

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS	PROVIDER CCN: _____ OPO 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	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