

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES
FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED
TRANSPLANT PROGRAM

PROVIDER CCN:

PERIOD:

WORKSHEET D-4,
PART I

OPO CCN:

FROM _____
TO _____

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	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