

### 3530. WORKSHEET D - APPORTIONMENT OF ANCILLARY AND OUTPATIENT COST AND REDUCTION OF THERAPY COST

A separate copy of this worksheet must be completed for each situation applicable under titles V, XVIII, and XIX.

**3530.1 Part I - Calculation of Ancillary and Outpatient Cost.**--This worksheet provides for the apportionment of cost applicable to inpatient and outpatient services reimbursable under titles V, XVIII, and XIX for SNFs, NFs, ICF/MR and Other in accordance with 42 CFR 413.53(b).

Outpatient physical therapy, outpatient speech pathology, and outpatient occupational therapy services are subject to a 10% reduction of reasonable cost for services rendered on and after January 1, 1998. This reduction is calculated on this worksheet

**NOTE:** For titles V and XIX, use columns 1, 2, and 4.

**Column 1.**--Enter the ratio of cost to charges developed for each cost center from Worksheet C, column 3.

**Columns 2 and 3.**--Enter from your records or the Provider Statistical & Reimbursement Report (PS&R) furnished by your intermediary, the program SNF charges for the indicated cost centers. If gross charges for provider component only were used, then use only the health care program gross charges for provider component in columns 2 and 3.

For title V, title XVIII, Part A, (cost reimbursement) and title XIX, transfer the program charges (less any professional component charges included therein) from column 2, the sum of lines 21 through 33, to Worksheet E, Part I, line 11. For a title XVIII PPS provider, transfer the program charges from column 2, sum of lines 21 through 33 to Worksheet E, Part III, line 4.

For title XVIII, Part B, transfer the charges (less any professional component charges included therein) from column 3, lines 21 through 33 to Worksheet E, Part II, line 8, or Worksheet E, Part III, line 23, as applicable.

Provide a reconciliation showing how the elimination of any professional component charges was accomplished.

**Column 4.**--Multiply the indicated program charges in column 2 by the ratio in column 1 to determine the program expenses. Transfer column 4, sum of lines 21 through 33, as follows:

<u>Type of Provider</u>	<u>To</u>
SNF - Cost	Worksheet E, Part I, line 1
SNF - PPS	Worksheet E, Part III, line 1
NF	Worksheet E, Part I, line 1
ICF/MR	Worksheet E, Part I, line 1

**Column 6.**--Enter the title XVIII inpatient physical therapy, inpatient speech pathology and inpatient occupational therapy charges for services rendered on and after January 1, 1998 on lines 25, 26, and 27 respectively.

**Column 7.**--Enter the total inpatient physical therapy, inpatient speech pathology, and inpatient occupational therapy costs associated with services rendered on and after January 1, 1998 on lines 25, 26, and 27 respectively.

Column 9--Extend the net allowable Part B costs from column 5 less the reduction amounts in column 8, for lines 25, 26, and 27. Multiply the indicated title XVIII, Part B charges in column 3 by the ratio in column 1 to determine the title XVIII, ancillary, Part B expenses. Enter in column 9 the amounts in column 5, for lines 21 through 24, and lines 28 through 36. For line 48, enter in column 9, the lesser of the amount on line 48 column 5 or the limit from Worksheet S-2, line 48. **Calculate the limit by multiplying the payment limit on Worksheet S-2, line 48, column 1, times the number of trips on Worksheet S-3, column 4, line 10. If your fiscal year begins on a date other than October 1<sup>st</sup>, the above calculation will be required twice, one for the rate and trips before October 1<sup>st</sup>, and once again for the rate on Worksheet S-2, line 48.01 column 1 times the number of trips on Worksheet S-3, column 4, line 10.01.** Transfer column 9, sum of lines 21-33, for a cost SNF to Worksheet E, Part II, line 1. Transfer column 9, sum of lines 21-33, for a PPS SNF to Worksheet E, Part III, line 19.

Title XVIII outpatient, Part B expenses will be transferred from column 9, sum of lines 34-48, to Worksheet E, Part II, line 2.

**NOTE:** For titles V and XIX, use only columns 1, 2, and 4.

Line 29--Enter only the program charges for medical supplies charged to patients that are not paid on a fee schedule (i.e., orthotics and prosthetics). DME (not to be confused with complex medical equipment such as air fluidized beds) is paid on a fee schedule through the DMERC for title XVIII and therefore is not paid through the cost report.

**For cost reporting periods overlapping 04/01/2002 and after, subscript line 48 for ambulance services in accordance with the subscribing on Worksheet S-2, line 48 and report charges separately on line 48 and subscripts for the applicable periods.**

3530.2 Part II - Apportionment Vaccine Cost. This part provides for the apportionment of the costs applicable to the administration and cost of the following vaccines: Pneumococcal, Hepatitis B, Influenza, and Osteoporosis.

Line 1--Enter the cost to charges ratio from Worksheet C, column 3, line 30.

Line 2--Enter the program charges from the PS&R or from provider records.

Line 3--Multiply line 1 by line 2 and enter the result. Transfer this amount to Worksheet E, Part III, line 20.

3530.3 Part III - Calculation of Interns and Residents Pass Through for PPS SNF--This part calculates the ancillary costs associated with I & R costs applicable for pass through. This calculation is to be completed for cost reporting periods beginning on and after July 1, 1998.

Column 1--Enter on each ancillary line the total ancillary costs from Worksheet B, Part I, column 18

Column 2--Enter the I & R costs allocated to ancillary cost centers on Worksheet B, Part I, column 14.

Column 3--Calculate the ratio of I & R costs to total costs for each ancillary cost center. Divide the amounts in column 2 by the amounts in column 1.

Column 4--Enter the title XVIII Part A cost from Part I, column 4 above.

Column 5--Determine the title XVIII pass through amount for I & R costs by multiplying the ratios in column 3 times the cost in column 4. Transfer the total amount on line 75, column 5 to Worksheet E, Part III, line 1.