COMPUTATION OF CELLULAR THERAPY ACQUISITION COSTS	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-6, PARTS I & II

PART I - INPATIENT ROUTINE AND ANCILLARY SERVICES CELLULAR THERAPY ACQUISITION COSTS

	Inpatient Routine Services Acquisition Costs	Routine Services Acquisition Charges		Per Diem Costs (see instructions)	Inpatient Acquisition Days	Acquisition Costs (col. 2 x col. 3)			
		1	D-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

	Ancillary Services Acquisition Costs		Ratio of Cost to Charges (from Wkst. C, Pt. I, col. 9)	Inpatient Ancillary Services Acquisition Charges	Outpatient Ancillary Services Acquisition Charges	Inpatient Ancillary Services Acquisition Cost	Outpatient Ancillary Services Acquisition Cost	
		C	1	2	3	4	5	
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	Electrocardiology	69						23
24	Medical Supplies Charged to Patients	71						24
25	Drugs Charged to Patients	73						25
26	ASC (non-distinct part)	75						26
27	Other Ancillary (specify)	76						27
28	Clinic	90						28
30	Total (sum of lines 8 through 28)							30

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

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