EQRS Admit and Discharge Guidance

Use the following definitions and recommendations when admitting or discharging a patient from a dialysis facility in EQRS. Contact your local ESRD Network with any questions.

| Admit Reasons (Required within five business days of first treatment) | | |
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| Admit Category | Guidance | |
| New ESRD Patient | The patient being admitted to the facility is new to ESRD with no patient record in EQRS at the time of admission. | |
| | Initial 2728 required. | |
| | ESRD patient has first chronic outpatient dialysis in the U.S. | |
| | • Treatments outside the U.S. and territories are not tracked in EQRS. | |
| Transfer In | Patient transferring into your facility from another dialysis facility in the U.S. | |
| Restart | The patient being admitted to the facility had previously stopped dialysis treatment and is now resuming dialysis treatment. | |
| | • Submit Re-Entitlement 2728 if > one year since stopping dialysis. | |
| | Discharge reason was: Discontinue, Recover Function, Other, Lost to Follow-up. | |
| Dialysis After Transplant Failed | The patient being admitted to the facility is resuming outpatient chronic dialysis treatment after a failed kidney transplant | |
| | Submit Re-Entitlement 2728 if > three years since receiving kidney transplant. | |
| Dialysis in Support of Transplant | The patient is temporarily receiving hemodialysis at a facility in support of a kidney transplant. DO NOT admit them as Dialysis after Transplant Failed. | |

| Discharge Reasons (Required within five business days of discharge) | | |
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| Discharge Category | Guidance | |
| Acute | The patient is not chronic ESRD and is not receiving a regular course of dialysis treatment. Acute patients should not be in EQRS. Use this discharge reason if you are unable to delete the patient from EQRS. | |
| Involuntary Discharge | The patient was involuntarily discharged from the facility. Per Conditions for Coverage (CfC), all Involuntary Discharges MUST be reported to the Network. | |
| Lost to Follow-Up | The patient has stopped arriving for scheduled treatments with no prior notification and the facility is unable to locate the patient. Contact the Network for assistance before selecting this option . | |
| Death | The patient has expired while being a permanently admitted patient at the facility. Submit 2746 form within 14 days. | |



| Discharge Reasons (Required within five business days of discharge) | | |
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| Discharge Category | Guidance | |
| Transfer Dialysis Facility Hospital Long-Term Care Facility (LTC) Hospice Nursing Home Rehabilitation Center | Dialysis Facility: Patient transferred to CMS-certified dialysis facility in the U.S. Hospital: Use if the patient is hospitalized >30 days but may return (CMS CfC expect patient will be readmitted to your facility upon discharge from a hospital. Requires you hold a chair). Contact the Network prior to using these Discharge Subcategories: Long-Term Care Facility, Hospice, Nursing Home, Rehabilitation Center | |
| Other | Patient is IN PRISON and is receiving treatment in prison, OR Patient is OUT OF COUNTRY for > 30 days | |
| Discontinue | Patient/family wishes to permanently stop dialysis treatment. | |
| Transplant in the U.S. | Patient received kidney transplant in the U.S. | |
| Transplant out of the U.S. | Patient received kidney transplant in another country. | |
| Recovered Function of Original Kidney | Patient recovered NATIVE kidney function and no longer requires dialysis (Does not apply to transplanted kidney). | |
| Delayed Function Resolved Following a Transplant | Used after admit reason of Dialysis in Support of Transplant when patient has gained function of their transplanted kidney. Used after admit reason of Dialysis in Support of Transplant when patient's transplant failed. | |
| | If patient needs to be admitted as a permanent dialysis patient after Dialysis in Support of Transplant, use this discharge reason then re-admit patient as Dialysis after Transplant Failed. | |

If a patient dies within 30 days of discharge for one of the following discharge reasons, your facility is responsible for completing the 2746 form: Discontinue, Transfer to Non-Dialysis Facility, Other, Regain Function



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