AV Fistula Creation Date	Indicates the date of AVF creation.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value of the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ Mandatory if Maturing AVF Present (KDDRQMT_396) = Yes</p> <p>~ Date cannot be auto-populated</p> <p>~ Date must be equal or prior to current date</p> <p>~ Cannot be after patient's</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Date of Death</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ Enabled when Maturing AVF Present = Yes; otherwise disabled.</p>
5.6.7	RQMT_401	KDD BR 6.3 ID 205	AVF Usable Date	AV Fistula Usable Date	Indicates the date AVF is usable.	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory if Access Type for Dialysis (KDDRQMT_395) = 1, 2, or 3</p> <p>~ Date cannot be auto-populated</p> <p>~ Date must be equal or prior to current date</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_361)</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set AVF Usable Date value to "mm/dd/yyyy".</p> <p>~ Must be a valid date</p> <p>~ Must be on or after 1/1/1973</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ Cannot be prior to the patient's Date of Birth
5.6.8	RQMT_402	KDD BR 6.3 ID 206	AV Fistula State	AV Fistula State	Indicates the present state, as captured in this reporting period, of the patient's AV Fistula, if present.	~ 0= Not yet present ~ 1= Created ~ 2= Active ~ 3= Inactive ~ 4= Removed	Dropdown	~ When Access Type for Dialysis (KDDRQMT_395) = 4, 5, 6, 7, or 9, field is available to user edit, but not required to change.  ~ When Access Type for Dialysis (KDDRQMT_395) = 1, 2, or 3, field is assigned value of 2 by System, and not available to user edit.  ~ Once assigned a non-zero value, cannot be changed back to zero.  ~ Displays any data entered for the patient for the selected month(if present)  ~ User can change value



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value of the previous Clinical Month and Year value for the patient at the selected facility.</p> <p>~ User may change the defaulted value.</p>
5.6.9	RQMT_403	KDD BR 6.3 ID 207	AV Graft State	AV Graft State	Indicates the present state, as captured in this reporting period, of the patient's AV Graft, if present.	<p>~ 0= Not yet present</p> <p>~ 1= Created</p> <p>~ 2= Active</p> <p>~ 3= Inactive</p> <p>~ 4= Removed</p>	Dropdown	<p>~ When Access Type for Dialysis (KDDRQMT_395) = 1, 3, 6, 7, or 9, field is available to user edit, but not required to change.</p> <p>~ When Access Type for Dialysis (KDDRQMT_395) = 2, 4, or 5, field is assigned value of 2 by System, and not available</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>to user edit.</p> <p>~ Once assigned a non-zero value, cannot be changed back to zero.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p>
5.6.10	RQMT_404	KDD BR	Access Physical	Physical examination	Indicates if physical	~ Yes ~ No	Dropdown	~ Mandatory on Access Type for

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		6.3 ID 208	Examination	of access performed for AVF/AVG	examination of the access performed prior, during and after cannulation (abnormalities such as persistent swelling prolonged bleeding after needle withdrawal or altered characteristics of pulse or thrill in the outflow vein).			<p>Dialysis (KDDRQMT_395) = 1, 2, 3, 4, or 5.</p> <p>~ If Access Physical Examination = Yes, then Access Physical Examination Frequency (KDDRQMT_404) required.</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Access Physical Examination value to blank.</p>
5.6.11	RQMT_405	KDD BR 6.3 ID 209	Access Physical Examination Frequency	Frequency of access physical examination	Indicates how often an access physical examination was performed.	<p>~ At each treatment</p> <p>~ Weekly</p> <p>~ Monthly</p> <p>~ Other</p>	Dropdown	<p>~ Mandatory if Access Physical Examination (KDDRQMT_404) = 'Yes'</p> <p>~ Displays any data entered for the patient for the selected month(if present), otherwise auto-populated from Facility Default Vascular Access Physical Examination Frequency (KDDRQMT_79)</p> <p>~ User can change value</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Access Physical Examination value to blank.</p>
5.6.12	RQMT_406	KDD BR 6.3 ID 210	Pre Pump Pressure	Arterial Pre-Pump pressure performed for AVF/AVG	Indicates if routine measurement of arterial pre-pump pressure was performed.	~ Yes ~ No	Dropdown	<p>~ Mandatory on Access Type for Dialysis (KDDRQMT_395) = 1, 2, 3, 4, or 5</p> <p>~ If Pre Pump Pressure = Yes, then Pre Pump Pressure Frequency</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>(KDDRQMT_407) is mandatory</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Pre Pump Pressure value to blank.</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.6.13	RQMT_407	KDD BR 6.3 ID 211	Pre Pump Pressure Frequency	Frequency of arterial pre-pump pressure measurement	Indicates how often arterial pre-pump pressure is measured.	<ul style="list-style-type: none"> <li>~ At each treatment</li> <li>~ Weekly</li> <li>~ Monthly</li> <li>~ Other</li> </ul>	Dropdown	<ul style="list-style-type: none"> <li>~ Mandatory if Pre Pump Pressure (KDDRQMT_406) = 'Yes'</li> <li>~ User can change value</li> <li>~ Displays any data entered for the patient for the selected month(if present), if present, otherwise auto-populated from Facility Default Pre Pump Pressure Frequency (KDDRQMT_80)</li> <li>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value</li> </ul>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Pre Pump Pressure Frequency value to blank.</p>
5.6.14	RQMT_408	KDD BR 6.3 ID 212	Graft Survey	Surveillance of AVG for access dysfunction performed	Indicates if routine surveillance of AV graft for access dysfunction was performed.	~ Yes ~ No	Dropdown	<p>~ Mandatory if Access Type for Dialysis (KDDRQMT_395) = 2, 4, or 5</p> <p>~ If Graft Survey = 'Yes' then Static Venous Pressure (KDDRQMT_409), Doppler (KDDRQMT_411), and Intra-Access Flow (KDDRQMT_413) are mandatory</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p>



#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Graft Survey value to blank.</p>
5.6.15	RQMT_409	KDD BR 6.3 ID 213	Static Venous Pressure	Surveillance of AVG by static venous pressure performed	Indicates if surveillance of AV graft performed using static venous pressure was performed.	~ Yes ~ No	Dropdown	<p>~ Mandatory if Graft Survey (KDDRQMT_408) = Yes</p> <p>~ If Static Venous Pressure = Yes, then</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Static Venous Pressure Frequency (KDDRQMT_409) is mandatory</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								changed, set Static Venous Pressure value to blank.
5.6.16	RQMT_410	KDD BR 6.3 ID 214	Static Venous Pressure Frequency	Frequency of static venous pressure measurement	Indicates how often static venous pressure was measured.	<ul style="list-style-type: none"> <li>~ At least every two weeks</li> <li>~ Monthly</li> <li>~ Quarterly</li> <li>~ Other</li> </ul>	Dropdown	<ul style="list-style-type: none"> <li>~ Mandatory if Static Venous Pressure (KDDRQMT_409) = 'Yes'</li> <li>~ Displays any data entered for the patient for the selected month(if present)</li> <li>~ User can change value</li> <li>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</li> </ul>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								~ When the Access Type for Dialysis value is changed, set Static Venous Pressure Frequency value to blank.
5.6.17	RQMT_411	KDD BR 6.3 ID 215	Doppler	Surveillance of AVG with doppler ultrasound performed	Indicates if surveillance of AV graft was performed using duplex Doppler ultrasound.	~ Yes ~ No	Dropdown	<p>~ Mandatory if Graft Survey (KDDRQMT_408) = 'Yes'</p> <p>~ If Doppler = Yes, then Doppler Frequency (KDDRQMT_412) is mandatory</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Doppler value to blank.</p>
5.6.18	RQMT_412	KDD BR 6.3 ID 216	Doppler Frequency	Frequency of doppler ultrasound	Indicates how often duplex Doppler ultrasound was performed.	<p>~ At least every two weeks</p> <p>~ Monthly</p> <p>~ Quarterly</p> <p>~ Other</p>	Dropdown	<p>~ Mandatory if Doppler (KDDRQMT_411) = 'Yes'</p> <p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Doppler Frequency value to blank.</p>
5.6.19	RQMT_413	KDD BR 6.3 ID 217	Intra-Access Flow	Surveillance of AVG with intra-access flow performed	Indicates if surveillance of AV graft was performed by intra-access flow.	~ Yes ~ No	Dropdown	<p>~ Mandatory if Graft Survey (KDDRQMT_408) = 'Yes'</p> <p>~ If Intra-Access Flow (KDDRQMT_413) = Yes, then Intra-Access Flow Frequency (KDDRQMT_414) is mandatory</p> <p>~ Displays any</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Intra-Access Flow value to blank.</p>
5.6.20	RQMT_414	KDD BR 6.3 ID	Intra-Access Flow Frequency	Frequency of intra-access flow measurement	Indicates how often intra-access flow was measured.	<p>~ At least every two weeks</p> <p>~ Monthly</p> <p>~ Quarterly</p>	Dropdown	<p>~ Mandatory if Intra-Access Flow (KDDRQMT_413) = 'Yes'</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
		218				~ Other		<p>~ Displays any data entered for the patient for the selected month(if present)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ When the Access Type for Dialysis value is changed, set Intra-Access Flow Frequency value to blank.</p>



## 5.7 Prescription Information

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
5.7.1	RQMT_305	KDD BR 6.1 ID 201	ESA Prescribed?	ESA Prescribed	Indicates if patient has a current prescription for an erythropoiesis-stimulating agent (ESA), such as EPO or equivalent.	~ Yes ~ No	Dropdown	<p>~ Mandatory</p> <p>~ Pre-populate with existing value (if exist)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p>
5.7.2	RQMT_306	KDD BR 6.1 ID 202	Date ESA Prescription Changed	Blank	Indicates the date that the value of ESA Prescribed actually changed (prescription began or ended).	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory for first time submission.</p> <p>~ Mandatory if value of 'ESA Prescribed' (KDDRQMT_305) is changed for subsequent submissions.</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>~ Pre-populate with Common Lab Test Date</p> <p>~ User can change value</p> <p>~ Must be a valid date</p> <p>~ Cannot be a future date</p> <p>~ Cannot be prior to patient's Date of Birth (KDDRQMT_119)</p> <p>~ Must be between 1973 and current year</p> <p>~ Cannot be after patient's Date of Death (KDDRQMT_135)</p> <p>~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date (KDDRQMT_361) (if</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>present) for the patient at the Facility entering patient's lab data</p> <p>~ If Date ESA Prescription Changed (KDDRQMT_306) is prior to Date Regular Chronic Dialysis Began (KDDRQMT_133) display a warning.</p> <p>~ Pre-populate with existing value (if exist)</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								C
5.7.3	RQMT_313	KDD BR 6.1 ID 209	Intravenous (IV) Iron Prescribed?	Intravenous (IV) Iron Prescribed	Indicates if patient has a current prescription for IV iron.	~ Yes ~ No	Dropdown	<p>~ Mandatory</p> <p>~ Pre-populate with existing value (if exist)</p> <p>~ User can change value</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p>
5.7.4	RQMT_314	KDD BR 6.1 ID 210	Date IV Iron Prescription Changed	Blank	Indicates the date that the value of Intravenous (IV) Iron Prescribed actually changed (prescription began or	See Field Level Requirements	Date(10) mm/dd/yyyy	<p>~ Mandatory for the first time submission.</p> <p>~ Mandatory if value of Intravenous (IV) Iron Prescribed (KDDRQMT_313) is changed for subsequent</p>

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
					ended).			submissions. ~ Pre-populate with Common Lab Test Date ~ User can change value ~ Must be a valid date ~ Cannot be a future date ~ Cannot be prior to patient's Date of Birth (KDDRQMT_119) ~ Must be between 1973 and current year ~ Cannot be after patient's Date of Death (KDDRQMT_135) ~ Date must be between or equal to an existing Admit Date (KDDRQMT_354) and corresponding Discharge Date

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
								<p>(KDDRQMT_361) (if present) for the patient at the Facility entering patient's lab data</p> <p>~ Pre-populate with existing value (if exist)</p> <p>~ If there is no existing data for the patient in the selected Collection Type, selected Clinical Month and Year, and selected Facility, set value to the previous Clinical Month and Year value for the patient at the selected facility. User may change the defaulted value.</p> <p>~ Must be a date within the selected Clinical Month and Year</p>

## 6 REPORTS

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### 6.1 General - Reports - Blank

### 6.2 Audit Reports - Blank

#### 6.2.1 Additions - Blank

#### 6.2.2 Deletions - Blank

#### 6.2.3 Forms - Blank

#### 6.2.4 Updates - Blank

### 6.3 CPM Reports - Blank

#### 6.3.1 General - CPM Reports - Blank

#### 6.3.2 CPM Report Setup - Blank

#### 6.3.3 Both HD and PD Summary

#	Rqmt ID	Old KDD ID	KDD Business Name	Display Name	Definition	Permissible Data Values	Format	Field Level Requirements
6.3.3.1	RQMT_809		Treatment Dialysis Broad Start Date	Blank	Allows calculation of the CPM Reports when the patient changes dialysis treatment settings.	~mmddyyyy	~ Text	~ Mandatory
6.3.3.2	RQMT_810		Dialysis Broad Type of Treatment	Blank	Allows calculation of the CPM Reports when the patient changes treatment modality.	~ mmddyyyy	~ Text	~ Mandatory

**6.3.4 Fistula First Summary - Blank**

**6.3.5 Hemo Summary - Blank**

**6.3.6 PD Summary - Blank**

**6.4 Facility Personnel Report - Blank**

**6.5 Patient Roster Report - Blank**



**7 APPENDIX**

**Affiliation Table**

Organization Affiliation Table			
ID	Abbreviation	Corporate Name	Updated Version
1	DVA	DaVita	3.10
2	DCI	Dialysis Clinic, Inc.	Rel 0.4, D3.0
3	FMC	Fresenius Medical Care	3.10
4	GHC	Gambro Healthcare	3.10
7	RCG	Renal Care Group, Inc.	Rel 0.4, D3.5, CR #286
9	ARA	American Renal Associates	3.10
11	TRI	Military	3.10
13	NRI	National Renal Institutes	Rel 0.4, D3.0
15	SO	State Owned	3.10
16	VA	Veterans Administration	3.10
17	RAI	Renal Advantage, Inc.	Rel 0.4, D3.0
21	OTH ***	Other ***	3.10
22		AmeriTech Kidney Center, Inc.	Rel 0.4, D3.5, CR #286
23		Angelo Dialysis Centers	Rel 0.4, D3.0
24		Arkansas Renal Systems, Inc.	Rel 0.4, D3.0
25		Atlantic Health System	Rel 0.4, D3.0
26		Atlantis Healthcare Group	Rel 0.4, D3.0
27		Aurora Medical Group	Rel 0.4, D3.0
28		Banner Health Systems	Rel 0.4, D3.0
29		Baylor Healthcare System	Rel 0.4, D3.0
30		Beaumont Hospital	Rel 0.4, D3.0
31		Belmont Court Dialysis Center, Inc.	Rel 0.4, D3.5, CR #286
32		Bessa, Inc.	Rel 0.4, D3.0
33		Billings Clinic	Rel 0.4, D3.0
34		Bon Secours	Rel 0.4, D3.0
35		Capital Dialysis of Texas, Ltd.	Rel 0.4, D3.5, CR #286
36		Carondelet Health System	Rel 0.4, D3.0
37		Catholic Healthcare West	Rel 0.4, D3.0
38		Centers for Dialysis Care	Rel 0.4, D3.0
39		Centracare Dialysis	Rel 0.4, D3.0
40		Central Florida Kidney Centers	Rel 0.4, D3.0
41		Columbia HCA	Rel 0.4, D3.0
42		Dallas County Hospital District	Rel 0.4, D3.5, CR #286
43		Dayton Regional Dialysis Center	Rel 0.4, D3.0
44		Dialysis Corporation of America	Rel 0.4, D3.0

45		Dialysis Services of Central Florida	Rel 0.4, D3.5, CR #286
46		Diversified Specialty Institutes (DSI)	Rel 0.4, D3.0
47		Dreiling Medical Management	Rel 0.4, D3.5, CR #286
48		DVA Healthcare Renal Care, Inc.	Rel 0.4, D3.0
49		Fort Worth Dialysis Association	Rel 0.4, D3.5, CR #286
50		Franciscan Health System	Rel 0.4, D3.0
51		Great Lakes Regional Dialysis	Rel 0.4, D3.5, CR #286
52		Greenfield Health Systems	Rel 0.4, D3.0
53		Gundersen Lutheran	Rel 0.4, D3.0
54		Hattiesburg Clinic	Rel 0.4, D3.0
55		HCA Health Services of Oklahoma	Rel 0.4, D3.5, CR #286
56		Hemodialysis, Inc.	Rel 0.4, D3.0
57		Independent Dialysis Foundation	Rel 0.4, D3.5, CR #286
58		Innovative Dialysis Centers	Rel 0.4, D3.5, CR #286
59		Innovative Dialysis Systems	Rel 0.4, D3.5, CR #286
60		Intermountain Healthcare	Rel 0.4, D3.0
61		Kaiser Permanente	Rel 0.4, D3.0
62		Kidney Center, Inc.	Rel 0.4, D3.0
63		KRU Medical Ventures	Rel 0.4, D3.0
64		Liberty Dialysis Hawaii	Rel 0.4, D3.0
65		Mayo Clinic Dialysis	Rel 0.4, D3.0
66		Medical Association of Black Hills	Rel 0.4, D3.5, CR #286
67		Melbourne Kidney Centers	Rel 0.4, D3.0
68		Memorial Health System of East Tex	Rel 0.4, D3.5, CR #286
69		Memorial Hermann Healthcare Syste	Rel 0.4, D3.5, CR #286
70		Meridian	Rel 0.4, D3.0
71		Meritcare Dialysis	Rel 0.4, D3.0
72		Midwest Dialysis	Rel 0.4, D3.0
73		Ministry Dialysis	Rel 0.4, D3.0
74		Moses Taylor Dialysis System	Rel 0.4, D3.0
75		National Nephrology Associates	Rel 0.4, D3.0
76		National Renal Alliance	Rel 0.4, D3.0
77		Nephrology Inc	Rel 0.4, D3.0

78		New York Dialysis Services	Rel 0.4, D3.0
79		North Central Pennsylvania Dialysis	Rel 0.4, D3.5, CR #286
80		Northern Michigan Hospital	Rel 0.4, D3.5, CR #286
81		Northwest Kidney Centers	Rel 0.4, D3.0
82		Olympic Peninsula Kidney Centers	Rel 0.4, D3.0
83		Pacific South Bay Dialysis, Inc.	Rel 0.4, D3.5, CR #286
84		Preferred Medical Group	Rel 0.4, D3.0
85		Providence Health and Services	Rel 0.4, D3.0
86		Puget Sound Kidney Centers	Rel 0.4, D3.0
87		Purity Dialysis	Rel 0.4, D3.0
88		Renal Care Consultants, Inc.	Rel 0.4, D3.5, CR #286
<del>89</del>		<del>Renal Care Group Inc.</del>	Rel 0.4, D3.5, CR #286
90		Renal CarePartners	Rel 0.4, D3.0
91		Renal Dialysis Centers	Rel 0.4, D3.0
92		Renal Research Institute	Rel 0.4, D3.0
<del>93</del>		<del>Renal Ventures</del>	Rel 0.4, D3.5, CR #285
94		Renal Ventures Management	Rel 0.4, D3.0
95		Rencare, Ltd.	Rel 0.4, D3.5, CR #286
96		RMCH	Rel 0.4, D3.0
97		RTC-Southeast, LP	Rel 0.4, D3.0
98		Sacred Heart Medical Center	Rel 0.4, D3.0
99		Samaritan Health Services	Rel 0.4, D3.0
100		Sanford Health	Rel 0.4, D3.0
101		Satellite Dialysis	Rel 0.4, D3.0
102		Satellite Healthcare	Rel 0.4, D3.0
103		Scott & White Memorial Hospital	Rel 0.4, D3.5, CR #286
104		Scottsdale Healthcare	Rel 0.4, D3.0
105		Sentara	Rel 0.4, D3.0
106		Shining Star Dialysis, Inc.	Rel 0.4, D3.5, CR #286
107		Southwest Kidney Institute	Rel 0.4, D3.0
108		St Barnabas Health Care System	Rel 0.4, D3.0
109		St. Alphonsus Nephrology Center	Rel 0.4, D3.0
110		St. Patrick Hospital	Rel 0.4, D3.0
111		Susquehanna Health System	Rel 0.4, D3.0

112		Tarrant Dialysis Centers	Rel 0.4, D3.0
113		TENET	Rel 0.4, D3.0
114		The Kidney Institute	Rel 0.4, D3.0
115		TRC Texas, LP	Rel 0.4, D3.5, CR #286
116		Trucare Health Care	Rel 0.4, D3.0
117		University of Utah Dialysis Program	Rel 0.4, D3.5, CR #286
118		UPMC Health System	Rel 0.4, D3.0
119		US Renal Care, Inc.	Rel 0.4, D3.0
120		Wake Forest University	Rel 0.4, D3.0
121		Washoe Health Systems	Rel 0.4, D3.0
122		WellSpan Dialysis	Rel 0.4, D3.0
123		West Florida Medical Centers	Rel 0.4, D3.0
124		West Pennsylvania Alleghany Health	Rel 0.4, D3.5, CR #286
*** If 'Other' selected, facility will be prompted to enter their affiliation manually or populate with information in 'owned by' field			

## Co-Morbid Table

Co-Morbid Conditions		
Value	Description	Updated Version
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	
i	Diabetes, on oral medications	
j	Diabetes, without medications	
k	Diabetic retinopathy	
l	Chronic obstructive pulmonary disease	
m	Tobacco use (current smoker)	
n	Malignant neoplasm, Cancer	
o	Toxic nephropathy	
p	Alcohol dependence	
q	Drug dependence*	
r	Inability to ambulate	
s	Inability to transfer	
t	Needs assistance with daily activities	
u1	Institutionalized - Assisted Living	
u2	Institutionalized - Nursing Home	
u3	Institutionalized - Other Institution	
v	Non-renal congenital abnormality	
w	None	
u	Institutionalized	

## Conversion of Services Table

The Following Facility Services in SIMS:	Will Convert to These Facility Services in CROWNWeb:		Updated Version
	Medicare-Certified Services	Additional Services	
Accepts Pediatrics		Accepts Pediatrics	
Accepts Transients		Accepts Transients	
CAPD	and Peritoneal Dialysis Home Support (PD)	CAPD	
CCPD	and Peritoneal Dialysis Home Support (PD)	CCPD	
Frequent Dialysis at Home	and Hemodialysis Home Support (HD)	Frequent Dialysis at Home	
Frequent Dialysis In-Center	Hemodialysis	Frequent Dialysis In-Center	
Home Hemodialysis	Home Support (HD)		
Home Hemodialysis Training	Home Training (HD)		
Home IPD	and Peritoneal Dialysis Home Support (PD)	Home IPD	
In-Center Hemodialysis	Hemodialysis		
In-Center Peritoneal Dialysis	Peritoneal Dialysis	In-Center Peritoneal Dialysis	
Isolation Stations		Isolation Stations	
Nocturnal Hemodialysis	Hemodialysis	Nocturnal Hemodialysis	
Practices Dialyzer Reuse		Practices Dialyzer Reuse	
Self-Care Training	Home Training (PD)		
Shift start after 5 pm		Shift start after 5 pm	
Transplant	Transplantation		

## Country Table

Country Codes			
Country Code	Country Name	Country Abbreviation	Updated Version
1	AFGHANISTAN	AF	
2	ÅLAND ISLANDS	AX	
3	ALBANIA	AL	
4	ALGERIA	DZ	
5	AMERICAN SAMOA	AS	
6	ANDORRA	AD	
7	ANGOLA	AO	
8	ANGUILLA	AI	
9	ANTARCTICA	AQ	
10	ANTIGUA AND BARBUDA	AG	
11	ARGENTINA	AR	
12	ARMENIA	AM	
13	ARUBA	AW	
14	AUSTRALIA	AU	
15	AUSTRIA	AT	
16	AZERBAIJAN	AZ	
17	BAHAMAS	BS	
18	BAHRAIN	BH	
19	BANGLADESH	BD	
20	BARBADOS	BB	
21	BELARUS	BY	
22	BELGIUM	BE	
23	BELIZE	BZ	
24	BENIN	BJ	
25	BERMUDA	BM	
26	BHUTAN	BT	
27	BOLIVIA	BO	
28	BOSNIA AND HERZEGOVINA	BA	
29	BOTSWANA	BW	
30	BOUVET ISLAND	BV	
31	BRAZIL	BR	
32	BRITISH INDIAN OCEAN TERRITORY	IO	
33	BRUNEI DARUSSALAM	BN	
34	BULGARIA	BG	
35	BURKINA FASO	BF	
36	BURUNDI	BI	
37	CAMBODIA	KH	
38	CAMEROON	CM	

39	CANADA	CA	
40	CAPE VERDE	CV	
41	CAYMAN ISLANDS	KY	
42	CENTRAL AFRICAN REPUBLIC	CF	
43	CHAD	TD	
44	CHILE	CL	
45	CHINA	CN	
46	CHRISTMAS ISLAND	CX	
47	COCOS (KEELING) ISLANDS	CC	
48	COLOMBIA	CO	
49	COMOROS	KM	
50	CONGO	CG	
51	CONGO, THE DEMOCRATIC REPUBLIC OF THE	CD	
52	COOK ISLANDS	CK	
53	COSTA RICA	CR	
54	COTE D'IVOIRE	CI	
55	CROATIA	HR	
56	CUBA	CU	
57	CYPRUS	CY	
58	CZECH REPUBLIC	CZ	
59	DENMARK	DK	
60	DJIBOUTI	DJ	
61	DOMINICA	DM	
62	DOMINICAN REPUBLIC	DO	
63	ECUADOR	EC	
64	EGYPT	EG	
65	EL SALVADOR	SV	
66	EQUATORIAL GUINEA	GQ	
67	ERITREA	ER	
68	ESTONIA	EE	
69	ETHIOPIA	ET	
70	FALKLAND ISLANDS (MALVINAS)	FK	
71	FAROE ISLANDS	FO	
72	FIJI	FJ	
73	FINLAND	FI	
74	FRANCE	FR	
75	FRENCH GUIANA	GF	
76	TAHITI, FRENCH POLYNESIA	PF	2.3
77	FRENCH SOUTHERN TERRITORIES	TF	
78	GABON	GA	
79	GAMBIA	GM	



80	GEORGIA	GE	
81	GERMANY	DE	
82	GHANA	GH	
83	GIBRALTAR	GI	
84	GREECE	GR	
85	GREENLAND	GL	
86	GRENADA	GD	
87	GUADELOUPE	GP	
88	GUAM	GU	
89	GUATEMALA	GT	
90	GUINEA	GN	
91	GUINEA-BISSAU	GW	
92	GUYANA	GY	
93	HAITI	HT	
94	HEARD ISLAND AND MCDONALD ISLANDS	HM	
95	HOLY SEE (VATICAN CITY STATE)	VA	
96	HONDURAS	HN	
97	HONG KONG	HK	
98	HUNGARY	HU	
99	ICELAND	IS	
100	INDIA	IN	
101	INDONESIA	ID	
102	IRAN, ISLAMIC REPUBLIC OF	IR	
103	IRAQ	IQ	
104	IRELAND	IE	
105	ISRAEL	IL	
106	ITALY	IT	
107	JAMAICA	JM	
108	JAPAN	JP	
109	JORDAN	JO	
110	KAZAKHSTAN	KZ	
111	KENYA	KE	
112	KIRIBATI	KI	
113	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	KP	
114	KOREA, REPUBLIC OF	KR	
115	KUWAIT	KW	
116	KYRGYZSTAN	KG	
117	LAO PEOPLE'S DEMOCRATIC REPUBLIC	LA	
118	LATVIA	LV	
119	LEBANON	LB	
120	LESOTHO	LS	

121	LIBERIA	LR	
122	LIBYAN ARAB JAMAHIRIYA	LY	
123	LIECHTENSTEIN	LI	
124	LITHUANIA	LT	
125	LUXEMBOURG	LU	
126	MACAO	MO	
127	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MK	
128	MADAGASCAR	MG	
129	MALAWI	MW	
130	MALAYSIA	MY	
131	MALDIVES	MV	
132	MALI	ML	
133	MALTA	MT	
134	MARSHALL ISLANDS	MH	
135	MARTINIQUE	MQ	
136	MAURITANIA	MR	
137	MAURITIUS	MU	
138	MAYOTTE	YT	
139	MEXICO	MX	
140	MICRONESIA, FEDERATED STATES OF	FM	
141	MOLDOVA, REPUBLIC OF	MD	
142	MONACO	MC	
143	MONGOLIA	MN	
144	MONTSERRAT	MS	
145	MOROCCO	MA	
146	MOZAMBIQUE	MZ	
147	MYANMAR	MM	
148	NAMIBIA	NA	
149	NAURU	NR	
150	NEPAL	NP	
151	NETHERLANDS	NL	
152	NETHERLANDS ANTILLES	AN	
153	NEW CALEDONIA	NC	
154	NEW ZEALAND	NZ	
155	NICARAGUA	NI	
156	NIGER	NE	
157	NIGERIA	NG	
158	NIUE	NU	
159	NORFOLK ISLAND	NF	
160	NORTHERN MARIANA ISLANDS	MP	
161	NORWAY	NO	

162	OMAN	OM	
163	PAKISTAN	PK	
164	PALAU	PW	2.3
165	PALESTINIAN TERRITORY, OCCUPIED	PS	
166	PANAMA	PA	
167	PAPUA NEW GUINEA	PG	
168	PARAGUAY	PY	
169	PERU	PE	
170	PHILIPPINES	PH	
171	PITCAIRN	PN	
172	POLAND	PL	
173	PORTUGAL	PT	
174	PUERTO RICO	PR	2.3
175	QATAR	QA	
176	REUNION	RE	2.3
177	ROMANIA	RO	
178	RUSSIAN FEDERATION	RU	
179	RWANDA	RW	
180	SAINT HELENA	SH	
181	SAINT KITTS AND NEVIS	KN	
182	SAINT LUCIA	LC	
183	SAINT PIERRE AND MIQUELON	PM	
184	SAINT VINCENT AND THE GRENADINES	VC	2.3
185	SAMOA	WS	
186	SAN MARINO	SM	
187	SAO TOME AND PRINCIPE	ST	
188	SAUDI ARABIA	SA	
189	SENEGAL	SN	
190	SERBIA AND MONTENEGRO	CS	
191	SEYCHELLES	SC	
192	SIERRA LEONE	SL	
193	SINGAPORE	SG	
194	SLOVAKIA	SK	
195	SLOVENIA	SI	
196	SOLOMON ISLANDS	SB	
197	SOMALIA	SO	
198	SOUTH AFRICA	ZA	
199	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	GS	
200	SPAIN	ES	
201	SRI LANKA	LK	
202	SUDAN	SD	

203	SURINAME	SR	
204	SVALBARD AND JAN MAYEN	SJ	
205	SWAZILAND	SZ	
206	SWEDEN	SE	
207	SWITZERLAND	CH	
208	SYRIAN ARAB REPUBLIC	SY	
209	TAIWAN	TW	
210	TAJKISTAN	TJ	
211	TANZANIA, UNITED REPUBLIC OF	TZ	
212	THAILAND	TH	
213	TIMOR-LESTE	TL	
214	TOGO	TG	
215	TOKELAU	TK	
216	TONGA	TO	
217	TRINIDAD AND TOBAGO	TT	
218	TUNISIA	TN	
219	TURKEY	TR	
220	TURKMENISTAN	TM	
221	TURKS AND CAICOS ISLANDS	TC	
222	TUVALU	TV	
223	UGANDA	UG	
224	UKRAINE	UA	
225	UNITED ARAB EMIRATES	AE	
226	UNITED KINGDOM	GB	
227	UNITED STATES	US	
228	UNITED STATES MINOR OUTLYING ISLANDS	UM	
229	URUGUAY	UY	
230	UZBEKISTAN	UZ	
231	VANUATU	VU	
232	VENEZUELA	VE	
233	VIET NAM	VN	
234	VIRGIN ISLANDS, BRITISH	VG	
235	VIRGIN ISLANDS, U.S.	VI	
236	WALLIS AND FUTUNA	WF	
237	WESTERN SAHARA	EH	
238	YEMEN	YE	
239	ZAMBIA	ZM	
240	ZIMBABWE	ZW	
243	PACIFIC ISLAND - OTHER	PI	3.7

## Death Code Table

ESRD DEATH NOTIFICATION FORM LIST OF CAUSES		Updated Version
<b>CARDIAC</b>		
23	Myocardial infarction, acute	
25	Pericarditis, incl. Cardiac tamponade	
26	Atherosclerotic heart disease	
27	Cardiomyopathy	
28	Cardiac arrhythmia	
29	Cardiac arrest, cause unknown	
30	Valvular heart disease	
31	Pulmonary edema due to exogenous fluid	
32	Congestive Heart Failure	
<b>VASCULAR</b>		
35	Pulmonary embolus	
36	Cerebrovascular accident including intracranial hemorrhage	
37	Ischemic brain damage/Anoxic encephalopathy	
38	Hemorrhage from transplant site	
39	Hemorrhage from vascular access	
40	Hemorrhage from dialysis circuit	
41	Hemorrhage from ruptured vascular aneurysm	
42	Hemorrhage from surgery (not 38, 39, or 41)	
43	Other hemorrhage (not 38-42, 72)	
44	Mesenteric infarction/ischemic bowel	
<b>INFECTION</b>		
33	Septicemia due to internal vascular access	
34	Septicemia due to vascular access catheter	
45	Peritoneal access infectious complication, bacterial	
46	Peritoneal access infectious complication, fungal	
47	Peritonitis (complication of peritoneal dialysis)	
48	Central nervous system infection (brain abscess, meningitis, encephalitis, etc.)	
51	Septicemia due to peripheral vascular disease, gangrene	
52	Septicemia, other	
61	Cardiac infection (endocarditis)	
62	Pulmonary infection (pneumonia, influenza)	
63	Abdominal infection (peritonitis (not comp of PD), perforated bowel, diverticular disease, gallbladder)	
70	Genito-urinary infection (urinary tract infection, pyelonephritis, renal abscess)	

<b>LIVER DISEASE</b>		
64	Hepatitis B	
71	Hepatitis C	
65	Other viral hepatitis	
66	Liver-drug toxicity	
67	Cirrhosis	
68	Polycystic liver disease	
69	Liver failure, cause unknown or other	
<b>GASTRO-INTESTINAL</b>		
72	Gastro-intestinal hemorrhage	
73	Pancreatitis	
75	Perforation of peptic ulcer	
76	Perforation of bowel (not 75)	
<b>METABOLIC</b>		
24	Hyperkalemia	
77	Hypokalemia	
78	Hypematremia	
79	Hyponatremia	
100	Hypoglycemia	
101	Hyperglycemia	
102	Diabetic coma	
95	Acidosis	
<b>ENDOCRINE</b>		
96	Adrenal insufficiency	
97	Hypothyroidism	
103	Hyperthyroidism	
<b>OTHER</b>		
80	Bone marrow depression	
81	Cachexia/failure to thrive	
82	Malignant disease, patient ever on Immunosuppressive therapy	
83	Malignant disease (not 82)	
84	Dementia, incl. dialysis dementia, Alzheimer's	
85	Seizures	
87	Chronic obstructive lung disease (COPD)	
88	Complications of surgery	
89	Air embolism	

104	Withdrawal from dialysis/uremia	
90	Accident related to treatment	
91	Accident unrelated to treatment	
92	Suicide	
93	Drug overdose (street drugs)	
94	Drug overdose (not 92 or 93)	
98	Other cause of death	
99	Unknown	

## Dx Code Table

Primary Diagnosis Codes Table			
Cause Code	Cause Type	Description	Updated Version
042	Other	AIDS nephropathy	3.10
1890	Other	Renal tumor (malignant)	
1899	Other	Urinary tract tumor (malignant)	
2230	Other Urologic	Renal tumor (benign)	
2239	Other Urologic	Urinary tract tumor (benign)	
2700	Other	Cystinosis	
2718	Other	Primary oxalosis	
2727	Other	Fabry's disease	
2773	Other	Amyloidosis	
2870	Other	Henoch-Schonlein syndrome	
4401	Hypertension	Renal artery stenosis	
4460	Other	Polyarteritis	
4464	Other	Wegener's granulomatosis	
5724	Other	Hepatorenal syndrome	
5800	Glomerulonephritis	Post infectious GN, SBE	
5820	Glomerulonephritis	Other proliferative GN	
5821	Glomerulonephritis	Focal Glomerulonephritis, focal sclerosing GN	
5829	Glomerulonephritis	Glomerulonephritis (GN) (histologically not examined)	
5830	Other	Radiation nephritis	
5831	Glomerulonephritis	Membranous nephropathy	
5834	Glomerulonephritis	With lesion of rapidly progressive GN	
5836	Other	Tubular necrosis (no recovery)	
5839	Other	Drash syndrome, mesangial sclerosis	
5900	Other Urologic	Chronic pyelonephritis, reflux nephropathy	
5909	Other	Nephropathy caused by other agents	
5920	Other Urologic	Nephrolithiasis	
5929	Other Urologic	Urolithiasis	
5996	Other Urologic	Acquired obstructive uropathy	
7100	Other	Lupus erythematosus, (SLE nephritis)	
7101	Other	Scleroderma	
7530	Other	Renal hypoplasia, dysplasia, oligonephronia	
7533	Other	Congenital nephrotic syndrome	
7595	Other	Tuberous sclerosis	
7598	Other	Hereditary nephritis, Alport's syndrome	
7999	Unknown	Etiology uncertain	
8660	Other	Traumatic or surgical loss of kidney(s)	
9659	Other	Analgesic abuse	
9849	Other	Lead nephropathy	
20280	Other	Lymphoma of kidneys	
20300	Other	Multiple myeloma	



20308	Other	Other immuno proliferative neoplasms (including light chain nephropathy)	
23951	Other	Renal tumor (unspecified)	
23952	Other	Urinary tract tumor (unspecified)	
25040	Diabetes	Diabetes with renal manifestations Type 2	
25041	Diabetes	Diabetes with renal manifestations Type 1	
27410	Other	Gouty nephropathy	
27549	Other	Other disorders of calcium metabolism	
28260	Other	Sickle cell disease/anemia	
28269	Other	Sickle cell trait and other sickle cell (HbS/Hb other)	
28311	Other	Hemolytic uremic syndrome	
40391	Hypertension	Hypertension: Unspecified with renal failure	Rel 0.4, D3.0
44620	Other	Other Vasculitis and its derivatives	
44621	Glomerulonephritis	Goodpasture's syndrome	
58089	Other	Acute interstitial nephritis	
58321	Glomerulonephritis	Membranoproliferative GN type 1, diffuse MPGN	
58322	Glomerulonephritis	Dense deposit disease, MPGN type 2	
58381	Glomerulonephritis	IgA nephropathy, Berger's disease (proven by immunofluorescence)	
58382	Glomerulonephritis	IgM nephropathy (proven by immunofluorescence)	
58389	Other	Chronic interstitial nephritis	
58391	Other	Secondary GN, other	
58392	Other	Nephropathy due to heroin abuse and related drugs	
59381	Hypertension	Renal artery occlusion	
59383	Hypertension	Cholesterol emboli, renal emboli	
59389	Other	Other renal disorders	
64620	Other	Post partum renal failure	
75313	Cystic Kidney	Polycystic kidneys, adult type (dominant)	
75314	Cystic Kidney	Polycystic, infantile (recessive)	
75316	Cystic Kidney	Medullary cystic disease, including nephronophthisis	
75321	Other	Congenital obstruction of ureteropelvic junction	
75322	Other	Congenital obstruction of ureterovesical junction	
75329	Other	Other Congenital obstructive uropathy	
75671	Other	Prune belly syndrome	
75989	Other	Other (congenital malformation syndromes)	
99680	Other	Complications of transplanted organ unspecified	
99681	Other	Complications of transplanted kidney	
99682	Other	Complications of transplanted liver	
99683	Other	Complications of transplanted heart	
99684	Other	Complications of transplanted lung	
99685	Other	Complications of transplanted bone marrow	
99686	Other	Complications of transplanted pancreas	
99687	Other	Complications of transplanted intestine	
99689	Other	Complications of other specified transplanted organ	

## Equivalent BIC Table

Basic Insurance Code			
RV_LOW_VALUE	RV_MEANING	Equivalent BICs	Updated Version
10	RETIREMENT - EMPLOYEE OR ANNUITANT	11, 15, 43, 45, 46, 80, 83, 85, F3, F4, F5, F6, F7, F8	3.14
11	SURVIVOR JOINT ANNUITANT (REDUCED BENEFITS TAKEN TO INSURE BENEFITS FOR SURVIVING SPOUSE)	10, 15, 43, 45, 46, 80, 83, 85, F3, F4, F5, F6, F7, F8	3.14
13	CHILD OF RR ANNUITANT	17	3.14
14	SPOUSE OF RR EMPLOYEE OR ANNUITANT (HUSBAND OR WIFE)	16	3.14
15	PARENT OF ANNUITANT	10, 11, 43, 45, 46, 80, 83, 85, F3, F4, F5, F6, F7, F8	3.14
16	WIDOW/WIDOWER OF RR ANNUITANT	14	3.14
17	DISABLED ADULT CHILD OF RR ANNUITANT	13	3.14
43	CHILD OF RR EMPLOYEE	10, 11, 15, 45, 46, 80, 83, 85, F3, F4, F5, F6, F7, F8	3.14
45	PARENT OF EMPLOYEE	10, 11, 15, 43, 46, 80, 83, 85, F3, F4, F5, F6, F7, F8	3.14
46	WIDOW/WIDOWER OF RR EMPLOYEE	10, 11, 15, 43, 45, 80, 83, 85, F3, F4, F5, F6, F7, F8	3.14
80	RR PENSIONER (AGE OR DISABILITY)	10, 11, 15, 43, 45, 46, 83, 85, F3, F4, F5, F6, F7, F8	3.14
83	WIDOW OF PENSIONER WITH CHILD IN HER CARE	10, 11, 15, 43, 45, 46, 80, 85, F3, F4, F5, F6, F7, F8	3.14
84	SPOUSE OF RR PENSIONER	86	3.14
85	PARENT OF PENSIONER	10, 11, 15, 43, 45, 46, 80, 83, F3, F4, F5, F6, F7, F8	3.14
86	WIDOW/WIDOWER OF RR PENSIONER	84	3.14
A	PRIMARY CLAIMANT	J1, J2, J3, J4, M, M1, T, TA	3.14

B	AGED WIFE, AGE 62 OR OVER (1ST CLAIMANT)	B2, B6, D, D4, D6, E, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
B1	AGED HUSBAND, AGE 62 OR OVER (1ST CLAIMANT)	BR, BY, DC, D1, D5, E4, E5, WR, W1, TB, TD, TE, TW	3.14
B2	YOUNG WIFE, WITH A CHILD IN HER CARE (1ST CLAIMANT)	B, B6, D, D4, D6, E, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
B3	AGED WIFE (2ND CLAIMANT)	B5, B9, D2, D7, D9, E2, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
B4	AGED HUSBAND (2ND CLAIMANT)	BT, BW, DM, DP, D3, E6, E9, WT, W3, TG, TL, TR, TX	3.14
B5	YOUNG WIFE (2ND CLAIMANT)	B3, B9, D2, D7, D9, E2, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
B6	DIVORCED WIFE, AGE 62 OR OVER (1ST CLAIMANT)	B, B2, D, D4, D6, E, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
B7	YOUNG WIFE (3RD CLAIMANT)	B8, BN, DA, DV, D8, EB, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
B8	AGED WIFE (3RD CLAIMANT)	B7, BN, DA, DV, D8, EB, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
B9	DIVORCED WIFE (2ND CLAIMANT)	B3, B5, D2, D7, D9, E2, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
BA	AGED WIFE (4TH CLAIMANT)	BK, BP, DD, DL, DW, EC, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
BD	AGED WIFE (5TH CLAIMANT)	BL, BQ, DG, DN, DY, EA, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
BG	AGED HUSBAND (3RD CLAIMANT)	DH, DQ, DS, EF, EJ, W5, TH, TM, TS, TY	3.14
BH	AGED HUSBAND (4TH CLAIMANT)	DJ, DR, DX, EG, EK, WB, TJ, TN, TT, TZ	3.14
BJ	AGED HUSBAND (5TH CLAIMANT)	DK, DT, DZ, EH, EM, WG, TK, TP, TU, TV	3.14
BK	YOUNG WIFE (4TH CLAIMANT)	BA, BP, DD, DL, DW, EC, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
BL	YOUNG WIFE (5TH CLAIMANT)	BD, BQ, DG, DN, DY, EA, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
BN	DIVORCED WIFE (3RD CLAIMANT)	B7, B8, DA, DV, D8, EB, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14

BP	DIVORCED WIFE (4TH CLAIMANT)	BA, BK, DD, DL, DW, EC, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
BQ	DIVORCED WIFE (5TH CLAIMANT)	BD, BL, DG, DN, DY, EA, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
BR	DIVORCED HUSBAND (1ST CLAIMANT)	B1, BY, DC, D1, D5, E4, E5, WR, W1, TB, TD, TE, TW	3.14
BT	DIVORCED HUSBAND (2ND CLAIMANT)	B4, BW, DM, DP, D3, E6, E9, WT, W3, TG, TL, TR, TX	3.14
BW	YOUNG HUSBAND (2ND CLAIMANT)	B4, BT, DM, DP, D3, E6, E9, WT, W3, TG, TL, TR, TX	3.14
BY	YOUNG HUSBAND (1ST CLAIMANT)	B1, BR, DC, D1, D5, E4, E5, WR, W1, TB, TD, TE, TW	3.14
C1	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	TC	3.14
C2	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T2	3.14
C3	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T3	3.14
C4	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T4	3.14
C5	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T5	3.14
C6	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T6	3.14
C7	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T7	3.14
C8	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T8	3.14
C9	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	T9	3.14
CA	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CB	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CC	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14

CD	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CE	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CF	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CG	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CH	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CI	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CJ	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CK	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CL	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CM	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CN	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CO	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CP	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CQ	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CR, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CR	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CS, CT, CU, CV, CW, CX, CY, CZ	3.14
CS	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CT, CU, CV, CW, CX, CY, CZ	3.14
CT	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CU, CV, CW, CX, CY, CZ	3.14
CU	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CV, CW, CX, CY, CZ	3.14

CV	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CW, CX, CY, CZ	3.14
CW	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CX, CY, CZ	3.14
CX	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CY, CZ	3.14
CY	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CZ	3.14
CZ	CHILD (INCLUDES MINOR, STUDENT OR DISABLED CHILD)	CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY	3.14
D	AGED WIDOW, 60 OR OVER (1ST CLAIMANT)	B, B2, B6, D4, D6, E, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
D1	AGED WIDOWER, AGE 60 OR OVER (1ST CLAIMANT)	B1, BR, BY, D5, DC, E4, E5, WR, W1, TB, TD, TE, TW	3.14
D2	AGED WIDOW (2ND CLAIMANT)	B3, B5, B9, D7, D9, E2, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
D3	AGED WIDOWER (2ND CLAIMANT)	B4, BT, BW, DM, DP, E6, E9, WT, W3, TG, TL, TR, TX	3.14
D4	WIDOW (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)	B, B2, B6, D, D6, E, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
D5	WIDOWER (REMARRIED AFTER ATTAINMENT OF AGE 60) (1ST CLAIMANT)	B1, BR, BY, D1, DC, E4, E5, WR, W1, TB, TD, TE, TW	3.14
D6	SURVIVING DIVORCED WIFE, AGED 60 OR OVER (1ST CLAIMANT)	B, B2, B6, D, D4, E, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
D7	SURVIVING DIVORCED WIFE (2ND CLAIMANT)	B3, B5, B9, D2, D9, E2, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
D8	AGED WIDOW (3RD CLAIMANT)	B7, B8, BN, DA, DV, EB, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
D9	REMARRIED WIDOW (2ND CLAIMANT)	B3, B5, B9, D2, D7, E2, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
DA	REMARRIED WIDOW (3RD CLAIMANT)	B7, B8, BN, D8, DV, EB, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
DC	SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)	B1, BR, BY, D1, D5, E4, E5, WR, W1, TB, TD, TE, TW	3.14
DD	AGED WIDOW (4TH CLAIMANT)	BA, BK, BP, DL, DW, EC, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14

DG	AGED WIDOW (5TH CLAIMANT)	BD, BL, BQ, DN, DY, EA, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
DH	AGED WIDOWER (3RD CLAIMANT)	BG, DQ, DS, EF, EJ, W5, TH, TM, TS, TY	3.14
DJ	AGED WIDOWER (4TH CLAIMANT)	BH, DR, DX, EG, EK, WB, TJ, TN, TT, TZ	3.14
DK	AGED WIDOWER (5TH CLAIMANT)	BJ, DT, DZ, EH, EM, WG, TK, TP, TU, TV	3.14
DL	REMARRIED WIDOW (4TH CLAIMANT)	BA, BK, BP, DD, DW, EC, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
DM	SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)	B4, BT, BW, DP, D3, E6, E9, WT, W3, TG, TL, TR, TX	3.14
DN	REMARRIED WIDOW (5TH CLAIMANT)	BD, BL, BQ, DG, DY, EA, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
DP	REMARRIED WIDOWER (2ND CLAIMANT)	B4, BT, BW, DM, D3, E6, E9, WT, W3, TG, TL, TR, TX	3.14
DQ	REMARRIED WIDOWER (3RD CLAIMANT)	BG, DH, DS, EF, EJ, W5, TH, TM, TS, TY	3.14
DR	REMARRIED WIDOWER (4TH CLAIMANT)	BH, DJ, DX, EG, EK, WB, TJ, TN, TT, TZ	3.14
DS	SURVIVING DIVORCED HUSBAND (3RD CLAIMANT)	BG, DH, DQ, EF, EJ, W5, TH, TM, TS, TY	3.14
DT	REMARRIED WIDOWER (5TH CLAIMANT)	BJ, DK, DZ, EH, EM, WG, TK, TP, TU, TV	3.14
DV	SURVIVING DIVORCED WIFE (3RD CLAIMANT)	B7, B8, BN, D8, DA, EB, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
DW	SURVIVING DIVORCED WIFE (4TH CLAIMANT)	BA, BK, BP, DD, DL, EC, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
DX	SURVIVING DIVORCED HUSBAND (4TH CLAIMANT)	BH, DJ, DR, EG, EK, WB, TJ, TN, TT, TZ	3.14
DY	SURVIVING DIVORCED WIFE (5TH CLAIMANT)	BD, BL, BQ, DG, DN, EA, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
DZ	SURVIVING DIVORCED HUSBAND (5TH CLAIMANT)	BJ, DK, DT, EH, EM, WG, TK, TP, TU, TV	3.14
E	MOTHER (WIDOW) (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E1, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14

E1	SURVIVING DIVORCED MOTHER (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, K1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
E2	MOTHER (WIDOW) (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E3, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
E3	SURVIVING DIVORCED MOTHER (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, K5, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14
E4	FATHER (WIDOWER) (1ST CLAIMANT)	B1, BR, BY, D1, D5, DC, E5, WR, W1, TB, TD, TE, TW	3.14
E5	SURVIVING DIVORCED FATHER (WIDOWER) (1ST CLAIMANT)	B1, BR, BY, D1, D5, DC, E4, WR, W1, TB, TD, TE, TW	3.14
E6	FATHER (WIDOWER) (2ND CLAIMANT)	B4, BT, BW, D3, DM, DP, E9, WT, W3, TG, TL, TR, TX	3.14
E7	MOTHER (WIDOW) (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, EB, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
E8	MOTHER (WIDOW) (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, EC, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
E9	SURVIVING DIVORCED FATHER (WIDOWER) (2ND CLAIMANT)	B4, BT, BW, D3, DM, DP, E6, WT, W3, TG, TL, TR, TX	3.14
EA	MOTHER (WIDOW) (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, ED, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
EB	SURVIVING DIVORCED MOTHER (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, KA, KB, KC, K9, W4, W8, TH, TM, TS, TY	3.14
EC	SURVIVING DIVORCED MOTHER (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, KD, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
ED	SURVIVING DIVORCED MOTHER (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, KH, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
EF	FATHER (WIDOWER) (3RD CLAIMANT)	BG, DH, DQ, DS, EJ, W5, TH, TM, TS, TY	3.14
EG	FATHER (WIDOWER) (4TH CLAIMANT)	BH, DJ, DR, DX, EK, WB, TJ, TN, TT, TZ	3.14
EH	FATHER (WIDOWER) (5TH CLAIMANT)	BJ, DK, DT, DZ, EM, WG, TK, TP, TU, TV	3.14
EJ	SURVIVING DIVORCED FATHER (3RD CLAIMANT)	BG, DH, DQ, DS, EF, W5, TH, TM, TS, TY	3.14
EK	SURVIVING DIVORCED FATHER (4TH CLAIMANT)	BH, DJ, DR, DX, EG, WB, TJ, TN, TT, TZ	3.14



EM	SURVIVING DIVORCED FATHER (5TH CLAIMANT)	BJ, DK, DT, DZ, EH, WG, TK, TP, TU, TV	3.14
F1	FATHER	TF	3.14
F2	MOTHER	TQ	3.14
F3	STEPFATHER	10, 11, 15, 43, 45, 46, 80, 83, 85, F4, F5, F6, F7, F8	3.14
F4	STEPMOTHER	10, 11, 15, 43, 45, 46, 80, 83, 85, F3, F5, F6, F7, F8	3.14
F5	ADOPTING FATHER	10, 11, 15, 43, 45, 46, 80, 83, 85, F3, F4, F6, F7, F8	3.14
F6	ADOPTING MOTHER	10, 11, 15, 43, 45, 46, 80, 83, 85, F3, F4, F5, F7, F8	3.14
F7	SECOND ALLEGED FATHER	10, 11, 15, 43, 45, 46, 80, 83, 85, F3, F4, F5, F6, F8	3.14
F8	SECOND ALLEGED MOTHER	10, 11, 15, 43, 45, 46, 80, 83, 85, F3, F4, F5, F6, F7	3.14
J1	PRIMARY PROUTY ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)	A, J2, J3, J4, M, M1, T, TA	3.14
J2	PRIMARY PROUTY ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)	A, J1, J3, J4, M, M1, T, TA	3.14
J3	PRIMARY PROUTY NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND)	A, J1, J2, J4, M, M1, T, TA	3.14
J4	PRIMARY PROUTY NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND)	A, J1, J2, J3, M, M1, T, TA	3.14
K1	PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, E1, K2, K3, K4, W, W6, TB, TD, TE, TW	3.14
K2	PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, E1, K1, K3, K4, W, W6, TB, TD, TE, TW	3.14
K3	PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, E1, K1, K2, K4, W, W6, TB, TD, TE, TW	3.14
K4	PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, E1, K1, K2, K3, W, W6, TB, TD, TE, TW	3.14
K5	PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, E3, K6, K7, K8, W2, W7, TG, TL, TR, TX	3.14

K6	PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, E3, K5, K7, K8, W2, W7, TG, TL, TR, TX	3.14
K7	PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, E3, K5, K6, K8, W2, W7, TG, TL, TR, TX	3.14
K8	PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, E3, K5, K6, K7, W2, W7, TG, TL, TR, TX	3.14
K9	PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, EB, KA, KB, KC, W4, W8, TH, TM, TS, TY	3.14
KA	PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, EB, K9, KB, KC, W4, W8, TH, TM, TS, TY	3.14
KB	PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, EB, K9, KA, KC, W4, W8, TH, TM, TS, TY	3.14
KC	PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, EB, K9, KA, KB, W4, W8, TH, TM, TS, TY	3.14
KD	PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, EC, KE, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
KE	PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, EC, KD, KF, KG, WC, W9, TJ, TN, TT, TZ	3.14
KF	PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, EC, KD, KE, KG, WC, W9, TJ, TN, TT, TZ	3.14
KG	PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, EC, KD, KE, KF, WC, W9, TJ, TN, TT, TZ	3.14
KH	PROUTY WIFE ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, ED, KJ, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
KJ	PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, ED, KH, KL, KM, WF, WJ, TK, TP, TU, TV	3.14
KL	PROUTY WIFE NOT ENTITLED TO HIB (LESS THAN 3 Q.C.) (GENERAL FUND) (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, ED, KH, KJ, KM, WF, WJ, TK, TP, TU, TV	3.14
KM	PROUTY WIFE NOT ENTITLED TO HIB (OVER 2 Q.C.) (RSI TRUST FUND) (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, ED, KH, KJ, KL, WF, WJ, TK, TP, TU, TV	3.14
M	UNINSURED-NOT QUALIFIED FOR DEEMED HIB	A, J1, J2, J3, J4, M1, T, TA	3.14
M1	UNINSURED-QUALIFIED BUT REFUSED HIB	A, J1, J2, J3, J4, M, T, TA	3.14
T	UNINSURED-ENTITLED TO HIB UNDER DEEMED OR RENAL PROVISIONS	A, J1, J2, J3, J4, M, M1, TA	3.14

T2	DISABLED CHILD (SECOND CLAIMANT)	C2	3.14
T3	DISABLED CHILD (THIRD CLAIMANT)	C3	3.14
T4	DISABLED CHILD (FOURTH CLAIMANT)	C4	3.14
T5	DISABLED CHILD (FIFTH CLAIMANT)	C5	3.14
T6	DISABLED CHILD (SIXTH CLAIMANT)	C6	3.14
T7	DISABLED CHILD (SEVENTH CLAIMANT)	C7	3.14
T8	DISABLED CHILD (EIGHTH CLAIMANT)	C8	3.14
T9	DISABLED CHILD (NINTH CLAIMANT)	C9	3.14
TA	MQGE (PRIMARY CLAIMANT)	A, J1, J2, J3, J4, M, M1, T	3.14
TB	MQGE AGED SPOUSE (FIRST CLAIMANT)	B, B1, B2, B6, BR, BY, D, D1, D4, D5, D6, DC, E, E1, E4, E5, K1, K2, K3, K4, W, W1, W6, WR, TD, TE, TW	3.14
TC	MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)	C1	3.14
TD	MQGE AGED WIDOW(ER) (FIRST CLAIMANT)	B, B1, B2, B6, BR, BY, D, D1, D4, D5, D6, DC, E, E1, E4, E5, K1, K2, K3, K4, W, W1, W6, WR, TB, TE, TW	3.14
TE	MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)	B, B1, B2, B6, BR, BY, D, D1, D4, D5, D6, DC, E, E1, E4, E5, K1, K2, K3, K4, W, W1, W6, WR, TB, TD, TW	3.14
TF	MQGE PARENT (MALE)	F1	3.14
TG	MQGE AGED SPOUSE (SECOND CLAIMANT)	B3, B4, B5, B9, BT, BW, D2, D3, D7, D9, DM, DP, E2, E3, E6, E9, K5, K6, K7, K8, W2, W3, W7, WT, TL, TR, TX	3.14
TH	MQGE AGED SPOUSE (THIRD CLAIMANT)	B7, B8, BG, BN, D8, DA, DH, DQ, DS, DV, E7, EB, EF, EJ, K9, KA, KB, KC, W4, W5, W8, TM, TS, TY	3.14
TJ	MQGE AGED SPOUSE (FOURTH CLAIMANT)	BA, BH, BK, BP, DD, DJ, DL, DR, DW, DX, E8, EC, EG, EK, KD, KE, KF, KG, W9, WB, WC, TN, TT, TZ	3.14
TK	MQGE AGED SPOUSE (FIFTH CLAIMANT)	BD, BJ, BL, BQ, DG, DK, DN, DT, DY, DZ, EA, ED, EH, EM, KH, KJ, KL, KM, WF, WG, WJ, TP, TU, TV	3.14

TL	MQGE AGED WIDOW(ER) (SECOND CLAIMANT)	B3, B4, B5, B9, BT, BW, D2, D3, D7, D9, DM, DP, E2, E3, E6, E9, K5, K6, K7, K8, W2, W3, W7, WT, TG, TR, TX	3.14
TM	MQGE AGED WIDOW(ER) (THIRD CLAIMANT)	B7, B8, BG, BN, D8, DA, DH, DQ, DS, DV, E7, EB, EF, EJ, K9, KA, KB, KC, W4, W5, W8, TH, TS, TY	3.14
TN	MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)	BA, BH, BK, BP, DD, DJ, DL, DR, DW, DX, E8, EC, EG, EK, KD, KE, KF, KG, W9, WB, WC, TJ, TT, TZ	3.14
TP	MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)	BD, BJ, BL, BQ, DG, DK, DN, DT, DY, DZ, EA, ED, EH, EM, KH, KJ, KL, KM, WF, WG, WJ, TK, TU, TV	3.14
TQ	MQGE PARENT (FEMALE)	F2	3.14
TR	MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)	B3, B4, B5, B9, BT, BW, D2, D3, D7, D9, DM, DP, E2, E3, E6, E9, K5, K6, K7, K8, W2, W3, W7, WT, TG, TL, TX	3.14
TS	MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)	B7, B8, BG, BN, D8, DA, DH, DQ, DS, DV, E7, EB, EF, EJ, K9, KA, KB, KC, W4, W5, W8, TH, TM, TY	3.14
TT	MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)	BA, BH, BK, BP, DD, DJ, DL, DR, DW, DX, E8, EC, EG, EK, KD, KE, KF, KG, W9, WB, WC, TJ, TN, TZ	3.14
TU	MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)	BD, BJ, BL, BQ, DG, DK, DN, DT, DY, DZ, EA, ED, EH, EM, KH, KJ, KL, KM, WF, WG, WJ, TK, TP, TV	3.14
TV	MQGE DISABLED WIDOW(ER) (FIFTH CLAIMANT)	BD, BJ, BL, BQ, DG, DK, DN, DT, DY, DZ, EA, ED, EH, EM, KH, KJ, KL, KM, WF, WG, WJ, TK, TP, TU	3.14
TW	MQGE DISABLED WIDOW(ER) (FIRST CLAIMANT)	B, B1, B2, B6, BR, BY, D, D1, D4, D5, D6, DC, E, E1, E4, E5, K1, K2, K3, K4, W, W1, W6, WR, TB, TD, TE	3.14
TX	MQGE DISABLED WIDOW(ER) (SECOND CLAIMANT)	B3, B4, B5, B9, BT, BW, D2, D3, D7, D9, DM, DP, E2, E3, E6, E9, K5, K6, K7, K8, W2, W3, W7, WT, TG, TL, TR	3.14
TY	MQGE DISABLED WIDOW(ER) (THIRD CLAIMANT)	B7, B8, BG, BN, D8, DA, DH, DQ, DS, DV, E7, EB, EF, EJ, K9, KA, KB, KC, W4, W5, W8, TH, TM, TS	3.14
TZ	MQGE DISABLED WIDOW(ER) (FOURTH CLAIMANT)	BA, BH, BK, BP, DD, DJ, DL, DR, DW, DX, E8, EC, EG, EK, KD, KE, KF, KG, W9, WB, WC, TJ, TN, TT	3.14
W	DISABLED WIDOW, AGE 50 OR OVER (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, E1, K1, K2, K3, K4, W6, TB, TD, TE, TW	3.14
W1	DISABLED WIDOWER, AGE 50 OR OVER (1ST CLAIMANT)	B1, BR, BY, D1, D5, DC, E4, E5, WR, TB, TD, TE, TW	3.14
W2	DISABLED WIDOW (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, E3, K5, K6, K7, K8, W7, TG, TL, TR, TX	3.14
W3	DISABLED WIDOWER (2ND CLAIMANT)	B4, BT, BW, D3, DM, DP, E6, E9, WT, TG, TL, TR, TX	3.14

W4	DISABLED WIDOW (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, EB, K9, KA, KB, KC, W8, TH, TM, TS, TY	3.14
W5	DISABLED WIDOWER (3RD CLAIMANT)	BG, DH, DQ, DS, EF, EJ, TH, TM, TS, TY	3.14
W6	DISABLED SURVIVING DIVORCED WIFE (1ST CLAIMANT)	B, B2, B6, D, D4, D6, E, E1, K1, K2, K3, K4, W, TB, TD, TE, TW	3.14
W7	DISABLED SURVIVING DIVORCED WIFE (2ND CLAIMANT)	B3, B5, B9, D2, D7, D9, E2, E3, K5, K6, K7, K8, W2, TG, TL, TR, TX	3.14
W8	DISABLED SURVIVING DIVORCED WIFE (3RD CLAIMANT)	B7, B8, BN, D8, DA, DV, E7, EB, K9, KA, KB, KC, W4, TH, TM, TS, TY	3.14
W9	DISABLED WIDOW (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, EC, KD, KE, KF, KG, WC, TJ, TN, TT, TZ	3.14
WB	DISABLED WIDOWER (4TH CLAIMANT)	BH, DJ, DR, DX, EG, EK, TJ, TN, TT, TZ	3.14
WC	DISABLED SURVIVING DIVORCED WIFE (4TH CLAIMANT)	BA, BK, BP, DD, DL, DW, E8, EC, KD, KE, KF, KG, W9, TJ, TN, TT, TZ	3.14
WF	DISABLED WIDOW (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, ED, KH, KJ, KL, KM, WJ, TK, TP, TU, TV	3.14
WG	DISABLED WIDOWER (5TH CLAIMANT)	BJ, DK, DT, DZ, EH, EM, TK, TP, TU, TV	3.14
WJ	DISABLED SURVIVING DIVORCED WIFE (5TH CLAIMANT)	BD, BL, BQ, DG, DN, DY, EA, ED, KH, KJ, KL, KM, WF, TK, TP, TU, TV	3.14
WR	DISABLED SURVIVING DIVORCED HUSBAND (1ST CLAIMANT)	B1, BR, BY, D1, D5, DC, E4, E5, W1, TB, TD, TE, TW	3.14
WT	DISABLED SURVIVING DIVORCED HUSBAND (2ND CLAIMANT)	B4, BT, BW, D3, DM, DP, E6, E9, W3, TG, TL, TR, TX	3.14

## Job Code Table

Job Code Table				Maintained By			
Job Code	Job Title	System Defined	Required	Fac.	NW	Transplant Center	Updated Version
FADM	Facility Administrator	Y	Y	X	X		R 0.4, D3.3, CR288
FAS	Facility Administrative Support	N	N	X	X		R 0.4, D3.3, CR288
FCEO	Facility Chief Executive Officer	Y	N	X	X		R 0.4, D3.3, CR288
FDC	Facility Data Contact	Y	Y	X	X		R 0.4, D3.3, CR288
FDISCON	Facility Disaster Contact	N	Y	X	X		R 0.4, D3.3, CR288
FDISCON2	Facility Disaster Contact Back-Up	N	Y	X	X		R 0.4, D3.3, CR288
FDIET	Facility Dietitian	Y	Y	X	X		R 0.4, D3.3, CR288
FHDC	Facility Home Dialysis Coordinator	N	N	X	X		R 0.4, D3.3, CR288
FHNNS	Facility Head Nurse/Nurse Supervisor	Y	Y	X	X		R 0.4, D3.3, CR288
FMD	Facility Medical Director	Y	Y	X	X		R 0.4, D3.3, CR288
FMGR	Facility Manager	N	N	X	X		R 0.4, D3.3, CR288
FNEPH	Facility Nephrologist	N	N	X	X		R 0.4, D3.3, CR288
FNPP	Facility Non-physician Practitioner	N	N	X	X		R 0.4, D3.3, CR288
FNUR	Facility Nurse	N	N	X	X		R 0.4, D3.3, CR288
FPCON	Facility Primary Contact	N	Y	X	X		R 0.4, D3.3, CR288
FPDN	Facility PD Nurse	Y	N	X	X		R 0.4, D3.3, CR288
FPXR	Facility Patient Representative	N	N	X	X		R 0.4, D3.3, CR288
FQIC	Facility QI Coordinator	Y	N	X	X		R 0.4, D3.3, CR288
FREP	Facility Representative	Y	N	X	X		R 0.4, D3.3, CR288
FREPALT	Facility Alternative Representative	Y	N	X	X		R 0.4, D3.3, CR288
FSW	Facility Social Worker	Y	Y	X	X		R 0.4, D3.3, CR288

FTECH	Facility Technician	Y	N		X	X		R 0.4, D3.3, CR288
FTRC	Facility Training Coordinator	N	N		X	X		R 0.4, D3.3, CR288
FTXC	Facility Transplant Coordinator	Y	N		X	X		R 0.4, D3.3, CR288
OGOVS	Other Government Representative	N	N		X	X	X	2.5
ONEPH	Other Nephrologist	N	N		X	X	X	Rel 0.4, D3.0
ONUR	Other Nurse	N	N		X	X		2.5
OPHY	Other Physician	N	N		X	X	X	2.5
OPRAC	Other non-Physician Practitioner	N	N		X	X	X	2.5
OSTF	Other Staff	N	N		X	X	X	2.5
OVAS	Other Vascular Surgeon	N	N		X	X		2.5
OVASR	Other Vascular Radiologist	N	N		X	X		Rel 0.4, D3.0
TXADM	Transplant Center Administrator	Y	Y			X	X	Rel 0.4, D3.0
TXC	Transplant Center Coordinator	Y	N			X	X	Rel 0.4, D3.0
TXDC	Transplant Center Data Contact	Y	Y			X	X	Rel 0.4, D3.0
TXDIET	Transplant Center Dietitian	Y	Y			X	X	Rel 0.4, D3.0
TXHNNS	Transplant Center Head Nurse/Nurse Supervisor	Y	Y			X	X	Rel 0.4, D3.0
TXMD	Transplant Center Medical Director	Y	Y			X	X	Rel 0.4, D3.0
TXNEPH	Transplant Center Nephrologist	N	N			X	X	Rel 0.4, D3.0
TXP	Transplant Center Practitioner	N	N			X	X	Rel 0.4, D3.0
TXS	Transplant Center Surgeon	Y	N			X	X	Rel 0.4, D3.0
TXSW	Transplant Center Social Worker	Y	Y			X	X	Rel 0.4, D3.0

## Message Table

MESSAGES					
Issue / Conflict (Trigger)	When to Send	Sender	Recipient	Automated Message	Updated Version
Patient with gap in service past the 12th month	Admit Date past 12th month	Auto-generated	Facility admitting patient	This patient has had a gap in service greater than 12 months - a re-entitlement 2728 form must be submitted.	
Facility admits a patient for long-term care when the patient has not been discharged by previous long-care facility	Admit Date at new facility	Auto-generated	Previous facility	This patient has been admitted at facility 'XXX' for long-term dialysis care. The patient is discharged from your facility with a reason of 'transfer' and subcategory of 'dialysis facility.'	
Transient patient treatment extends past 30 days	30th day of transient treatment	Auto-generated	Previous facility	This patient has been verified to be receiving continuous care of another facility for at least 30 days. The patient is discharged from your facility with a reason of 'transfer' and subcategory of 'dialysis facility.'	
Patient death	Following DOD entered into Patient Module	Auto-generated	All facilities with scope	This patient has expired and has been discharged from your facility with a reason of 'death.'	
Patient has gap of => 36 months post transplant and is now back on dialysis	Admit date at new facility	Auto-generated	Facility admitting patient	This transplanted patient has had a gap in service greater than 36 months and is now on dialysis with a failed transplant - a re-entitlement form must be submitted.	
On the 46th day of a "New to ESRD" patient, the 2728 has not been submitted.	46th day after patient is "New to ESRD"	Auto-generated	Facility that provided first treatment / transplant	This patient has been on treatment / transplant for greater than 45 days. A 2728 form must be completed immediately.	
On the 31st day after a patient "Death," the 2746 has not been submitted	31st day after patient DOD.	Auto-generated	Facility that provided last treatment / transplant	This patient has been expired for more than 30 days. A 2746 must be completed.	
A "First Date of ESRD" has been entered.	Date the field "First Date of ESRD" has been entered	Auto-generated	Facility that provided first treatment / transplant	A 2728 form must be completed for this patient within 45 days of "First ESRD Treatment" Date.	
A "Date of Death" has been entered.	Date the field "Date of Death" has been entered	Auto-generated	Facility that provided last treatment / transplant	A 2746 form must be completed for this patient within 30 days of "Date of Death."	
A system-outage has been planned	1 week prior to planned outage & again 1 day prior to planned outage	Auto-generated	All affected users	A system-outage has been planned for (identify time period).	



A user has been locked out of CROWN	Immediately following user lock-out	Auto-generated	User that was locked out	You have been locked out of CROWN. Please contact your ESRD Network for resolution and reinstatement of privileges.	
Monthly reminder to update patients in CROWN	Last day of the month	Auto-generated	All users with Update permissions	Please update your PART data no later than the 10th of next month.	
Patient receives transplant or is trained for self-care before the end of the 3rd month after "new to ESRD"	First day of self-care modality or transplant, if before the end of the 3rd month after "new to ESRD"	Auto-generated	The facility that provided transplant or first self-care treatment	This patient may be eligible for early entitlement to Medicare, please submit supplemental 2728.	

## NPI Validation Table

Requirements for National Provider Identifier (NPI) and NPI Check Digit (as of July 12, 2000)
<b><u>Requirements for NPI</u></b>
1. The NPI will meet the specifications detailed in the Final Rule for the Standard Unique Health Identifier for Health Care Providers when it is published in the Federal Register.
2. The NPI will consist of 9 numeric digits followed by one numeric check digit.
3. The NPI will not have embedded intelligence.
4. The NPI format and check digit calculation will be compatible with the card issuer identifier on a standard health identification card. The card standard was developed by the National Committee for Information Technology Standards (NCITS), which is accredited by the American National Standards Institute. A discussion of the relation of the NPI to the card issuer identifier on an NCITS standard health identification card can be found in the preamble to the NPI Final Rule.
Each card issuer identifier used on a standard health identification card must be unique. Therefore the NPI must be generated in a manner that will avoid collisions with other identifiers, such as the standard unique health plan identifier, that might be used as card issuer identifiers on standard health identification cards. In order to avoid such collisions, NPIs will initially be issued with the first digit = 1 or 2. These digits will not be used as the first digits for other card issuer identifiers. Use of other first digits for the NPI must be coordinated with the use of first digits by the standard health plan identifier, when it is adopted.
5. Within the constraints of #4 above, the NPI generation will use a scattering algorithm that has the capability to use all possible numeric combinations beginning with 1 or 2.
6. Each NPI generated will be unique.

### **Requirements for NPI Check Digit**

The National Provider Identifier check digit is calculated using the Luhn formula for computing the modulus 10 “double-add-double” check digit. This algorithm is recognized as an ISO standard and is the specified check digit algorithm to be used for the card issuer identifier on a standard health identification card. When an NPI is used as a card issuer identifier on a standard health identification card, it is preceded by the prefix 80840, in which 80 indicates health applications and 840 indicates the United States. The prefix is required only when the NPI is used as a card issuer identifier. However, in order that any NPI could be used as a card issuer identifier on a standard health identification card, the check digit will always be calculated as if the prefix is present. This is accomplished by adding the constant 24 in step 2 of the check digit calculation (as shown in the second example below) when the NPI is used without the prefix.

### **Luhn Formula for Modulus 10 “double-add-double” Check Digit**

The Luhn check digit formula is calculated as follows:

1. Double the value of alternate digits beginning with the **rightmost** digit.
2. Add the individual digits of the products resulting from step 1 to the unaffected digits from the original number.
3. Subtract the total obtained in step 2 from the next higher number ending in zero. This is the check digit. If the total obtained in step 2 is a number ending in zero, the check digit is zero.

### **Example of Check Digit Calculation for NPI used as Card Issuer Identifier**

Assume the 9-position identifier part of the NPI is 123456789. If used as a card issuer identifier on a standard health identification card the full number would be 80840123456789. Using the Luhn formula on the identifier portion, the check digit is calculated as follows:

Card issuer identifier without check digit:

8 0 8 4 0 1 2 3 4 5 6 7 8 9

Step 1: Double the value of alternate digits, beginning with the rightmost digit:

0 8 2 6 10 14 18

Step 2: Add the individual digits of products of doubling, plus unaffected digits.

$$8 + 0 + 8 + 8 + 0 + 2 + 2 + 6 + 4 + 1 + 0 + 6 + 1 + 4 + 8 + 1 + 8 = 67$$

Step 3: Subtract from next higher number ending in zero.

$$70 - 67 = 3$$

Check digit = 3

Card issuer identifier with check digit = 808401234567893

### **Example of Check Digit Calculation for NPI used without Prefix**

Assume the 9-position identifier part of the NPI is 123456789. Using the Luhn formula on the identifier portion, the check digit is calculated as follows:

NPI without check digit:

1 2 3 4 5 6 7 8 9

Step 1: Double the value of alternate digits, beginning with the rightmost digit.

2 6 10 14 18

Step 2: Add constant 24, to account for the 80840 prefix that would be present on a card issuer identifier, plus the individual digits of products of doubling, plus unaffected digits.

$$24 + 2 + 2 + 6 + 4 + 1 + 0 + 6 + 1 + 4 + 8 + 1 + 8 = 67$$

Step 3: Subtract from next higher number ending in zero.

$$70 - 67 = 3$$

Check digit = 3

NPI with check digit = 1234567893

## Race Table

Race Table				
Race Codes	Race Description		Updated Version	
1	American Indian/Alaska Native			
2	Asian			
3	Black or African American			
4	White			
6	Native Hawaiian or Other Pacific Islander			
Race Subcodes				
Race Code	Race Description	Sub Code	Sub Code Description	Updated Version
1	American Indian/Alaska Native	0	Non-Indian	
1	American Indian/Alaska Native	1	Alaskan Indian	
1	American Indian/Alaska Native	2	Aleut	
1	American Indian/Alaska Native	3	Eskimo	
1	American Indian/Alaska Native	4	Apache	
1	American Indian/Alaska Native	5	Apache, Ft. Sill	
1	American Indian/Alaska Native	6	Apache, Jicarilla	
1	American Indian/Alaska Native	7	Apache-Kiowa	
1	American Indian/Alaska Native	8	Apache, Mescalero	
1	American Indian/Alaska Native	9	Apache, Yavapai	
1	American Indian/Alaska Native	10	Arikara	
1	American Indian/Alaska Native	11	Arapahoe	
1	American Indian/Alaska Native	12	Arapahoe-Cheyenne	
1	American Indian/Alaska Native	13	Assiniboine	
1	American Indian/Alaska Native	14	Bannock	
1	American Indian/Alaska Native	15	Blackfeet	
1	American Indian/Alaska Native	16	Caddo	
1	American Indian/Alaska Native	17	Canadian Indian	
1	American Indian/Alaska Native	18	Cayuga	
1	American Indian/Alaska Native	19	Cayuga-Seneca	
1	American Indian/Alaska Native	20	Chehalis, Confederated Tribes	
1	American Indian/Alaska Native	21	Chemehuevi	
1	American Indian/Alaska Native	22	Cherokee	
1	American Indian/Alaska Native	23	Cherokk (Eastern Bank)	
1	American Indian/Alaska Native	24	Cherokee-Shawnee	
1	American Indian/Alaska Native	25	Cherokee-Delaware	
1	American Indian/Alaska Native	26	Cheyenne	
1	American Indian/Alaska Native	27	Chickasaw	
1	American Indian/Alaska Native	28	Chinook	

1	American Indian/Alaska Native	29	Chinook (Landless)	
1	American Indian/Alaska Native	30	Chippewa (Ojibway)	Rel 0.4, D3.0
1	American Indian/Alaska Native	31	Choctaw	
1	American Indian/Alaska Native	32	Choctaw (Mississippi Band)	
1	American Indian/Alaska Native	33	Chumask	
1	American Indian/Alaska Native	34	Clallam	
1	American Indian/Alaska Native	35	Cahuilla	
1	American Indian/Alaska Native	36	Cocopah	
1	American Indian/Alaska Native	37	Coeur Dalene	
1	American Indian/Alaska Native	38	Colville	
1	American Indian/Alaska Native	39	Comanche	
1	American Indian/Alaska Native	40	Cowlitz	
1	American Indian/Alaska Native	41	Cowlitz (Landless)	
1	American Indian/Alaska Native	42	Cree	
1	American Indian/Alaska Native	43	Creek	
1	American Indian/Alaska Native	44	Crow	
1	American Indian/Alaska Native	45	Dakota (Sioux)	
1	American Indian/Alaska Native	46	Delaware of Western Oklahoma	
1	American Indian/Alaska Native	47	Dieguenc	
1	American Indian/Alaska Native	48	Dwamish	
1	American Indian/Alaska Native	49	Flathead	
1	American Indian/Alaska Native	50	Gros Ventre, Hidatsa, Minitaki	
1	American Indian/Alaska Native	51	Havasupai	
1	American Indian/Alaska Native	52	Hoh Band	
1	American Indian/Alaska Native	53	Hoopa	
1	American Indian/Alaska Native	54	Hopi	
1	American Indian/Alaska Native	55	Hualapai	
1	American Indian/Alaska Native	56	Iowa	
1	American Indian/Alaska Native	57	Iowa of Kansas	
1	American Indian/Alaska Native	58	Kaw	
1	American Indian/Alaska Native	59	Kickapoo	
1	American Indian/Alaska Native	60	Kickapoo of Kansas	
1	American Indian/Alaska Native	61	Kickailus	
1	American Indian/Alaska Native	62	Kiowa	
1	American Indian/Alaska Native	63	Kootenai Band	
1	American Indian/Alaska Native	64	Humptulips	
1	American Indian/Alaska Native	65	Capalis	
1	American Indian/Alaska Native	66	Satsop	
1	American Indian/Alaska Native	67	Wynnoche	
1	American Indian/Alaska Native	68	Luiseno	
1	American Indian/Alaska Native	69	Lummi	

1	American Indian/Alaska Native	70	Maidu	
1	American Indian/Alaska Native	71	Makah	
1	American Indian/Alaska Native	72	Mandan	
1	American Indian/Alaska Native	73	Maricopa	
1	American Indian/Alaska Native	74	Menominee	
1	American Indian/Alaska Native	75	Me-Wuk	
1	American Indian/Alaska Native	76	Miami	
1	American Indian/Alaska Native	77	Miccosukee of Florida	
1	American Indian/Alaska Native	78	Missouri	
1	American Indian/Alaska Native	79	Otoe-Missouri	
1	American Indian/Alaska Native	80	Modoc	
1	American Indian/Alaska Native	81	Mohave	
1	American Indian/Alaska Native	82	Muckleshoot	
1	American Indian/Alaska Native	83	Munsee	
1	American Indian/Alaska Native	84	Navajo	
1	American Indian/Alaska Native	85	Nez Perce	
1	American Indian/Alaska Native	86	Nisqually	
1	American Indian/Alaska Native	87	Nomelacki	
1	American Indian/Alaska Native	88	Nooksack	
1	American Indian/Alaska Native	89	Omaha	
1	American Indian/Alaska Native	90	Oneida	
1	American Indian/Alaska Native	91	Osage	
1	American Indian/Alaska Native	92	Otoe	
1	American Indian/Alaska Native	93	Ottawa	
1	American Indian/Alaska Native	94	Ozette	
1	American Indian/Alaska Native	95	Paiute	
1	American Indian/Alaska Native	96	Tohono	
1	American Indian/Alaska Native	97	Pawnee	
1	American Indian/Alaska Native	98	Pima	
1	American Indian/Alaska Native	99	Pit River	
1	American Indian/Alaska Native	100	Pojoaque	
1	American Indian/Alaska Native	101	Pomo	
1	American Indian/Alaska Native	102	Ponca	
1	American Indian/Alaska Native	103	Potawatomie	
1	American Indian/Alaska Native	104	Potawatomie (Citizen Band)	
1	American Indian/Alaska Native	105	Potawatomie (Kansas Prairie Band)	
1	American Indian/Alaska Native	106	Puyallup	
1	American Indian/Alaska Native	107	Acoma	
1	American Indian/Alaska Native	108	Cochiti	
1	American Indian/Alaska Native	109	Isleta	
1	American Indian/Alaska Native	110	Jemez	

1	American Indian/Alaska Native	111	Laguna	
1	American Indian/Alaska Native	112	Nambe	
1	American Indian/Alaska Native	113	Picuris	
1	American Indian/Alaska Native	114	Sandia	
1	American Indian/Alaska Native	115	San Felipe	
1	American Indian/Alaska Native	116	San Idelfonso	
1	American Indian/Alaska Native	117	San Juan	
1	American Indian/Alaska Native	118	Santa Ana	
1	American Indian/Alaska Native	119	Santa Clara	
1	American Indian/Alaska Native	120	Santa Domingo	
1	American Indian/Alaska Native	121	Taos	
1	American Indian/Alaska Native	122	Tesuque	
1	American Indian/Alaska Native	123	Zia	
1	American Indian/Alaska Native	124	Zuni	
1	American Indian/Alaska Native	125	Quapaw	
1	American Indian/Alaska Native	126	Quechan	
1	American Indian/Alaska Native	127	Quilleute	
1	American Indian/Alaska Native	128	Quinault	
1	American Indian/Alaska Native	129	Sac + Fox	
1	American Indian/Alaska Native	130	Sac + Fox of Oklahoma	
1	American Indian/Alaska Native	131	Sac + Fox of Kansas + Neb	
1	American Indian/Alaska Native	132	Samish	
1	American Indian/Alaska Native	133	San Juan of Washington	
1	American Indian/Alaska Native	134	Sauk-Suiattle	
1	American Indian/Alaska Native	135	Seminole	
1	American Indian/Alaska Native	136	Seminole of Florida	
1	American Indian/Alaska Native	137	Seminole of Oklahoma	
1	American Indian/Alaska Native	138	Seneca	
1	American Indian/Alaska Native	139	Serrano	
1	American Indian/Alaska Native	140	Shawnee	
1	American Indian/Alaska Native	141	Shawnee, Absentee	
1	American Indian/Alaska Native	142	Shawnee, Eastern	
1	American Indian/Alaska Native	143	Shoshone	
1	American Indian/Alaska Native	144	Skagit, Lower	
1	American Indian/Alaska Native	145	Skagit, Upper	
1	American Indian/Alaska Native	146	Skokomish	
1	American Indian/Alaska Native	147	Skykomish	
1	American Indian/Alaska Native	148	Snohomish	
1	American Indian/Alaska Native	149	Snohomish (Landless)	
1	American Indian/Alaska Native	150	Snoqualmie	
1	American Indian/Alaska Native	151	Ute, Southern	



1	American Indian/Alaska Native	152	Spokane	
1	American Indian/Alaska Native	153	Squaxin Island	
1	American Indian/Alaska Native	154	Steilacoom	
1	American Indian/Alaska Native	155	Stilaquamish	
1	American Indian/Alaska Native	156	Stockbridges	
1	American Indian/Alaska Native	157	Suquamish	
1	American Indian/Alaska Native	158	Swinomish	
1	American Indian/Alaska Native	159	Tachi	
1	American Indian/Alaska Native	160	Te-Moak	
1	American Indian/Alaska Native	161	Tunkawa	
1	American Indian/Alaska Native	162	Tule River	
1	American Indian/Alaska Native	163	Tulalip	
1	American Indian/Alaska Native	164	Umatilla, Confederated Tribes of	
1	American Indian/Alaska Native	165	Ute	
1	American Indian/Alaska Native	166	Ute, Mountain	
1	American Indian/Alaska Native	167	Wailaki	
1	American Indian/Alaska Native	168	Warm Springs, Confederated Tribes of	
1	American Indian/Alaska Native	169	Washoe	
1	American Indian/Alaska Native	170	Wichita	
1	American Indian/Alaska Native	171	Winnebago	
1	American Indian/Alaska Native	172	Wintun	
1	American Indian/Alaska Native	173	Wyandot	
1	American Indian/Alaska Native	174	Yakima	
1	American Indian/Alaska Native	175	Yavapai	
1	American Indian/Alaska Native	176	Yuchi	
1	American Indian/Alaska Native	177	Yuki	
1	American Indian/Alaska Native	178	Yurok	
1	American Indian/Alaska Native	179	Kalispel	
1	American Indian/Alaska Native	180	Chitimacha	
1	American Indian/Alaska Native	181	Coushatta	
1	American Indian/Alaska Native	182	St. Regis Mohawk	
1	American Indian/Alaska Native	183	Siletz	
1	American Indian/Alaska Native	184	Peoria	
1	American Indian/Alaska Native	185	Shoalwater	
1	American Indian/Alaska Native	186	Wea	
1	American Indian/Alaska Native	187	Pascua Yaqui	
1	American Indian/Alaska Native	188	Passamaquoddy (Pleasant Pt.)	
1	American Indian/Alaska Native	189	Passamaquoddy (Indian Township)	
1	American Indian/Alaska Native	190	Penobscot	
1	American Indian/Alaska Native	191	Narraganset	
1	American Indian/Alaska Native	192	Tonawanda	

1	American Indian/Alaska Native	193	Arrostook (Indian Association)	
1	American Indian/Alaska Native	194	Paiute of Utah	
1	American Indian/Alaska Native	195	Tuscarora Nation of New York	
1	American Indian/Alaska Native	196	Grand Traverse Chippewa-Ottawa	
1	American Indian/Alaska Native	197	Pasqua Yaqui - Unenrolled	
1	American Indian/Alaska Native	198	Cow Creek of Umpqua-Oregon	
1	American Indian/Alaska Native	199	Kickapoo of Texas	
1	American Indian/Alaska Native	200	Goshute	
1	American Indian/Alaska Native	201	Miwock	
1	American Indian/Alaska Native	202	Wampanoag	
1	American Indian/Alaska Native	203	Tunica-Biloxi	
1	American Indian/Alaska Native	204	Houlton Band (Malisetts)	
1	American Indian/Alaska Native	205	Tewa	
1	American Indian/Alaska Native	206	Pequot	
1	American Indian/Alaska Native	207	Poarch Creeks	
1	American Indian/Alaska Native	208	Grand Ronde	
1	American Indian/Alaska Native	209	Shoshone-Bannock	
1	American Indian/Alaska Native	210	Tlingit	
1	American Indian/Alaska Native	211	Tolowa/Tolowa-Hoopla	
1	American Indian/Alaska Native	212	Confederated Tribes of Coos-Oregon	
1	American Indian/Alaska Native	213	Klallam - Lower Elwha	
1	American Indian/Alaska Native	214	Klallam - Port Gamble	
1	American Indian/Alaska Native	215	Celilo-Wyam Board	
1	American Indian/Alaska Native	216	Karuk (California)	
1	American Indian/Alaska Native	217	Onondaga Nation of New York	
1	American Indian/Alaska Native	218	Mission (California)	
1	American Indian/Alaska Native	219	Quartz Valley Ranch	
1	American Indian/Alaska Native	220	Northwest Bank, Shoshone, Utah	
1	American Indian/Alaska Native	221	Klamath	
1	American Indian/Alaska Native	222	Ysleta Del Sur Pueblo	
1	American Indian/Alaska Native	223	Alabama & Coushatta Tribes of Texas	
1	American Indian/Alaska Native	224	Shinnecock	
1	American Indian/Alaska Native	225	Lumbee	
1	American Indian/Alaska Native	226	EBCI (Eastern Band of Cherokee Indians)	
1	American Indian/Alaska Native	230	Tonto Apache Tribe of Arizona	
1	American Indian/Alaska Native	231	Apache Tribe of Oklahoma	
1	American Indian/Alaska Native	232	San Carlos Apache - Arizona	
1	American Indian/Alaska Native	233	Whitemountain Apache - Arizona	
1	American Indian/Alaska Native	234	Ft. McDowell Mohave-Apache-Arizona	
1	American Indian/Alaska Native	235	Assiniboine & Sioux - Montana	
1	American Indian/Alaska Native	236	Ft. Belknap-Assiniboine-Montana	

1	American Indian/Alaska Native	238	United Keetooway-Cherokee-Oklahoma	
1	American Indian/Alaska Native	240	Keweenaw Bay-Chippewa-Michigan	
1	American Indian/Alaska Native	243	Bad River Band-Chippewa Wisconsin	
1	American Indian/Alaska Native	244	Bay Mills-Chippewa-Minnesota	
1	American Indian/Alaska Native	245	Saginaw Chippewa - Michigan	
1	American Indian/Alaska Native	246	Lac Du Flambeau-Chippewa-Wisconsin	
1	American Indian/Alaska Native	247	Red Cliff-Chippewa-Wisconsin	
1	American Indian/Alaska Native	248	Red Lake-Chippewa-Minnesota	
1	American Indian/Alaska Native	249	Sault Ste.Marie-Chippewa-MI	
1	American Indian/Alaska Native	250	Sokoagon-Chippewa-Wisconsin	
1	American Indian/Alaska Native	251	St. Croix-Chippewa-Wisconsin	
1	American Indian/Alaska Native	252	Turtle Mountain-Chippewa-Wisconsin	
1	American Indian/Alaska Native	255	Augustine-Cahuilla Mission-California	
1	American Indian/Alaska Native	256	Cabazon-Cahuilla Mission-California	
1	American Indian/Alaska Native	257	Cahuilla Mission-California	
1	American Indian/Alaska Native	258	Lus Coyotes-Cahuilla Mission-California	
1	American Indian/Alaska Native	259	Morongo-Cahuilla Mission-California	
1	American Indian/Alaska Native	260	Ramona-Cahuilla Mission-California	
1	American Indian/Alaska Native	261	Santa Rosa-Santa Rosa Ranch-California	
1	American Indian/Alaska Native	262	Tores-Martinez-Chuilla Mission-California	
1	American Indian/Alaska Native	263	Aqua-Caliente-Cahuilla-California	
1	American Indian/Alaska Native	266	Alabama-Quassarte-Creek-Oklahoma	
1	American Indian/Alaska Native	267	Kialegee-Creek-Oklahoma	
1	American Indian/Alaska Native	268	Thlopthlocco-Creek-Oklahoma	
1	American Indian/Alaska Native	269	Col.River Indians-Arizona & California	
1	American Indian/Alaska Native	272	Devils Lake Sioux - North Dakota	
1	American Indian/Alaska Native	273	Prairie Island-Sioux-Minnesota	
1	American Indian/Alaska Native	274	Snakopee Mdewakanton-Sioux-Minnesota	
1	American Indian/Alaska Native	275	Yankton Sioux - South Dakota	
1	American Indian/Alaska Native	276	Assiniboine/Sioux - Montana	
1	American Indian/Alaska Native	277	Cheyenne River Sioux - South Dakota	
1	American Indian/Alaska Native	278	Crow Creek Sioux - South Dakota	
1	American Indian/Alaska Native	279	Flandreau Santee Sioux - South Dakota	
1	American Indian/Alaska Native	280	Lower Brule Sioux - South Dakota	
1	American Indian/Alaska Native	281	Lower Sioux - Minnesota	
1	American Indian/Alaska Native	282	Oglala Sioux-Pine Ridge - South Dakota	
1	American Indian/Alaska Native	283	Rosebud Sioux - South Dakota	
1	American Indian/Alaska Native	284	Santee Sioux - Nebraska	
1	American Indian/Alaska Native	285	Sisseton-Wahpeton Sioux - South Dakota	
1	American Indian/Alaska Native	286	Standing Rock Sioux - North/South Dakota	
1	American Indian/Alaska Native	287	Upper Sioux - Minnesota	

1	American Indian/Alaska Native	290	Fort Belknap-Gros Ventre - Montana	
1	American Indian/Alaska Native	291	Three Affil. Tribes - Gros Ventre	
1	American Indian/Alaska Native	293	Gilla River Pima Marcopo - Arizona	
1	American Indian/Alaska Native	294	Oneida - Wisconsin	
1	American Indian/Alaska Native	295	Wisconsin Winnebago - Wisconsin	
1	American Indian/Alaska Native	303	La Jolla-Luiseno Mission - California	
1	American Indian/Alaska Native	304	Pala Band-Luiseno Mission - California	
1	American Indian/Alaska Native	305	Pauma Band-Luiseno Mission - California	
1	American Indian/Alaska Native	306	Pechanga Band-Luiseno Mission - California	
1	American Indian/Alaska Native	307	Rincon Band-Luiseno Mission - California	
1	American Indian/Alaska Native	308	Soboba Band-Luiseno Mission - California	
1	American Indian/Alaska Native	309	Twenty-Nine Palms-Luiseno - California	
1	American Indian/Alaska Native	312	Berry Creek Ranch - Maidu - California	
1	American Indian/Alaska Native	313	Enterprise Ranch - Maidu - California	
1	American Indian/Alaska Native	314	Greenville Ranch - Maidu - California	
1	American Indian/Alaska Native	315	Mooretown Ranch - Maidu - California	
1	American Indian/Alaska Native	320	Buena Vista Ranch - Mewuk - California	
1	American Indian/Alaska Native	321	Chicken Ranch Ranch - Mewuk - California	
1	American Indian/Alaska Native	322	Jackson Ranch - Mewuk - California	
1	American Indian/Alaska Native	323	Sheep Ranch Ranch - Mewuk - California	
1	American Indian/Alaska Native	324	Tolumne - Mewuk - California	
1	American Indian/Alaska Native	330	Barona Capitan Grande-Dieg-California	
1	American Indian/Alaska Native	331	Campo Band-Diegueno - California	
1	American Indian/Alaska Native	332	Capitan Grande-Diegueno - California	
1	American Indian/Alaska Native	333	Cuyhapaibe-Diegueno Mission - California	
1	American Indian/Alaska Native	334	La Posta Band-Diegueno Mssion - California	
1	American Indian/Alaska Native	335	Manzanita-Diegueno Mission - California	
1	American Indian/Alaska Native	336	Mesa Grande Band-Diegueno - California	
1	American Indian/Alaska Native	337	San Pasqual-Diegueno - California	
1	American Indian/Alaska Native	338	Santa Ysabel-Diegueno - California	
1	American Indian/Alaska Native	339	Sycuan-Diegueno Mission - California	
1	American Indian/Alaska Native	340	Viejas Baron Long Capt. Grande - California	
1	American Indian/Alaska Native	345	Bridgeport Paiute Colony - California	
1	American Indian/Alaska Native	346	Cedarville Ranch North Paite - California	
1	American Indian/Alaska Native	347	Ft. Bidwell-Paiute - California	
1	American Indian/Alaska Native	348	Ft. Independence-Paiute - California	
1	American Indian/Alaska Native	349	Reno-Sparks Colony-Paiute - Nevada	
1	American Indian/Alaska Native	350	Utu Utu Gwaiti - Paiute - California	
1	American Indian/Alaska Native	351	Burns Paiute Colony - Oregon	
1	American Indian/Alaska Native	352	Kaibab Band - Paiute - Arizona	
1	American Indian/Alaska Native	353	Las Vegas - Paiute - Nevada	

1	American Indian/Alaska Native	354	Lovelock - Paiute - Nevada	
1	American Indian/Alaska Native	355	Moapa Band - Paiute - Nevada	
1	American Indian/Alaska Native	356	Pyramid Lake - Paiute - Nevada	
1	American Indian/Alaska Native	357	Summit Lake - Paiute - Nevada	
1	American Indian/Alaska Native	358	Walker River - Paiute - Nevada	
1	American Indian/Alaska Native	359	Yerington - Paiute - Nevada	
1	American Indian/Alaska Native	360	Ak Chin Indian Comm.-Papago - Arizona	
1	American Indian/Alaska Native	363	Big Pine Band - Paiute - California	
1	American Indian/Alaska Native	364	Ft. McDermitt-Paiute/Shoshone - Nevada	
1	American Indian/Alaska Native	365	Bishop - Paiute/Shoshone - California	
1	American Indian/Alaska Native	366	Fallon - Paiute/Shoshone - Nevada	
1	American Indian/Alaska Native	367	Lone Pine-Paiute/Shoshone - Nevada	
1	American Indian/Alaska Native	368	Duck Valley-Paiute/Shoshone - Nevada	
1	American Indian/Alaska Native	369	Duckwater Shoshone - Nevada	
1	American Indian/Alaska Native	370	Death Valley Timbe-Sha/Shos - California	
1	American Indian/Alaska Native	371	Reno-Sparks - Shoshone - Nevada	
1	American Indian/Alaska Native	372	Shoshone - Wind River - Wyoming	
1	American Indian/Alaska Native	373	Yumba - Shoshone - Nevada	
1	American Indian/Alaska Native	374	Ely Indian Colony - Nevada	
1	American Indian/Alaska Native	375	Winnemucca Indian Colony - Nevada	
1	American Indian/Alaska Native	376	Skull Valley Band-Goshute-Liah	
1	American Indian/Alaska Native	377	Salt River Pima-Maricopa - Arizona	
1	American Indian/Alaska Native	378	Forest County Potawatomi - Wisconsin	
1	American Indian/Alaska Native	379	Hannahville-Potawatomi - Michigan	
1	American Indian/Alaska Native	380	Gib Bend Ranch.-Pit River - California	
1	American Indian/Alaska Native	381	Lookout Ranch.-Pit River - California	
1	American Indian/Alaska Native	382	Montgomery Creek Ranch-Pit - California	
1	American Indian/Alaska Native	383	Pit River-X-L Ranch - California	
1	American Indian/Alaska Native	384	Roaring Creek Ranch.Pit River - California	
1	American Indian/Alaska Native	385	Alturas Ranch.-Pit River - California	
1	American Indian/Alaska Native	390	Cloverdale Ranch.-Pit River - California	
1	American Indian/Alaska Native	391	Coyote Valley-Pomo - California	
1	American Indian/Alaska Native	392	Dry Creek Ranch.-Pomostewarts Pt-California	
1	American Indian/Alaska Native	393	Elem.Indian Colony - Pomo - California	
1	American Indian/Alaska Native	394	Kashia Band-Pomo-Stewarts Pt - California	
1	American Indian/Alaska Native	395	Manchester Band-Pomo-Man.Pt. - California	
1	American Indian/Alaska Native	396	Middletown Ranch.-Pomo - California	
1	American Indian/Alaska Native	397	Pinoleville Ranch.-Pomo - California	
1	American Indian/Alaska Native	398	Redding Ranch.-Pomo - California	
1	American Indian/Alaska Native	399	Redwood Valley Ranch.-Pomo - California	
1	American Indian/Alaska Native	400	Robinson Ranch.-Pomo - California	

1	American Indian/Alaska Native	401	Sherwood Valley Ranch -Pomo - California	
1	American Indian/Alaska Native	402	Upper Lake Band-Pomo - California	
1	American Indian/Alaska Native	403	Potter Valley Ranch -Pomo - California	
1	American Indian/Alaska Native	404	Hopland Band-Pomo - California	
1	American Indian/Alaska Native	406	Chchil De He Band-Colusa - California	
1	American Indian/Alaska Native	407	Cortina Ranch -Wintun - California	
1	American Indian/Alaska Native	408	Coast Community-Yurok - California	
1	American Indian/Alaska Native	410	Yurok-Hoopla Valley - California	
1	American Indian/Alaska Native	412	Barona Group-Capitan Grande - California	
1	American Indian/Alaska Native	413	Viejas Group-Capitan Grande - California	
1	American Indian/Alaska Native	415	Big Lagoon Ranch -Smith River - California	
1	American Indian/Alaska Native	417	Big Sandy Ranch -Mono - California	
1	American Indian/Alaska Native	418	Cold Springs Ranch -Mono - California	
1	American Indian/Alaska Native	419	Northfork Ranch -Mono - California	
1	American Indian/Alaska Native	420	Big Valley Ranch -Pomo/Pit - California	
1	American Indian/Alaska Native	421	Blue Lake Rancheria - California	
1	American Indian/Alaska Native	422	Cherae Heights-Trinidad - California	
1	American Indian/Alaska Native	423	Jamul Village of California	
1	American Indian/Alaska Native	425	Picayune Ranch -Chukchansi - California	
1	American Indian/Alaska Native	426	Rohnerville Ranch -Mattole - California	
1	American Indian/Alaska Native	427	Santa Rosa-Cahuilla Mission - California	
1	American Indian/Alaska Native	428	Shingle Springs-Miwok - California	
1	American Indian/Alaska Native	429	Smith River Rancheria - California	
1	American Indian/Alaska Native	430	Susanville Ranch - California	
1	American Indian/Alaska Native	431	Table Bluff Ranch -Wiyot - California	
1	American Indian/Alaska Native	432	Table Mountain Ranch - California	
1	American Indian/Alaska Native	433	Cahto-Laytonville Ranch - California	
1	American Indian/Alaska Native	434	Inaja Band-Cosmit Mission - California	
1	American Indian/Alaska Native	435	Grindstone-Wintun-Waitaki - California	
1	American Indian/Alaska Native	441	Boise Forte Band-Chippewa - Minnesota	
1	American Indian/Alaska Native	442	Fund Du Lac Band-Chippewa - Minnesota	
1	American Indian/Alaska Native	443	Grand Portage Band-Chippewa - Minnesota	
1	American Indian/Alaska Native	444	Leech Lake Band-Chippewa - Minnesota	
1	American Indian/Alaska Native	445	Mille Lac Band - Chippewa - Minnesota	
1	American Indian/Alaska Native	446	White Earth Band-Chippewa - Minnesota	
1	American Indian/Alaska Native	447	Keweenaw Bay Comm -Chippewa - Minnesota	
1	American Indian/Alaska Native	448	Elk Valley Ranch Smith River - California	
1	American Indian/Alaska Native	970	Non-Indian Member Indian Household	
1	American Indian/Alaska Native	997	Indian Non-Tribal Member	

## Reason Table

Admit Reason Categories		
ID	Reason	Brief Definition
1	New ESRD Patient	Patient has been diagnosed with ESRD and receives his/her first ever kidney transplant or first ever outpatient chronic dialysis treatment at a US-based, non-prison, ESRD-Medicare Certified facility
2	Transfer In	Patient is admitted into a dialysis facility and has received outpatient chronic dialysis treatment elsewhere
3	Restart	Patient had previously stopped dialysis treatment and is now resuming outpatient chronic dialysis treatment
4	Dialysis After Transplant Failed	Patient has rejected a transplant and is receiving his/her post-transplant outpatient dialysis treatment at an outpatient facility
5	Dialysis in Support of Transplant	Temporary care subsequent to recent kidney transplant or episode of acute transplant rejection/failure
6	Transplant	Patient has received a transplant after a regular course of dialysis treatment or after a previous transplant
Discharge Reason Categories		
ID	Reason	Brief Definition
1	Death	Patient has died
2	Discontinue	Patient stops dialysis after articulating decision to permanently end needed renal replacement therapy
4	Recover Function	Patient regains renal function of his/her native kidney and no longer requires ESRD therapy
5	Involuntary	Patient leaves a dialysis facility against his/her will
6	Other	Patient leaving outpatient facility and will be receiving chronic dialysis in prison or another country
7	Transplant in US	Patient leaves a dialysis facility to receive a kidney transplant in US
8	Transplant outside US	Patient leaves dialysis facility to receive kidney transplant from a transplant center outside US
9	Transfer	Patient leaves dialysis facility to receive services from another facility / provider
10		
11	Acute	Patient is not chronic ESRD and is not receiving a regular course of dialysis treatment
12		
Involuntary Discharge		
ID	Subcategories	
1	Non-Adherence	
2	Verbal / written abuse	
3	Verbal / written threat	
4	Physical threat	

5	Physical harm	
6	Property damage / theft	
7	Lack of payment	
<b>Transfer Discharge</b>		
ID	Subcategories	
1	Dialysis Facility <del>in US</del>	
2	Hospice	
3	Hospital	
4	Long Term Care Facility	
5	Rehab Center	
6	Nursing Home	
7	<del>Prison</del>	
8	<del>Dialysis Facility outside US</del>	
<b>Transient Reason Categories</b>		
ID	Reason	Brief Definition
1	Disaster	Temporary care at an 'away' facility because of a disaster affecting either the patient or their 'home' facility
2	Travel	Temporary care at an 'away' facility during either business or personal travel
3	Home Maintenance	Temporary care at an 'away' facility while maintenance is performed either on their home or on their machine so that they can continue receiving home dialysis from their 'home' facility
4	Facility Maintenance	Temporary care at an 'away' facility while maintenance is performed at their 'home' facility
5	Dialysis in Support of Transplant	Temporary care subsequent to recent kidney transplant or episode of acute transplant rejection/failure
6	Back-up Hemodialysis	Temporary care at an 'away' facility to provide back-up hemodialysis when patient unable to receive home dialysis for clinical reasons
7	Training	Temporary care to receive training services



## RRB Table

RRB Medicare Claim Number Conversion					
RRB Medicare Claim Number Characteristics		RRB Medicare Claim Number Conversion		Resulting Converted Value	Updated Version
Length	Format	Prefix Conversion	First Digit Conversion	New Medicare Claim Number Value	
7	<p><b>Prefix</b> First character in the Medicare Claim Number is "A" or "H"</p> <p><b>Numeric Base</b> Remaining six characters in the Medicare Claim Number are numbers.</p>	<p><b>Suffix</b> If Prefix="A", then Suffix="10" If Prefix="H", then Suffix="80"</p>	None	<p><b>Format:</b> "{00" + Numeric Base + Suffix <b>Example:</b> RRB Medicare Claim Number="A123456" New Medicare Claim Number="{0012345610"</p>	
8	<p><b>Prefix</b> First two characters in the Medicare Claim Number are one of the following: "JA", "MA", "PA", "WA", "CA", "PD", "WD", "MH", "PH", or "WH"</p> <p><b>Numeric Base</b> Remaining six characters in the Medicare Claim Number are numbers.</p>	<p><b>Suffix</b> If Prefix="JA", then Suffix="11" If Prefix="MA", then Suffix="14" If Prefix="PA", then Suffix="15" If Prefix="WA", then Suffix="16" If Prefix="CA", then Suffix="17" If Prefix="PD", then Suffix="45" If Prefix="WD", then Suffix="46" If Prefix="MH", then Suffix="84" If Prefix="PH", then Suffix="85" If Prefix="WH", then Suffix="86"</p>	None	<p><b>Format:</b> "{00" + Numeric Base + Suffix <b>Example:</b> RRB Medicare Claim Number="JA123456" New Medicare Claim Number="{0012345611"</p>	
9	<p><b>Prefix</b> First three characters in the Medicare Claim Number are one of the following: "WCA", "WCD", or "WCH"</p> <p><b>Numeric Base</b> Remaining six characters in the Medicare Claim Number are numbers.</p>	<p><b>Suffix</b> If Prefix="WCA", then Suffix="13"      If Prefix="WCD", then Suffix="43" If Prefix="WCH", then Suffix="83"</p>	None	<p><b>Format:</b> "{00" + Numeric Base + Suffix <b>Example:</b> RRB Medicare Claim Number="WCA123456" New Medicare Claim Number="{0012345613"</p>	

10	<p><b>Prefix</b> First character in the Medicare Claim Number is "A" or "H"</p> <p><b>Numeric Base</b> Remaining nine characters in the Medicare Claim Number are numbers.</p>	<p><b>Suffix</b> If Prefix="A", then Suffix="10" If Prefix="H", then Suffix="80"</p>	<p><b>First Digit Position</b> First number in Numeric Base</p> <p><b>First Digit Conversion</b> If number=0, then "{" If number=1, then "A" If number=2, then "B" If number=3, then "C" If number=4, then "D" If number=5, then "E" If number=6, then "F" If number=7, then "G"</p>	<p><b>Format:</b> First Digit + Numeric Base + Suffix</p> <p><b>Example:</b> RRB Medicare Claim Number="A234567890" New Medicare Claim Number="B3456789010"</p>	3.7
11	<p><b>Prefix</b> First two characters in the Medicare Claim Number are one of the following: "JA", "MA", "PA", "WA", "CA", "PD", "WD", "MH", "PH", or "WH"</p> <p><b>Numeric Base</b> Remaining nine characters in the Medicare Claim Number are numbers.</p>	<p><b>Suffix</b> If Prefix="JA", then Suffix="11" If Prefix="MA", then Suffix="14" If Prefix="PA", then Suffix="15" If Prefix="WA", then Suffix="16" If Prefix="CA", then Suffix="17" If Prefix="PD", then Suffix="45" If Prefix="WD", then Suffix="46" If Prefix="MH", then Suffix="84" If Prefix="PH", then Suffix="85" If Prefix="WH", then Suffix="86"</p>	<p><b>First Digit Position</b> First number in Numeric Base</p> <p><b>First Digit Conversion</b> If number=0, then "{" If number=1, then "A" If number=2, then "B" If number=3, then "C" If number=4, then "D" If number=5, then "E" If number=6, then "F" If number=7, then "G"</p>	<p><b>Format:</b> First Digit + Numeric Base + Suffix</p> <p><b>Example:</b> RRB Medicare Claim Number="JA234567890" New Medicare Claim Number="B3456789011"</p>	3.7
12	<p><b>Prefix</b> First three characters in the Medicare Claim Number are one of the following: "WCA", "WCD", or "WCH"</p> <p><b>Numeric Base</b> Remaining nine characters in the Medicare Claim Number are numbers.</p>	<p><b>Suffix</b> If Prefix="WCA", then Suffix="13" If Prefix="WCD", then Suffix="43" If Prefix="WCH", then Suffix="83"</p>	<p><b>First Digit Position</b> First number in Numeric Base</p> <p><b>First Digit Conversion</b> If number=0, then "{" If number=1, then "A" If number=2, then "B" If number=3, then "C" If number=4, then "D" If number=5, then "E" If number=6, then "F" If number=7, then "G"</p>	<p><b>Format:</b> First Digit + Numeric Base + Suffix</p> <p><b>Example:</b> RRB Medicare Claim Number="WCA012345678" New Medicare Claim Number="{1234567813"</p>	3.7

**Services Table**

<b>Medicare-Certified Services</b>	<b>Updated Version</b>		<b>Additional Services</b>	<b>Updated Version</b>
Hemodialysis	Rel 0.4, D3.0		Accepts Pediatrics	Rel 0.4, D3.0
Peritoneal Dialysis	Rel 0.4, D3.0		Accepts Transients	Rel 0.4, D3.0
Transplantation	Rel 0.4, D3.0		CAPD	Rel 0.4, D3.0
Home Training (HD)	Rel 0.4, D3.0		CCPD	Rel 0.4, D3.0
Home Training (PD)	Rel 0.4, D3.0		Frequent Dialysis at Home	Rel 0.4, D3.0
Home Support (HD)	Rel 0.4, D3.0		Frequent Dialysis In-Center	Rel 0.4, D3.0
Home Support (PD)	Rel 0.4, D3.0		Home IPD	Rel 0.4, D3.0
			In-Center Peritoneal Dialysis	Rel 0.4, D3.0
			Isolation Stations	Rel 0.4, D3.0
			Nocturnal Hemodialysis	Rel 0.4, D3.0
			Practices Dialyzer Reuse	Rel 0.4, D3.0
			Shift start after 5 pm	Rel 0.4, D3.0

## State Table

STATE TABLE			
State Code	State Abbreviation	State Name	Updated Version
1	AL	Alabama	
2	AK	Alaska	
3	AZ	Arizona	
4	AR	Arkansas	
5	CA	California	
6	CO	Colorado	
7	CT	Connecticut	
8	DE	Delaware	
9	DC	District of Columbia	
10	FL	Florida	
11	GA	Georgia	
12	HI	Hawaii	
13	ID	Idaho	
14	IL	Illinois	
15	IN	Indiana	
16	IA	Iowa	
17	KS	Kansas	
18	KY	Kentucky	
19	LA	Louisiana	
20	ME	Maine	
21	MD	Maryland	
22	MA	Massachusetts	
23	MI	Michigan	
24	MN	Minnesota	
25	MS	Mississippi	
26	MO	Missouri	
27	MT	Montana	
28	NE	Nebraska	
29	NV	Nevada	
30	NH	New Hampshire	
31	NJ	New Jersey	
32	NM	New Mexico	
33	NY	New York	
34	NC	North Carolina	
35	ND	North Dakota	
36	OH	Ohio	
37	OK	Oklahoma	
38	OR	Oregon	

39	PA	Pennsylvania	
40	PR	Puerto Rico	
41	RI	Rhode Island	
42	SC	South Carolina	
43	SD	South Dakota	
44	TN	Tennessee	
45	TX	Texas	
46	UT	Utah	
47	VT	Vermont	
48	VI	Virgin Islands	
49	VA	Virginia	
50	WA	Washington	
51	WV	West Virginia	
52	WI	Wisconsin	
53	WY	Wyoming	
64	AS	American Samoa	
65	GU	Guam	
56	MP	Mariana Islands	
66	CM	Com. Marianas	