# Reference Guide:
# Version 2023 Form CMS-2746 Updates

This reference guide provides a description of updated and/or modified field items only and does not include existing field items that remain unchanged. Note: Unchanged existing fields may be renumbered on Version 2023 Form CMS-2746.

| New Form Item Number | Updates | Required or Optional | Notes |
|---|---|---|---|
| 3 | **Added field**: **Social Security Number** | N/A* | **New field item** Previously grouped with Medicare Beneficiary Identifier. |
| 5 | **Renamed field**: Changed "Patient's Sex" to "**Sex assigned at birth, on your original birth certificate**" | N/A* | **Renamed field** |
| 6 | **Added field:** Gender Identity: ☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ None of these | N/A* | **New field item** Provides inclusion of gender identity response options. |
| 11 | **Added field:** Added "**Name of dialysis facility/transplant center**" | N/A** | **New field item** Specifies provider at the time of death. |

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|---|---|---|---|
| 12 | **Renamed field:**<br>Changed **"Provider Number"** to **"CMS Certification Number (CCN) for item 11 (6 digits)"** | N/A** | **Renamed field item**<br>Specifies the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN) for the provider entered in field 11. |
| 13 | **Renamed field:**<br>Changed "Provider Address" to **"Address of dialysis facility/transplant center (street address, city, state, ZIP Code)"** | N/A** | **Renamed field item**<br>Specifies the address of the provider in field 11 at the time of patient death. |
| 16 | **Added response:**<br>**"If yes**, check here if related to hospice care." | Required | **New response added**<br>Added new response to collect more thorough data on the discontinuation of renal replacement therapy. |
| 17 | **New question format:**<br>"Did the patient ever receive a transplant prior to death?"<br>☐ Yes<br>☐ No<br>☐ Unknown<br>**Added sub-type question:**<br>Did the transplant patient experience a short-term course (acute) of dialysis prior to death?<br>☐ Yes<br>☐ No<br>☐ Unknown | Required | **Renamed question**<br>Formerly "If deceased ever received a transplant" with no option to directly answer Yes/No.<br><br>Additional question added to prompt responder to skip remaining transplant related questions, if applicable.<br><br>Sub-type question added to provide additional information related to the death of a transplant patient. |
| 18 | **Rephrased question:**<br>Changed from "Was patient receiving Hospice Care prior to death?" to **"Was patient receiving palliative care/hospice care?"** | Required | **Rephrased question**<br>Expanded questioning to collect more thorough information on end-of-life care including palliative care, at the time of death. |

*Pre-populates from the Patient screen (*View Patient Demographics*) in EQRS.
**Pre-populates from the Admissions screen (*View Patient Admissions*) in EQRS.