

Patient Profile (PATIENTS)

| <u>Variable Name</u> | <u>Variable Label</u> |
|-----------------------|--|
| BORN | Date of birth |
| CAN_FIRST_LISTING_DT | First date patient is ever waitlisted |
| CAN_REM_CD | Reason why candidate was removed from the waitlist the first time (removal code) |
| CAN_REM_DT | Date patient was removed from the waitlist the first time |
| CDEATH | Primary cause of death |
| CDEATH2 | Secondary cause of death1 |
| CDEATH3 | Secondary cause of death2 |
| CDEATH4 | Secondary cause of death3 |
| CDEATH5 | Secondary cause of death4 |
| CDTYPE | Specify Whether ICD-9 Or ICD-10 Coding Was Used To Indicate The Primary Cause Of Renal Failure. (PDIS) |
| COUNTY | County (FIPS Code) |
| DEATH_SOURCE | Death date source |
| DIED | Date of Death |
| DISGRPC | Primary Disease > ESRD: Detailed Group |
| FIRSTDIAL | Date of first dialysis |
| FIRST_MCARE_PTA_END | First Medicare Entitlement End Date-Part A |
| FIRST_MCARE_PTA_START | First Medicare Entitlement Start Date-Part A |
| FIRST_MCARE_PTB_END | First Medicare Entitlement End Date-Part B |
| FIRST_MCARE_PTB_START | First Medicare Entitlement Start Date-Part B |
| FIRST_MCARE_PTD_START | First Medicare Part D start date |
| FIRST_RXDETAIL | First dialysis event modality type |
| FIRST_RXGROUP | First ESRD Event Modality Type |
| FIRST_SE | Date Of First ESRD Service |
| FSD_SOURCE | First service date source |
| HISPANIC | Hispanic ethnicity (Yes/No/Missing) |
| INCAGEC | Age At First ESRD Service (5-Yr Groups) |
| INCYEAR | Year Of First ESRD Service |
| INC_AGE | Age At First ESRD Service |
| NETWORK | ESRD Network |
| PDIS | Primary Disease Causing ESRD |
| PUBLICID | Public Use ID |
| RACE | Race of patient |
| RESNUM | NNHS Resident Record (Case) Number |
| RXSTOP | Renal replacement therapy discontinue reason prior to death (1990 |
| SEQN | NHANES Respondent Sequence Number |
| SEX | Sex of patient |
| STATE | State (FIPS Code) |
| SURVEY | Survey Name and survey year/cycle |
| TOTTX | Total transplants for this patient |
| TX1DATE | Date of first transplant |
| TX1DONOR | First transplant donor type |
| TX1FAIL | First transplant failure date |
| USA | In USA? (Y/N) |
| ZIPCODE | ZIP code |

Medical Evidence Form (MEDEVID) File

| <u>Variable Name</u> | <u>Variable Label</u> |
|----------------------|---|
| ACCESSTYPE | What access was used on first outpatient dialysis |
| ALBUM | Serum Albumin (g/dl) |
| ALBUMDT | Serum Albumin date |
| ALBUMLM | Serum Albumin Lower Limit (g/dl) |
| AVFMATURING | If not AVF, then: Is maturing AVF present? |
| AVGMATURING | If not AVF, then: Is maturing graft present? |
| BMI | Body Mass Index Calculated |
| BUN | BUN (mg/dl) |
| BUNDAT | BUN date |
| CDTYPE | Code type of Primary Cause of Renal Failure |
| COMORBID | Concatenates Co-Morbid Conditions |
| COMO_AIDS | AIDS |
| COMO_ALCHO | Alcohol dependence |
| COMO_AMP | Amputation |
| COMO_ASHD | Atherosclerotic heart disease ASHD |
| COMO_CANC | Malignant neoplasm, Cancer |
| COMO_CARARR | Cardiac arrest |
| COMO_CHF | Congestive heart failure |
| COMO_COPD | Chronic obstructive pulmonary disease |
| COMO_CVATIA | Cerebrovascular disease, CVA, TIA |
| COMO_DIABPRIM | Diabetes (primary or contributing) |
| COMO_DM_INS | Diabetes, currently on insulin |
| COMO_DM_NOMEDS | Diabetes, without medications |
| COMO_DM_ORAL | Diabetes, on oral medications |
| COMO_DM_RET | Diabetic retinopathy |
| COMO_DRUG | Drug dependence |
| COMO_DYSRHYT | Cardiac dysrhythmia |
| COMO_HIV | HIV positive status |
| COMO_HTN | History of hypertension |
| COMO_IHD | Ischemic heart disease |
| COMO_INAMB | Inability to ambulate |
| COMO_INST | Institutionalized |
| COMO_INST_AL | Institutionalized - Assisted Living |
| COMO_INST_NURS | Institutionalized - Nursing Home |
| COMO_INST_OTH | Institutionalized - Other Institution |
| COMO_INTRANS | Inability to transfer |
| COMO_MI | Myocardial infarction |
| COMO_NEEDASST | Needs assistance with daily activities |
| COMO_NONE | None |
| COMO_NRC | Non-renal congenital abnormality |
| COMO_OTHCARD | Other cardiac disease |
| COMO_PERICAR | Pericarditis |
| COMO_PVD | Peripheral vascular disease |
| COMO_TOBAC | Tobacco use (current smoker) |
| COMO_TOXNEPH | Toxic nephropathy |
| COUNTRY | Country |
| CRDATE | Date this form was entered into the system |
| CREA | Creatinine Clearance (ml/min) |

Medical Evidence Form (MEDEVID) File

| | |
|---------------------|--|
| CREADAT | Creatinine Clearance date |
| CTDATE | Supervising Physician Signature Date |
| CTYEAR | Supervising Physician Signature Year |
| CURTSIT | Current Dialysis Treatment Site |
| CURTXS | Current Status of Transplant |
| DIALDAT | Date Regular Chronic Dialysis Began; Date Regular Dialysis Began |
| DIALEDT | Date Dialysis Stopped |
| DIALRDAT | If Non-Functioning, Date of Return to Regular Dialysis |
| DIALSET | Primary Dialysis Setting |
| DIALTYP | Primary Type of Dialysis |
| DIED | Date of Death |
| DIETCARE | Was patient under care of kidney dietitian? |
| DIETCARERANGE | If Yes, answer: <6, 6-12 or >12months;If Yes,answer: 6-12 or >12 |
| DISGRPC | Primary Cause of Renal Failure detailed group |
| DONORTYPE | Type of Donor |
| EMPCUR | Current employment status |
| EMPPREV | Prior employment status |
| EPO | Did patient receive exogenous erythropoetin or equivalent prior to ESRD therapy?; Or Was pre-dialysis/transplant exogenous erythropoetin administered? |
| EPORANGE | If Yes, answer: <6, 6-12 or >12 months;If Yes,answer: 6-12 or >12 |
| ESRDCER | Network confirmed as ESRD |
| ETHN | Ethnicity (Hispanic detailed groups in 2015/2005 form are a combined computation of Ethnicity and Country) |
| FACSTD | Date Patient Started Chronic Dialysis at Current Facility |
| FORMVERSION | Form Version: 1987, 1995, 2005, 2015(CMS) |
| GFR_EPI | GFR calculated (CKD-EPI) |
| GFR_MDRD | GFR calculated (Ab. Levey or Schwartz) |
| HBA1C | HbA1c (%) |
| HBA1CDATE | HbA1c date |
| HECRDT | Hematocrit date |
| HECRIT | Hematocrit (%) |
| HEGLB | Hemoglobin (g/dl) |
| HEGLBDT | Hemoglobin date |
| HEIGHT | Height (cm) |
| HEMOHOURS | Primary Type of Dialysis: Hemodialysis - Hours per session |
| HEMOSESSIONS | Primary Type of Dialysis: Hemodialysis - Sessions per week |
| INC_AGE | Age at incidence (ESRD date from profile) |
| INHOSP | Was patient admitted prior to the transplant (CMS) |
| LABMETHOD | Lab Method Used (BCG or BCP) |
| LIPIDPROFILEHDLDATE | Lipid Profile HDL date |
| LIPIDPROFILELDLDATE | Lipid Profile LDL date |
| LIPIDPROFILETC | Lipid Profile TC (mg/dL) |
| LIPIDPROFILETCDATE | Lipid Profile TC date |
| LIPIDPROFILETG | Lipid Profile TG (mg/dL) |
| LIPIDPROFILETGDATE | Lipid Profile TG date |
| LIPIDPROFILHDL | Lipid Profile HDL (mg/dL) |
| LIPIDPROFILLDL | Lipid Profile LDL (mg/dL) |
| MDCRCOD | Patient is applying for ESRD Medicare Coverage |

Medical Evidence Form (MEDEVID) File

| | |
|----------------------|---|
| MEDCOV_ADVANTAGE | Medicare Advantage |
| MEDCOV_DVA | DVA coverage |
| MEDCOV_GROUP | Employer Group Health Insurance |
| MEDCOV_MDCCD | Medicaid coverage |
| MEDCOV_MDCR | Medicare coverage |
| MEDCOV_NONE | No medical insurance |
| MEDCOV_OTHER | Other medical insurance |
| MEDICALCOVERAGE | Concatenates Medical Coverage |
| MEFDATE | date-from hierarchy of all dates-used in record key |
| MEFYEAR | Year of MEFDATE |
| MESEQ | Number of Med Evidence forms filed |
| NEPHCARE | Was patient under care of a nephrologist? |
| NEPHCARERANGE | If Yes, answer: <6, 6-12 or >12months;If Yes,answer: 6-12 or >12 |
| NETADT | Network Action Date |
| NETWORK | Network Number |
| PATINFORMED | Patient has been informed of kidney transplant options |
| PATNOTINFORMEDREASON | Reason patient NOT informed of transplant options |
| PATSIGN | Patient Signature Date |
| PATTXOP_DECLINE | Patient NOT informed of transplant options: Patient declines |
| PATTXOP_MEDUNFIT | Patient NOT informed of transplant options: Medically unfit |
| PATTXOP_OTHER | Patient NOT informed of transplant options: Other |
| PATTXOP_PHYSUNFIT | Patient NOT informed of transplant options: Psychologically unfit |
| PATTXOP_UNASSESSSED | Patient NOT informed of transplant options: Patient has not been |
| PATTXOP_UNSUATAGE | Patient NOT informed of transplant options: Unsuitable due to age |
| PDIS | Primary Cause of Renal Failure |
| PROVUSRD | USRDS Assigned Dialysis Facility ID |
| PUBLICID | Public Use ID |
| RACE | Race |
| RACEC | Concatenation of Patients race |
| RESNUM | NNHS Resident Record (Case) Number |
| SEQN | NHANES Respondent Sequence Number |
| SERCR | Serum Creatinine |
| SERCRDT | Serum Creatinine date |
| SEX | Sex |
| SURVEY | Survey Name and survey year/cycle |
| TDATE | Date of most recent transplant |
| TRAINSET | Hemodialysis Training Setting: Home or In Center |
| TRCERT | Patient has/will complete training |
| TRNEND | Dialysis Training End Date |
| TRSTDAT | Dialysis Training Begin Date |
| TXADMDT | Date patient entered preparation hospital prior to the date of actual transplantation |
| TYPE2728 | This Form is: Initial, Re-entitlement, or Supplemental |
| TYPTRN | Self Dialysis Training Type |
| UREA | Urea Clearance (ml/min) |
| UREADT | Urea Clearance date |
| WEIGHT | Weight (kg) |

Detailed Treatment History (RXHIST)

| <u>Variable Name</u> | <u>Variable Label</u> |
|----------------------|---|
| BEGDATE | Start date of this period |
| BEGDAY | Start Day Of This Period (Start ESRD=1) |
| DEATH | Death Indicator |
| ENDDATE | End date of this period |
| ENDDAY | End Day Of This Period (Start ESRD=1) |
| PROVUSRD | USRDS Assigned Facility ID |
| PUBLICID | Public Use ID |
| RESNUM | NNHS Resident Record (Case) Number |
| RXDETAIL | Treatment modality this period (detail) |
| RXGROUP | Treatment modality (training recoded) |
| SEQN | NHANES Respondent Sequence Number |
| SURVEY | Survey Name and survey year/cycle |

Condensed Treatment History (RXHIST60)

| <u>Variable Name</u> | <u>Variable Label</u> |
|----------------------|---|
| BEGDATE | Start date of this period |
| BEGDAY | Start Day Of This Period (Start ESRD=1) |
| DEATH | Death Indicator |
| ENDDATE | End date of this period |
| ENDDAY | End Day Of This Period (Start ESRD=1) |
| PUBLICID | Public Use ID |
| RESNUM | NNHS Resident Record (Case) Number |
| RXGROUP | Treatment modality (training recoded) |
| SEQN | NHANES Respondent Sequence Number |
| SURVEY | Survey Name and survey year/cycle |

ESRD Payer History (PAYHIST)

Variable Name

BEGDATE
DUALELIG
ENDDATE
MCARE
PAYER
PUBLICID
RESNUM
SEQN
SURVEY

Variable Label

Start date of this period
Medicare/Medicaid Dual Eligibility (Y/N)
End date of this period
Medicare Indicator (Y/N)
Payer Category
Public Use ID
NNHS Resident Record (Case) Number
NHANES Respondent Sequence Number
Survey Name and survey year/cycle

Match Status

Variable Name

ESRD_MATCH

PUBLICID

RESNUM

SEQN

SURVEY

Variable Label

Match Status

Public Use ID

NNHS Resident Record (Case) Number

NHANES Respondent Sequence Number

Survey Name and survey year/cycle