

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

<i>Inpatient Routine Services Acquisition Costs</i>	<i>Routine Services Acquisition Charges</i>	<i>Per Diem Costs (see instructions)</i>		<i>Inpatient Acquisition Days</i>	<i>Acquisition Costs (col. 2 x col. 3)</i>		
	<i>1</i>	<i>D-1</i>	<i>2</i>	<i>3</i>	<i>4</i>		<i>7</i>
<i>1 Adults and Pediatrics</i>		38					<i>1</i>
<i>2 Intensive Care</i>		43					<i>2</i>
<i>3 Coronary Care</i>		44					<i>3</i>
<i>4 Burn Intensive Care Unit</i>		45					<i>4</i>
<i>5 Surgical Intensive Care Unit</i>		46					<i>5</i>
<i>6 Other Special Care (specify)</i>		47					<i>6</i>
<i>7 Total (sum of lines 1 through 6)</i>							<i>7</i>

<i>Ancillary Services Acquisition Costs</i>	<i>Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)</i>		<i>Inpatient Ancillary Services Acquisition Charges</i>	<i>Outpatient Ancillary Services Acquisition Charges</i>	<i>Inpatient Ancillary Services Acquisition Cost</i>	<i>Outpatient Ancillary Services Acquisition Cost</i>	
	<i>C</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	
<i>8 Operating Room</i>	50						<i>8</i>
<i>9 Recovery Room</i>	51						<i>9</i>
<i>10 Labor Room &amp; Delivery Room</i>	52						<i>10</i>
<i>11 Anesthesiology</i>	53						<i>11</i>
<i>12 Radiology-Diagnostic</i>	54						<i>12</i>
<i>13 Radiology-Therapeutic</i>	55						<i>13</i>
<i>14 Radioisotope</i>	56						<i>14</i>
<i>15 Computed Tomography (CT) Scan</i>	57						<i>15</i>
<i>16 Magnetic Resonance Imaging (MRI)</i>	58						<i>16</i>
<i>17 Cardiac Catheterization</i>	59						<i>17</i>
<i>18 Laboratory</i>	60						<i>18</i>
<i>19 PBP Clinical Laboratory Services-Program Only</i>	61						<i>19</i>
<i>20 Whole Blood &amp; Packed Red Blood Cells</i>	62						<i>20</i>
<i>21 Blood Storage, Processing, &amp; Transfusing</i>	63						<i>21</i>
<i>22 IV Therapy</i>	64						<i>22</i>
<i>23 Electrocardiology</i>	69						<i>23</i>
<i>24 Medical Supplies Charged to Patients</i>	71						<i>24</i>
<i>25 Drugs Charged to Patients</i>	73						<i>25</i>
<i>26 ASC (non-distinct part)</i>	75						<i>26</i>
<i>27 Other Ancillary (specify)</i>	76						<i>27</i>
<i>28 Total (sum of lines 8 through 27)</i>							<i>28</i>

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

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