

Organ Acquisition Costs Applies to:

Blue Medicare Advantage (PPO)

Blue Medicare Advantage Comprehensive (PPO)

Organ Acquisition Costs

Any claim submitted by a certified transplant center (CTC) which contains organ acquisition costs must be accompanied by form CMS-2552-10, Worksheet D4, Parts I-IV: Computation of Organ Acquisition Costs and Charges for Hospitals Which Are Certified Transplant Centers detailing such costs (see sample pages below of cost report). The form and instructions on how to complete the form can be found in the links in the "REFERENCE" section below.

The Plan will pay allowed costs for the organ acquisition as substantiated in the Cost Report.

Any facility claim that is billed for organ acquisition costs which are not accompanied by form CMS-2552-10, Worksheets I-IV will be denied as an incomplete claim submission.

Applies to:

Blue Cross Blue Shield of Kansas Medicare Advantage lines of business.

References:

- Form 2552-10, Worksheet D4, Part I – IV: Computation of Organ Acquisition Costs and Charges for Hospitals Which Are Certified Transplant Centers <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3P240f.pdf>
- Medicare Provider Reimbursement Manual, Part 2-Provider Cost Reporting Forms and Instructions, Chapter 40-Hospital and Hospital Health Care, Form CMS 2552-10 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1P240.pdf>
- Medicare Provider Reimbursement Manual, Part 1, Chapter 31-Organ Donation and Reimbursement <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021929.html>

Revision History

Policy Number: PR MAOA A001

Created: 08/14/2019

Updated: 09/17/19

Effective: 01/01/2020

Sample pages from cost report form CMS-2552-10 worksheet

D4 Parts I, II, III, and IV: Part I worksheet

10-12 FORM CMS-2552-10 4090 (Cont.)

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS				PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-4, PART 1
				OPO CCN: _____		
Check applicable to:	<input type="checkbox"/> HEART	<input type="checkbox"/> LIVER	<input type="checkbox"/> PANCREAS	<input type="checkbox"/> LUNG	<input type="checkbox"/> TESTIS	<input type="checkbox"/> BILET
	<input type="checkbox"/> KIDNEY	<input type="checkbox"/> LUNG	<input type="checkbox"/> TESTIS			<input type="checkbox"/> OTHER (specify)

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

Computation of Inpatient Routine Service Cases Applicable to Organ Acquisition	Inpatient Routine Organ Charges		Per Diem Costs (from Worksheet I, Part II)		Organ Acquisition Days	Cost (col 2 x col 3)
	1	D	2	3		
1 Adult and Pediatric		38				1
2 Intensive Care		43				2
3 Coronary Care		44				3
4 Semi-Intensive Care Units		45				4
5 Surgical Intensive Care Units		46				5
6 Other Special Care (specify)		47				6
7 TOTAL (sum of lines 1-6)						7

Computation of Ancillary Service Cases Applicable to Organ Acquisition	Rate of Cost in Charges (from Worksheet C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Cost
	C	1		
8 Operating Room	50			8
9 Recovery Room	51			9
10 Laba Room & Delivery Room	52			10
11 Anesthesiology	53			11
12 Radiology-Diagnostic	54			12
13 Radiology-Therapeutic	55			13
14 Radiotherapy	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 Respiratory Therapy	65			23
24 Physical Therapy	66			24
25 Occupational Therapy	67			25
26 Speech Pathology	68			26
27 Electrocardiology	69			27
28 Electroencephalography	70			28
29 Medical Supplies Charged in Patient	71			29
30 Implantable Devices Charged in Patient	72			30
31 Drugs Charged in Patient	73			31
32 Renal Dialysis	74			32
33 ASC (non-dialysis unit)	75			33
34 Other Ancillary (specify)	76			34
35 Rural Health Clinic (RHC)	88			35
36 Federally Qualified Health Center (FQHC)	89			36
37 Clinic	90			37
38 Emergency Room	91			38
39 Observation Beds	92			39
40 Other Outpatient Services (specify)	93			40
41 TOTAL (sum of lines 8-40)				41

C - Worksheet C line numbers

D - Worksheet D-1 line numbers

Part II worksheet

4090 (Cont.)

FORM CMS-2552-10

10-12

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		PROVIDER CCN: _____	PERIOD: FROM _____	WORKSHEET D-4, PART II
		OPO CCN: _____	TO _____	
Check applicable box:	<input type="checkbox"/> HEART <input type="checkbox"/> KIDNEY	<input type="checkbox"/> LIVER <input type="checkbox"/> LUNG	<input type="checkbox"/> PANCREAS <input type="checkbox"/> INTESTINE	<input type="checkbox"/> ISLET <input type="checkbox"/> OTHER (specify)

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program		Average Cost Per Day (from Wkst. D-2, Part I, col. 4)		Organ Acquisition Days	Organ Acquisition Costs (col. 1 x col. 2)	
		D	1			
42	Adults & Pediatrics (General routine care)	2				42
43	Intensive Care Unit	3				43
44	Coronary Care Unit	4				44
45	Burn Intensive Care Unit	5				45
46	Surgical Intensive Care Unit	6				46
47	Other Special Care (specify)	7				47
48	TOTAL (sum of lines 42 through 47)					48

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program		Organ Charges (see instructions)		Ratio of Cost to Charges from Wkst. D-2, Part I, col. 4)		Organ Acquisition Costs (col. 1 x col. 2)	
		1	D	2	3		
49	Rural Health Clinic (RHC)		21				49
50	Federally Qualified Health Center (FQHC)		22				50
51	Clinic		23				51
52	Emergency		24				52
53	Observation Beds		25				53
54	Other Outpatient Service (specify)		26				54
55	TOTAL (sum of lines 49 through 54)						55

D = Worksheet D-2, Part I, line numbers

Parts III and IV worksheet

10-12 FORM CMS-2552-10 4090 (Cont.)

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS	PROVIDER CCN: _____ OPO CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET D-4, PARTS III & IV
Check applicable box:	<input type="checkbox"/> HEART <input type="checkbox"/> LIVER <input type="checkbox"/> PANCREAS <input type="checkbox"/> KIDNEY <input type="checkbox"/> LUNG <input type="checkbox"/> INTES TINE	<input type="checkbox"/> ELET <input type="checkbox"/> OTHER (specify)	

PART III - SUMMARY OF COSTS AND CHARGES

	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1	2	3	4	
56 Routine and Ancillary from Part I					56
57 Interns and Residents (inpatient)					57
58 Interns and Residents (outpatient)					58
59 Direct Organ Acquisition (see instructions)					59
60 Cost of Services of Teaching Physicians (Wkst. D-5, Part II)					60
61 Total (sum of lines 56 thru 60)					61
62 Total Usable Organs (see instructions)					62
63 Medicare Usable Organs (see instructions)					63
64 Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					64
65 Medicare Cost/Charges (see instructions)					65
66 Revenue for Organs Sold					66
67 Subtotal (line 65 minus line 66)					67
68 Organs Furnished Part B					68
69 Net Organ Acquisition Cost and Charges (see instructions)					69

PART IV - STATISTICS

	Living Related	Cadaveric	Revenue	
	1	2	3	
70 Organs Excised in Provider (1)				70
71 Organs Purchased from Other Transplant Hospitals (2)				71
72 Organs Purchased from Non-Transplant Hospitals				72
73 Organs Purchased from OPOs				73
74 Total (sum of lines 70 thru 73)				74
75 Organs Transplanted				75
76 Organs Sold to Other Hospitals				76
77 Organs Sold to OPOs				77
78 Organs Sold to Transplant Hospitals				78
79 Organs Sold to Military or VA Hospitals				79
80 Organs Sold Outside the U.S.				80
81 Organs Sent Outside the U.S. (no revenue received)				81
82 Organs Used for Research				82
83 Unusable/Discarded Organs				83
84 Total (sum of lines 75 through 83 should equal line 74)				84

- (1) Organs procured outside your center by a procurement team from your center are not included in the count.
- (2) Organs procured outside your center by a procurement team are included in the count.