

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER CCN: _____ PERIOD: FROM _____ TO _____ WORKSHEET 1-3

Check applicable box: Renal Dialysis Department Home Program Dialysis

COMPOSITE PAYMENT SERVICES	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS DEPARTMENT (SALARY)	DRUGS (REQUIST.)	MEDICAL SUPPLIES (REQUIST.)	PEDIATRIC MEDICAL SUPPLIES (REQUIST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB-TOTAL	OVERHEAD (ACCUM. COST)		
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHERS (HOURS)									
													1
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
5 Intermittent Peritoneal													5
5.01 IPD-Pediatric													5.01
6 CAPD													6
6.01 CAPD-Pediatric													6.01
7 CCDP													7
7.01 CCPD-Pediatric													7.01
HOME													
8 Hemodialysis													8
8.01 Hemodialysis-Pediatric													8.01
9 Intermittent Peritoneal													9
9.01 IPD-Pediatric													9.01
10 CAPD													10
10.01 CAPD-Pediatric													10.01
11 CCDP													11
11.01 CCPD-Pediatric													11.01
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