OMDUTATI	t.)		FORM CM	5-2552-10				07-2
COMPUTATION OF INPATIENT					PROVIDER CCN:	PERIOD:	WORKSHEET D-1,	
OPERATING COST						FROM	PART II	
					COMPONENT CC	N: TO		
Check	[] Title V - I/P	[] Hospital	[] PARHN	A Demonstration	[] PI	PS		
pplicable	[] Title XVIII, Part A	[] IPF			[] TI			
oxes:	[] Title XIX - I/P	[] IRF			[]0	ther		
ADT IL LIOC		[] Subprovider (ot	her)					
	SPITAL AND SUBPROVIDERS ONLY GRAM INPATIENT OPERATING COST BI	FEORE					-	-
	S-THROUGH COST ADJUSTMENTS	EFORE					1	
	sted general inpatient routine service cost per	diem (see instructions))					3
^c	ram general inpatient routine service cost (line		,					3
40 Medi	ically necessary private room cost applicable t	to the Program (line 14	x line 35)					4
41 Total	Program general inpatient routine service cost	st (line 39 + line 40)				-		4
					Average	-		
			Total	Total	Per Diem	Program	Program Cost	
			Inpatient Cost	Inpatient Days 2	(col. 1 ÷ col. 2) 3	Days 4	(col. 3 x col. 4) 5	-
42 Nurse	ery (title V & XIX only)		1	2	5		5	4
	sive Care Type Inpatient							
	ital Units							
	sive Care Unit							4
	nary Care Unit							4
	Intensive Care Unit							4
Ŷ	ical Intensive Care Unit							4
4/ Other	r Special Care Unit (specify)						1	-
48 Progr	ram inpatient ancillary service cost (Workshee	et D-3 column 3 line 3	200)				1	4
4.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)								
48.01 Progr		(Worksheet D-6, Part						48.0
			III, line 10, column 1)					48.0
	l Program inpatient costs (sum of lines 41 thro		III, line 10, column 1)					
49 Total PASS	Program inpatient costs (sum of lines 41 thro S-THROUGH COST ADJUSTMENTS	ough 48.01) (see instru	III, line 10, column 1) actions)					2
49 Total PASS 50 Pass t	Program inpatient costs (sum of lines 41 three S-THROUGH COST ADJUSTMENTS through costs applicable to Program inpatient	routine services (from	III, line 10, column 1) actions) Worksheet D, sum of Part					2
49 Total PASS 50 Pass t 51 Pass t	Program inpatient costs (sum of lines 41 three S-THROUGH COST ADJUSTMENTS through costs applicable to Program inpatient through costs applicable to Program inpatient	routine services (from ancillary services (from	III, line 10, column 1) actions) Worksheet D, sum of Part					4
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