

COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-6, PARTS I & II
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PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS

Inpatient Routine Services Acquisition Costs	Routine Services Acquisition Charges	Per Diem Costs (see instructions)		Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)		
	1	D-1	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

Ancillary Services Acquisition Costs	Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)		Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	Outpatient Ancillary Services Acquisition Cost	
	C	1	2	3	4	5	
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 Electrocardiology	69						23
24 Medical Supplies Charged to Patients	71						24
25 Drugs Charged to Patients	73						25
26 ASC (non-distinct part)	75						26
27 Other Ancillary (specify)	76						27
28 Clinic	90						28
30 Total (sum of lines 8 through 28)							30

PART II - INTERNS AND RESIDENTS NOT IN AN APPROVED TEACHING PROGRAM CELLULAR THERAPY ACQUISITION COSTS

Interns and Residents Not in Approved Teaching Program Acquisition Costs	Average Cost Per Day (from Wkst. D-2, Pt. I, col. 4)		Inpatient Acquisition Days	Inpatient Part B Acquisition Costs (col. 1 x col. 2)		
	D-2	1	2	3		
1 Adults & Pediatrics	2					1
2 Intensive Care Unit	3					2
3 Coronary Care Unit	4					3
4 Burn Intensive Care Unit	5					4
5 Surgical Intensive Care Unit	6					5
6 Other Special Care (specify)	7					6
7 Total (sum of lines 1 through 6)						7