PARTIV PARTIT PARTIT PARTIT PARTIT PARTIT PARTIV PARTIT P		RTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY						PROVIDER CCN:	PERIOD:	WORKSHEET D,	
Cluck	SERVI	CE OTHER PASS-THROUGH COSTS							FROM	PART IV	
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50 Operating Room	(A)		1	2A	2	3A	3	4	5	6	<u> </u>
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FBP Clinical Laboratory Serv-Prpm. Only											
62 Whole Blood & Packed Red Blood Cells											
Blood Storing, Processing, & Transfusing											
64 Intravenous Therapy 65 Respiratory Therapy 66 Physical Therapy 66 Occupational Therapy 67 Occupational Therapy 68 Speech Pathology 69 Electrocardiology 70 Electrocardiology 71 Medical Supplies Charged To Patients 72 Implantable Devices Charged to Patients 73 Drugs Charged to Patients 74 Renal Dialysis 75 ASC (Non-Distinct Part) 76 Other Ancillary (specify) 77 Allogeneic HSCT Acquisition 78 CAR T-Cell Immunotherapy 79 OUTPATIENT SERVICE COST CENTERS 88 Rural Health Clinic (RHC) 89 Ederography 80 Outpatient Service (specify) 91 Emergency 91 Dienergency 92 Observation Beds 93 Other Outpatient Service (specify) 93 Other Outpatient Service (specify) 94 Observation Beds 96 Octor											
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93 Other Outpatient Service (specify) 93		e ,									
										 	
										 	

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	MENT OF INPATIENT/OUTPA							PROVIDER CCN:	PERIOD:	WORKSHEET D,		
SERVICE OT	HER PASS THROUGH COSTS	S							FROM	PART IV (Cont.)		
								COMPONENT CCN:	TO			
Check	[] Title V	[] Hospital	[] SNF		[] PARHM Demoi	nstration	[] PPS					
applicable	[] Title XVIII, Part A	[] IPF	[] NF		[] PARHM CAH S	Swing-Bed SNF	[] TEFRA					
boxes:	Title XIX	[]IRF	[] ICF/IID		[] Other							
Subprovider (Other)			Swing-Bed SNF									
								All		Total		
			Non	Nursing		Allied		Other		Outpatient		
			Physician	Program		Health		Medical	Total cost	Cost		
			Anesthetist	Post-Stepdown	Nursing	Post-Stepdown	Allied	Education	(sum of cols. 1, 2	(sum of cols. 2,		
			Cost	Adjustments	Program	Adjustments	Health	Cost	3, and 4)	3, and 4)		
(A)	Cost Center Description		1	2A	2	3A	3	4	5	6		
OTH	ER REIMBURSABLE COST C	ENTERS										
94 Hom	ne Program Dialysis										94	
95 Amb	oulance Services										95	
96 Durable Medical Equipment-Rented											96	
97 Durable Medical Equipment-Sold											97	
98 Othe	r Reimbursable (specify)										98	
200 Total (sum of lines 50 through 199)											200	

⁽A) Worksheet A line numbers

	TIONMENT OF INPATIENT/OUTPATIENT ANCILLARY CE OTHER PASS THROUGH COSTS	PROVIDER CCN:	PERIOD: FROM	WORKSHEET D, PART IV (Cont.)					
						COMPONENT CCN:		_ ` ′	
Check applicable boxes:	[] Title XIX [] IRF [] ICF	1	[] PARHM Demon		[] PPS [] TEFRA [] Other	1			
		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass- Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass- Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	7	8	9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								<u> </u>
	Operating Room								50
									51
	· ·								52
									53
	Radiology-Diagnostic								54
									55
	Radioisotope								56
	1 617()								57
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	·								60
61	PBP Clinical Laboratory ServPrgm. Only								61
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	6, 6,								63
	17								64
	1 7 17								65
	, 1,								66
	1 17								67
									68
	Electrocardiology								69
	Electroencephalography								70
	11 8								71
	i i								72
									73
	,								74
	ASC (Non-Distinct Part) Other Ancillary (specify)								75 76
									77
	Allogeneic HSCT Acquisition								
	CAR T-Cell Acquisition OUTPATIENT SERVICE COST CENTERS								78
	Rural Health Clinic (RHC)								88
						+			89
									90
						+			91
	· · ·								92
						+			93
	Partial Hospitalization Program								93 99

01 23				1 (JICIVI CIVID 2552	10				1070 ((00111.)
APPORTIO	NMENT OF INPATIENT/OUTP	ATIENT ANCILLARY						PROVIDER CCN:	PERIOD:	WORKSHEET D,	
SERVICE O	THER PASS THROUGH COST	S							FROM	PART IV (Cont.)	
								COMPONENT CCN:	TO		
Check	[] Title V	[] Hospital	[] SNF		PARHM Demonstration PPS						
applicable	[] Title XVIII, Part A	[] IPF	[] NF		PARHM CAH Swing Bed-SNF [] TEFRA						
boxes:	[] Title XIX	IIRF	[] ICF/IID				Other				
		[] Subprovider (Other)	[] Swing-Bed S	SNF			. ,				
								Inpatient		Outpatient	
						Outpatient		Program		Program	
				Total	Ratio	Ratio		Pass-		Pass-	
				Charges	of Cost	of Cost	Inpatient	Through	Outpatient	Through	
				(from Wkst. C,	to Charges	to Charges	Program	Costs	Program	Costs	
				Part I, col. 8)	(col. 5 ÷ col. 7)	(col. 6 ÷ col. 7)	Charges	(col. 8 x col. 10)	Charges	(col. 9 x col. 12)	
(A)	Cost Center Description			7	8	9	10	11	12	13	
OT	HER REIMBURSABLE COST (CENTERS									
94 Ho	me Program Dialysis										94
95 An	nbulance Services										95
96 Du	rable Medical Equipment-Rented	1									96
97 Du	rable Medical Equipment-Sold										97
98 Otl	her Reimbursable (specify)										98
200 To	tal (sum of lines 50 through 199)										200

⁽A) Worksheet A line numbers