

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-4, PART I
Check applicable box: <input type="checkbox"/> HEART <input type="checkbox"/> LIVER <input type="checkbox"/> PANCREAS <input type="checkbox"/> ISLET <input type="checkbox"/> KIDNEY <input type="checkbox"/> LUNG <input type="checkbox"/> 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				
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			
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