

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM	PROVIDER CCN: _____ OPO CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-4, PART I
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Check applicable box: HEART LIVER PANCREAS ISLET
 KIDNEY LUNG INTESTINE

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition Days	Cost (col. 2 x col. 3)	
	1	D 2	3	4	
1 Adults and Pediatrics		38			1
2 Intensive Care		43			2
3 Coronary Care		44			3
4 Burn Intensive Care Unit		45			4
5 Surgical Intensive Care Unit		46			5
6 Other Special Care (specify)		47			6
7 TOTAL (sum of lines 1 through 6)					7

Computation of Ancillary Service Costs Applicable to Organ Acquisition	Ratio of Cost to Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
	C 1	2	3	
8 Operating Room	50			8
9 Recovery Room	51			9
10 Labor Room & Delivery Room	52			10
11 Anesthesiology	53			11
12 Radiology-Diagnostic	54			12
13 Radiology-Therapeutic	55			13
14 Radioisotope	56			14
15 Computed Tomography (CT) Scan	57			15
16 Magnetic Resonance Imaging (MRI)	58			16
17 Cardiac Catheterization	59			17
18 Laboratory	60			18
19 PBP Clinical Laboratory Services-Program Only	61			19
20 Whole Blood & Packed Red Blood Cells	62			20
21 Blood Storage, Processing, & Transfusing	63			21
22 IV Therapy	64			22
23 Respiratory Therapy	65			23
24 Physical Therapy	66			24
25 Occupational Therapy	67			25
26 Speech Pathology	68			26
27 Electrocardiology	69			27
28 Electroencephalography	70			28
29 Medical Supplies Charged to Patients	71			29
30 Implantable Devices Charged to Patients	72			30
31 Drugs Charged to Patients	73			31
32 Renal Dialysis	74			32
33 ASC (non-distinct part)	75			33
34 Other Ancillary (specify)	76			34
35 Rural Health Clinic (RHC)	88			35
36 Federally Qualified Health Center (FQHC)	89			36
37 Clinic	90			37
38 Emergency Room	91			38
39 Observation Beds	92			39
40 Other Outpatient Service (specify)	93			40
41 TOTAL (sum of lines 8 through 40)				41

C = Worksheet C line numbers D = Worksheet D-1 line numbers