

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
STATISTICAL BASIS

PROVIDER CCN:

PERIOD:

WORKSHEET I-3

FROM _____
TO _____

Check applicable box:

☐ Renal Dialysis Department☐ Home Program Dialysis

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT	DRUGS	MEDICAL SUPPLIES	PEDIATRIC MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHERS (HOURS)	(SALARY)	(REQUIST.)	(REQUIST.)	(REQUIST.)	(CHARGES)			
		1	2	3	4	5	6	7	7.01	8	9	10	
1	Total Renal Department Costs												1
	MAINTENANCE												
2	Hemodialysis												2
2.01	AKI-Hemodialysis												2.01
2.02	Hemodialysis-Pediatric												2.02
3	Intermittent Peritoneal												3
3.01	AKI- Intermittent Peritoneal												3.01
3.02	IPD-Pediatric												3.02
	TRAINING												
4	Hemodialysis												4
4.01	Hemodialysis-Pediatric												4.01
4.02	Hemodialysis-AKI												4.02
5	Intermittent Peritoneal												5
5.01	IPD-Pediatric												5.01
5.02	IPD-AKI												5.02
6	CAPD												6
6.01	CAPD-Pediatric												6.01
6.02	CAPD-AKI												6.02
7	CCPD												7
7.01	CCPD-Pediatric												7.01
7.02	CCPD-AKI												7.02
	HOME												
8	Hemodialysis												8
8.01	Hemodialysis-Pediatric												8.01
8.02	Hemodialysis-AKI												8.02
9	Intermittent Peritoneal												9
9.01	IPD-Pediatric												9.01
9.02	IPD-AKI												9.02
10	CAPD												10
10.01	CAPD-Pediatric												10.01
10.02	CAPD-AKI												10.02
11	CCPD												11
11.01	CCPD-Pediatric												11.01
11.02	CCPD-AKI												11.02
	OTHER BILLABLE SERVICES												
12	Inpatient Dialysis Treatments												12
13	Method II Home Patient												13
14	ESAs												14
15	ARANESP (see instructions)												15
16	Other												16
17	Total Statistical Basis												17
18	Unit Cost Multiplier (line 1 ÷ line 17)												18