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# Medicare

## Provider Reimbursement Manual

### Part 2, Provider Cost Reporting Forms and Instructions, Chapter 33, Form CMS-216-94

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

**Transmittal 3**

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**NEW/REVISED MATERIAL--EFFECTIVE DATE: for cost reporting periods ending on or after March 31, 1994.**

Section 3390, Cost Report Forms Exhibit 1 - CMS-216-94, adds the cost reporting forms to the manual.

Section 3398, Kidney Placement Efforts - Documentation Requirements, has been renumbered §3318.

**DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.**

CHAPTER 33  
 ORGAN PROCUREMENT ORGANIZATION  
 AND TISSUE TYPING LABORATORY  
 COST REPORT  
 FORM CMS-216-94

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Column 2.--If the symbol A, D, E, F, or G is entered in column 1, enter the name of the related individual in column 2.

Column 3.--If the individual indicated in column 2 or the organization indicated in column 4 has a financial interest in the facility, enter the percent of ownership/control in such organization.

Column 4.--Enter the name of the related corporation, partnership, or other organization.

Column 5.--If the individual indicated in column 2 or the facility has a financial interest in the related organizations, enter the percent of ownership/control in such organization.

Column 6.--Enter the type of business in which the related organization engages (e.g., medical drugs and/or supplies, laundry and linen service).

### **3318. KIDNEY PLACEMENT EFFORTS - DOCUMENTATION REQUIREMENTS**

To ensure proper utilization and distribution of kidneys, organ procurement organizations (OPOs) and certified transplant centers (CTCs) furnishing organ procurement services for kidney transplants under the Medicare program must maintain adequate and verifiable records for each kidney retrieved and furnished to a Medicare patient. Since it is not possible to determine at the time of retrieval whether an individual kidney will be placed with a Medicare beneficiary, a placement effort record must be maintained for every kidney.

A. For each kidney retrieved, independent and hospital-based OPOs and CTCs must maintain a record (e.g., a log) showing the attempts to place the kidney with Medicare transplant patients and the final disposition of the kidney. Include the following information:

- o Name of individual making calls;
- o Name of donor;
- o Time (date, hour, minute, e.g., 11/18/86, 9:45 p.m.) of retrieval;
- o Name of donor center;
- o Name and telephone number of each OPO/CTC contacted as a potential user, including the name of the person talked to at the OPO/CTC and the time (date, hour, and minute) of contact;
- o Name of OPO or CTC that accepts the kidney and time and date sent;
- o Disposition of the kidney if not placed, i.e., non-viable; and
- o Age of kidney when shipped.

Attach to the log a copy of their computer printout on the kidney.

B. Independent and hospital-based OPOs and CTCs that are offered kidneys must maintain records (e.g., a log) containing the following information:

- o Name and telephone number of OPO or CTC offering the kidney;
- o Name of donor;
- o Time (date, hour, and minute) of retrieval or age of the organ at time of offering;
- o If accepted, indicate time accepted, name of recipient, and social security number (or health insurance number), or other identifying information; and
- o Reason kidney not accepted (if applicable).

C. Furnish the information in subsections A and B to the intermediary upon request.

EXHIBIT 1- Form CMS-216-94

The following is a listing of the Form CMS –216-94 worksheets and the page number location.

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