

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT					PROVIDER CCN: _____ COMPONENT CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-3
Check applicable boxes:	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> IPF <input type="checkbox"/> IRF <input type="checkbox"/> Subprovider (Other)	<input type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> Swing-Bed SNF <input type="checkbox"/> Swing-Bed NF	<input type="checkbox"/> ICF/IID <input type="checkbox"/> PARHM Demonstration <input type="checkbox"/> PARHM CAH Swing-Bed SNF	<input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input type="checkbox"/> Other		
COST CENTER DESCRIPTION (A)					Ratio of Cost to Charges 1	Inpatient Program Charges 2	Inpatient Program Costs (col. 1 x col. 2) 3
INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults and Pediatrics (General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider IPF						40
41	Subprovider IRF						41
42	Subprovider (Specify)						42
43	Nursery						43
ANCILLARY SERVICE COST CENTERS							
50	Operating Room						50
51	Recovery Room						51
52	Labor Room and Delivery Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan						57
58	Magnetic Resonance Imaging (MRI)						58
59	Cardiac Catheterization						59
60	Laboratory						60
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Trans.						63
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Implantable Devices Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
77	Allogeneic HSCT Acquisition						77
78	CAR T-Cell Immunotherapy						78
OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic						90
91	Emergency						91
92	Observation Beds (see instructions)						92
93	Other Outpatient Service (specify)						93
93.99	Partial Hospitalization Program						93.99
OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 94 and 96 through 98)						200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)						201
202	Net charges (line 200 minus line 201)						202

(A) Worksheet A line numbers