"Año de la lucha contra la corrupción e impunidad"

DIRECCIÓN GENERAL

MEMORANDO N° [illegible] -DG-HNAL-2019

A	: **ING. ARMANDO ALFREDO BLAS DELADA** Director de la Oficina Ejecutiva de Planeamiento Estratégico
ASUNTO	: **Notificar a interesados y/o instancias que corresponda**
REF.	: **RESOLUCIÓN DIRECTORAL Nro. 048-2019-HNAL/DG.**
FECHA	: **Lima, 15 de febrero del 2019.**

Previo saludo, me dirijo a usted muy cordialmente a fin concordancia al Art. Nro. 18° de la Ley Nro. 27444 Ley del Procedimiento Administrativo General, remitiré la **Resolución Directoral y los mismos en original** que se adjuntan a fin de que se sirva dar cumplimiento notificando a los interesados y/o a las instancias que correspondan:

1. **Resolución Directoral Nro. 048-2019-HNAL/DG.: APROBAR** la **"Estructura de Costos de los Procedimientos para Trasplante Renal del Servicio de Nefrología del departamento de Especialidades Medicas"**, el cual consta de 279 folios que forman parte de la presente resolución.

2. Afectamiento.

(RVG)
Rgd
Se adjunta resolución y expediente en original en [illegible] folios.
C.C. Archivo
Rg. [illegible]

MINISTERIO DE SALUD
HOSPITAL NACIONAL
ARZOBISPO LOAYZA

N° 075 -2019-HNAL/DI

Resolución Directoral

Lima, 15 de febrero del 2019

VISTO:

El expediente N° 19-3891, el Memorandum N° 309-DG-HNAL-2019, que contiene la Nota Informativa N° 001-2019-CCT-DEPE-HNAL, relacionada a la aprobación de la estructura de Costos de los Procedimientos para Trasplante Renal del Servicio de Nefrología del Departamento de Especialidades del Hospital Nacional Arzobispo Loayza, y;

CONSIDERANDO:

Que, el numeral V del Título Preliminar de la Ley N° 26842, Ley General de Salud, y su modificatoria, establece que es responsabilidad del Estado, promover las condiciones que garanticen una adecuada cobertura de prestaciones de salud a la población, en los términos socialmente aceptables de seguridad, oportunidad y calidad;

Que, el Hospital Nacional Arzobispo Loayza es un establecimiento de alta especialización y de referencia en el ámbito local y nacional, que busca brindar eficientemente la prestación de los servicios de salud bajo un modelo de atención integral de salud, con una política de prevención de riesgos, garantizando así la calidad y seguridad asistencial;

Que, mediante Resolución Ministerial N° 246-2006/MINSA, se aprobó el Documento Técnico denominado: "Lineamientos de Política Tarifaria en el Sector Salud", cuyo objetivo es establecer los directrices y criterios técnicos que regulan la determinación de las tarifas de los servicios de salud en los establecimientos públicos a nivel nacional, en un marco de equidad, efectividad, transparencia, eficacia y calidad en la atención;

Que, mediante Resolución Ministerial N° 704-2015/MINSA, se aprueba el Documento Técnico denominado: "Guía Metodológica de Determinación de Costos de Servicios de Salud para el Sector Salud", la cual constituye herramienta para uniformizar criterios de costeo de servicios de salud y de este modo contar con la metodología que permita comparar resultados de costos a nivel de los prestadores y mandatarios del Sistema de Salud;

Que, mediante Resolución Ministerial N° 105-2009-MINSA, se aprueba el Documento Técnico denominado: "Metodología para la Estimación de Costo Estándar en los Establecimientos de Salud", con la finalidad de tener una herramienta para implementar un sistema de costos en un establecimiento de salud y el objetivo de proporcionar una herramienta de ayuda al usuario del sistema de salud y uniformizar un método estándar en todos los establecimientos de salud;

Que, mediante Resolución Directoral N° 091-HNAL-DG-2018, de fecha 09 de marzo del 2018, se modificó la conformación del "Comité Técnico de Tarifas del Hospital Nacional Arzobispo Loayza";

Que, asimismo la Oficina Ejecutiva de Planeamiento Estratégico, conforme a lo prescrito en el artículo 14° literal c) del Reglamento de Organización y Funciones de la Entidad, es la competente para desarrollar los procesos de costos e identificar los requisitos de los servicios institucionales para su aprobación por el Ministerio de Salud;

Que, conforme al Acta N° 002-2019-CTT-HNAL de fecha 01 de Febrero del 2019, el Comité Técnico de Tarifas del Hospital Nacional Arzobispo Loayza, aprueba la estructura de Costos de los Procedimientos para Trasplante Renal;

Que, mediante Nota Informativa N° 001-2019-CCT-CEPE-HNAL, de fecha 04 de Febrero del 2019, el Presidente del Comité Técnico de Tarifas de la Entidad, remite a la Dirección General en anexo 01, la estructura de Costos de los procedimientos para Trasplante Renal del Servicio de Nefrología, con el fin de emitir el acto resolutivo correspondiente;

Con el visto de la Jefa del Departamento de Especialidades Médicas, del Director de la Oficina Ejecutiva de Planeamiento Estratégico, del Jefe de la Oficina de Asesoría Jurídica y del Director de la Oficina Ejecutiva de Administración del Hospital Nacional Arzobispo Loayza; y,

De conformidad con las atribuciones conferidas mediante Resolución Ministerial N° 1362-2004-MINSA, que aprueba el Reglamento de Organización y Funciones del Hospital Nacional Arzobispo Loayza, modificado por Resolución Ministerial N° 777-2005/MINSA, la Resolución Ministerial N° 802-2018/MINSA y la Resolución Ministerial N° 1364-2018/MINSA;

SE RESUELVE:

ARTÍCULO 1°.- APROBAR la **"Estructura de Costos de los Procedimientos para Trasplante Renal del Servicio de Nefrología del Departamento de Especialidades Médicas del Hospital Nacional Arzobispo Loayza"**, el cual consta de 279 folios que forman parte integrante de la presente resolución.

ARTÍCULO 2.- ENCARGAR, a la Oficina de Gerencia del Hospital Nacional Arzobispo Loayza, de cabal cumplimiento de la presente resolución directoral.

ARTÍCULO 3.- ENCARGAR, a la Oficina de Estadística e Informática del Hospital Nacional Arzobispo Loayza, actualizar el tarifario institucional aprobado en la presente resolución.

ARTÍCULO 4°.- ENCARGAR a la Oficina de Comunicaciones de la Institución disponga la publicación de la presente resolución directoral en el portal institucional del Hospital Loayza (www.hospitalloayza.gob.pe).

Regístrese, comuníquese y publíquese.

JEMCH/SAMB

"DECENIO DE LA IGUALDAD DE OPORTUNIDADES PARA MUJERES Y HOMBRES"
"Año de la Lucha Contra la Corrupción y la Impunidad"

NOTA INFORMATIVA N° 303 -2019- OAJ-HNAL

A	:	Dr. Juan Enrique MACHICADO ZUÑIGA Director General del Hospital Nacional Arzobispo Loayza
ASUNTO	:	PROYECTO DE RESOLUCION DIRECTORAL
REFERENCIA	:	EXP. N° 19-3961 MEMORANDO N° 309-DG-HNAL-2019 NOTA INFORMATIVA N° 001-2019-CTT-OEPC-HNAL
FECHA	:	Lima, 23 de Enero de 2019

Tengo a bien dirigirme a usted, para saludarlo cordialmente y a la vez remitir adjunto el proyecto de resolución directoral de aprobación de la estructura de Costos de los **Procedimientos para Trasplante Renal del Servicio de Nefrología del Departamento de Especialidades del Hospital Nacional Arzobispo Loayza**, de acuerdo a lo solicitado en el documento de la referencia.

Atentamente,

13 FEB 2019
RECIBIDO

02 FEB 2019
RECIBIDO

DIRECCIÓN GENERAL
RECIBIDO

RFS/ab
CC: Archivo
Folio (285)

"Año de lucha contra la corrupción e impunidad"

DIRECCIÓN GENERAL

MEMORANDO N° 377-DG-HNAL-2019

A: : **Abog. RAMON FARRO SAMANIEGO**
Jefe de la Oficina de Asesoría Jurídica.

ASUNTO: : **Proyectar Resolución Directoral.**

REFERENCIA: : **Nota Informativa N° 001-2018-CCT-OFPE-HNAL**
Exp. N° 00001-19

FECHA: : **Lima, 05 de Febrero de 2019.**

Previo saludo, en virtud al documento de la referencia, sírvase proyectar la Resolución Directoral que aprueba la Estructura de Costos de los Procedimientos para Trasplante Renal del Servicio de Nefrología, elaborado por el Comité Técnico de Tarifas "Trasplante Renal", en un plazo breve posible.

Atentamente,

MINISTERIO DE SALUD
HOSPITAL NACIONAL "ARZOBISPO LOAYZA"
OFICINA DE ASESORIA JURIDICA
06 FEB. 2019
RECIBIDO
Hora: 14:00 Firma:
Proveído: Fecha:

Abog.
C.c. Archivo
Folios: ..... Sobre original:
Sobre de copias:

HOJA DE TRAMITE GENERAL

3641

NOTA INFORMATIVA N° 001-2019-CCT-OEPE-HNAL

A : **DR. JUAN ENRIQUE MACHICADO ZUÑIGA**
Director General Hospital Nacional Arzobispo Loayza

DE : **MG. ING. ARMANDO ALFREDO BLAS ZELADA**
Director de la Oficina Ejecutiva de Planeamiento Estratégico
Presidente del Comité Técnico de Tarifas del HNAL
(Resolución Directoral N° 091-HNAL/D-2018)

ASUNTO: Estructura de Costos de los Procedimientos para Trasplante Renal del Servicio de Nefrología

REF. : **Acta N° 002-2019-CTT/HNAL**

FECHA : **Lima, 04 de febrero del 2019**

Es grato dirigirme a usted para saludarle cordialmente, y a través del presente cursar a su despacho el proyecto de Resolución Directoral que aprueba la Estructura de Costos de los Procedimientos para Trasplante Renal de Servicios de Nefrología, por el Comité de Tarifas "Trasplante Renal", para su atención, conocimiento y fines respectivos.

No otro particular, quedo de usted.

Atentamente,

Ministerio de Salud
Hospital Nacional Arzobispo Loayza

Mg. Ing. Armando Alfredo Blas Zelada
Presidente del Comité Técnico de Tarifas

05 FEB 2019
RECIBIDO

ARBZ/
Dstrib.
C.C. : Archivo
Adjunto : Rsp. Dr. Ali
01 (actual) Estudio de Costos
Folios : (3.01)

COMITÉ TÉCNICO DE TARIFAS DEL HOSPITAL NACIONAL ARZOBISPO LOAYZA

ACTA N°009-2019-CTT/HNAL

Siendo las 11.00 a.m. del día jueves 21 de febrero del año 2019, se da inicio a la reunión del Comité Técnico de Tarifas en la Oficina de la Dirección General, con la asistencia de sus miembros:

NOMBRE	CARGO	FIRMA
Ing. Armando Rios Zolada	Director de la Oficina de Planeamiento Estratégico (Presidente del Comité de Tarifas)	
Abog. Maria Antonia Vigil Vizcarra Vera	Director Ejecutivo de Administración	
Dra. Leslie Chaisary Marie	Jefa de la Oficina de Egresos	
Dra. Amélica Luda Chang Tui	Representante de Dirección General	
C.P.C. Verónica Green Peña	Jefa de la Oficina de Contaduría	

Invitados:

Dra. Elizabeth Escobedo Lozano	Representante del Servicio de Nefrología	
Lic. Yisabel Guerrero Lopez	Representante de Unidad de Costos Ingresos y Tarifas	
C.P.C Marisol Linares Reyes	Representante de la oficina de Economía	

AGENDA:

1.- Evaluación de la Estructura de los estudios de Costos de Trasplante renal para aprobación.

DESARROLLO DE LA SESIÓN:

Se expuso ante el comité Técnico de Tarifas, el estudio de Trasplante Renal, el cual para su desarrollo consta de 122 procedimientos médicos, los cuales dan como resultado el importe de **S/. 100,076.86** (cien mil setenta y seis con ochenta y cuatro) costo total del Trasplante Renal, según detalle:

FASES	S/. TOTAL
1° FASE: PRE TRASPLANTE	S/. 14,585.38
2° FASE: PRE QUIRÚRGICO	S/. 15,907.28
3° FASE: INTRAOPERATORIO	S/. 8,850.77
4° FASE: POST INMEDIATO	S/. 31,183.85
5° FASE: POST HOSPITALIZACION	S/. 9,134.96
6° FASE: TRATAMIENTO AMBULATORIO (1 AÑO)	S/. 10,312.38
TOTAL POR FASES	**S/. 100,076.86**

Se evaluaron la diferenciación de tarifas en referencia a otras IPRESS Públicas, la cual está acorde con el precio del mercado.

ACUERDOS:

1. Realizando la evaluación se acordó la Aprobación del estudio de costos de los procedimientos para Trasplante Renal.

2. Derivar a la Director General, el proyecto de Resolución Directoral , para su respectiva aprobación y continuar con el trámite correspondiente.

Siendo las 12:15 pm. Se da por finalizada la sesión.

ANEXO I

TRASPLANTE RENAL

RESUMEN DE COSTO DE TRANSPLANTE RENAL POR FASES

RESUMEN DE COSTO DE TRANSPLANTE RENAL POR FASES

		[illegible]					[illegible]		
		[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	1° Fase: Pre-trasplante								
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]					[illegible]			[illegible]
3	[illegible]					[illegible]			[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]					[illegible]			[illegible]
6	[illegible]					-			-
	[illegible]					[illegible]			[illegible]

		[illegible]					[illegible]		
		[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	2° Fase: Post-trasplante								
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]					[illegible]			[illegible]
3	[illegible]					[illegible]			[illegible]
	[illegible]					[illegible]			[illegible]

		[illegible]					[illegible]		
		[illegible]		[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3° Fase: Trasplante Ambulatorio (1 año)								
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]					[illegible]			[illegible]
4	[illegible]					[illegible]			[illegible]
5	[illegible]					[illegible]			[illegible]
	[illegible]					[illegible]			[illegible]

COSTO TOTAL DEL TRANSPLANTE RENAL POR PACIENTE	TURNKEY		[illegible]

000377

1° FASE: PRE TRASPLANTE

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR

Nº	CPMS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	99204	Consulta de Reumatología	1	19.81	0.09	0.79	0.10	1.98	1.23	24.98	87.43
2	99204	Consulta de Neurología	1	11.97	0.09	0.79	0.10	2.40	1.53	16.49	55.68
3	99204	Consulta de Cardiología	1	10.09	0.07	0.79	0.10	1.88	1.21	14.13	42.23
4	99204	Consulta de Urología	1	11.97	0.09	0.79	0.10	2.46	1.53	16.49	57.48
5	99204	Consulta de Gastroenterología	1	11.97	0.09	0.79	0.10	2.48	1.59	16.93	58.87
6	99204	Consulta de Infectología	1	10.45	0.07	0.79	0.10	1.93	1.21	14.55	39.10
7	99204	Consulta de Otorrinolaringología	1	10.81	0.07	0.79	0.10	1.93	1.23	14.93	43.43
8	99204	Consulta de Oftalmología	1	10.81	0.07	0.79	0.10	1.93	1.23	14.93	43.43
9	99204	Consulta de Fonoaudiología	1	12.87	0.13	0.79	0.10	2.48	1.59	18.94	55.61
10	99207	Atención de Psicología (Salud Mental)	1	16.80	0.17	0.79	0.10	3.09	1.96	22.86	68.57
11	99206	Psicometría Individual	1	10.69	0.14	0.79	0.10	2.50	1.62	16.83	50.50
12	00120	Consulta estomatológica especializada	1	7.87	0.14	1.42	0.10	1.55	1.00	11.08	33.25
13	99209	Atención en Nutrición	1	5.86	0.07	0.79	0.10	1.15	0.75	8.68	26.05
14	98510	Atención de Servicio Social	1	7.29	0.05	0.82	0.10	1.40	0.91	10.58	31.87
15	99204	Consulta de Cardiología	1	15.55	0.09	0.79	0.10	2.28	1.54	17.83	53.51
Nº	CPMS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
16	93000	Electrocardiograma	1	11.61	0.23	1.45	0.00	2.61	1.69	19.04	19.04
17	94010	Espirometría	1	11.23	1.01	1.11	0.00	2.47	1.69	19.73	19.73
18	74020	Colografía	1	9.83	8.87	8.61	0.00	4.52	2.67	33.85	33.85
19	74400	Colografía Retrógrada	1	12.29	18.18	12.42	0.00	7.40	4.82	56.08	56.08
20	43267	Endoscopia alta y duodenal	1	22.83	13.88	1.45	0.00	8.33	5.93	46.00	46.00
21	[illegible]	Ecografía en Mama	1	15.75	1.87	1.51	0.00	2.88	1.86	23.88	23.88
22	[illegible]	Mamografía bilateral	1	10.83	4.32	18.16	0.00	6.27	4.00	44.59	44.59
23	[illegible]	Video Endoscopia Digestiva Alta Diagnostica	1	36.87	2.06	70.91	0.00	19.13	17.77	146.82	146.82

1° FASE: PRE TRASPLANTE

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		BIOQUIMICA									
24	[illegible]	Acido Urico	[illegible]	1.85	0.30	2.13	0.54	0.78	0.11	[illegible]	13.79
25	[illegible]	Bilirrubina Total y Fraccionada	[illegible]	1.44	0.30	2.13	0.54	0.87	0.18	6.54	16.21
26	[illegible]	Dosaje de Calcio Total	[illegible]	1.51	0.30	2.14	0.54	0.80	0.13	6.04	16.11
27	[illegible]	Dosaje de Creatinina	[illegible]	1.61	0.30	1.99	0.54	0.79	0.48	5.69	16.21
28	[illegible]	Dosaje de Fosforo	[illegible]	1.82	0.30	2.31	0.54	0.87	0.53	6.15	16.45
29	[illegible]	Dosaje de Magnesio Sérico	[illegible]	1.93	0.30	2.09	0.54	0.99	0.60	7.00	19.94
30	[illegible]	Electrolitos Séricos (Na K Cl)	[illegible]	1.83	0.30	10.51	0.54	2.21	1.43	18.62	49.87
31	[illegible]	Examen Completo de Orina	[illegible]	1.63	0.32	1.86	0.54	0.71	0.46	5.32	15.55
32	[illegible]	Fosfatasa Alcalina	[illegible]	1.83	0.30	2.21	0.54	0.83	0.52	6.08	16.03
33	[illegible]	Dosaje de Glucosa / Basal	[illegible]	1.63	0.30	1.99	0.54	0.74	0.40	5.60	15.81
34	[illegible]	Hb Glicosilada (Glucosilada Glycosil)	[illegible]	1.63	0.30	2.21	0.54	0.89	0.52	6.02	16.07
35	[illegible]	Proteinas Totales y Fraccionadas	[illegible]	1.83	0.30	1.99	0.54	1.10	0.71	6.38	16.83
36	[illegible]	TGO (Transaminasa Oxalacetica)	[illegible]	1.63	0.30	1.86	0.54	0.75	0.40	5.67	17.60
37	[illegible]	TGP (Transaminasa Piruvica)	[illegible]	1.63	0.30	2.11	0.54	0.78	0.50	5.87	17.61
38	[illegible]	Tiempo de Coagulacion	[illegible]	1.63	0.30	13.67	0.54	4.25	1.76	37.98	44.13
39	[illegible]	Colesterol Total	[illegible]	1.83	0.30	2.07	0.54	0.77	0.38	6.02	15.44
40	[illegible]	Colesterol HDL	[illegible]	1.83	0.30	5.93	0.54	1.48	0.88	10.77	30.48
41	[illegible]	Colesterol NO HDL	[illegible]	1.63	0.30	3.33	0.54	0.99	0.54	7.43	14.87
42	[illegible]	Trigliceridos	[illegible]	1.83	0.30	2.08	0.54	0.83	0.54	6.33	17.48
43	[illegible]	Complemento C3	[illegible]	1.63	0.30	13.53	0.54	3.73	1.76	22.46	40.93
44	[illegible]	Complemento C4	[illegible]	1.63	0.30	13.53	0.54	3.73	1.76	22.46	40.93
45	[illegible]	Grupo Arterial y Rh	[illegible]	1.83	0.30	8.17	0.54	1.93	1.17	13.63	30.66
46	[illegible]	Colesterol VLDL	[illegible]	1.63	0.30	2.09	0.54	0.83	0.54	6.33	17.48
		HEMATOLOGIA									
47	[illegible]	Hemograma Automatizado	[illegible]	0.90	0.08	6.24	0.80	1.73	1.32	13.06	36.18
48	[illegible]	Frotis de Sangre Periferica	[illegible]	0.50	0.01	6.19	0.80	1.73	1.31	13.02	36.12
		HEMOSTASIA E TROMBOSIS									

1° FASE: PRE TRASPLANTE

68	85343	Factor de Coagulación	1	3.34	0.03	3.36	0.03	1.07	0.70	8.01	34.28
69	85334	Factor de Protrombina (FP)	1	3.34	0.03	3.33	0.03	1.06	1.08	12.54	37.82
70	85303	Factor de Sangría	1	3.34	0.08	3.31	0.03	1.07	0.69	8.03	34.08
71	85190	Factor de Tromboplastina Parcial (PTT)	1	3.34	0.03	3.31	0.03	1.06	1.08	12.54	37.82
72	85100.01	Antitromboplastina Lúpica	1	3.34	0.08	3.31	0.03	1.07	0.69	8.03	34.12
		BANCO DE SANGRE									
74	86021	Drogas ADO e Factor RH	1	4.44	0.03	3.13	0.03	1.13	0.73	8.53	37.02
		INMUNOLOGIA									
75	86038	Ac. Antinucleares	1	4.44	1.12	7.93	0.54	2.19	1.11	16.02	38.09
76	86039	Aglutinaciones	1	4.52	0.08	3.13	0.02	1.10	0.89	8.83	38.61
77	86431	ASTA (Ac. Anti citoplasma)	1	3.76	1.12	11.03	0.54	4.75	1.00	16.78	75.17
78	86704	Anti Hg HB o Total	1	3.76	1.12	12.03	0.54	5.24	1.15	24.38	68.79
79	86803	Anti HVC (Hepatitis C)	1	3.76	0.08	10.03	0.54	5.91	1.15	29.44	58.87
80	86706	Anti IHA IgG	1	4.82	0.03	15.09	0.08	8.08	1.87	36.81	73.43
81	86147	Anticardiolipina IgG	1	3.76	0.08	11.93	0.54	7.77	1.79	30.08	41.75
82	86147.01	Anticardiolipina IgM	1	3.76	1.12	13.93	0.54	7.95	1.91	33.23	60.47
83	86777	Anticuerpo Contra Toxoplasma IgG	1	4.52	1.12	13.03	0.54	5.37	1.18	35.38	85.71
84	86779	Anticuerpo Contra Toxoplasma IgM	1	4.52	1.12	14.17	0.54	5.46	1.24	26.86	92.11
85	86132	Antígeno Prostático específico (PSA)	1	3.76	0.08	12.08	0.54	6.11	1.76	32.46	61.91
86	87445	Drogas Anticuerpo	1	3.76	1.12	13.03	0.54	5.24	1.10	28.39	46.79
87	86849	Citomegalovirus IGG, Anticuerpos	1	3.76	0.08	13.03	0.54	5.40	1.20	26.03	51.19
88	86645	Citomegalovirus IGM, Anticuerpos	1	3.76	0.08	13.03	0.54	5.06	1.08	23.05	46.07
89	86701	Detección de anticuerpos para HIV 1 / HIV 2	1	4.52	0.04	14.00	0.08	5.13	2.04	23.75	47.51
90	86687	Detección de anticuerpos para HTLV-I	1	3.76	1.12	13.17	0.54	5.16	2.04	23.79	47.58
91	86706	Hepatitis B HBS AG Anticuerpos Anti Antígeno de Superficie	1	4.52	0.01	11.17	0.03	3.74	1.77	19.61	41.34
92	87340	Hepatitis B HBeAG (Antígeno Australiano)	1	4.52	0.01	12.04	0.03	3.94	1.87	22.80	42.77
93	86708	Hepatitis B, Anticuerpos HBCAB IGM	1	3.76	0.08	11.03	0.03	3.43	1.79	19.79	39.97
94	86695	[illegible] IgG	1	3.76	1.12	9.47	0.54	3.13	1.44	19.04	38.12
95	86695.01	[illegible] IgM	1	3.76	1.12	8.03	0.54	3.44	1.38	18.93	38.76
96	86696	[illegible] IgG	1	3.76	1.12	8.03	0.54	3.44	1.38	18.93	38.76

1° FASE: PRE TRASPLANTE

77	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
78	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
79	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
80	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
81	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
82	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		MICROBIOLOGIA									
84	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
85	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		RADIODIAGNOSTICO									
86	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
87	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
88	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
89	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
90	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
91	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
											3,637.31

N	CPMS	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		HISTOCOMPATIBILIDAD					
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,122.00
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1,275.00
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	110.00
		INMUNOLOGIA					
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		INMUNOLOGIA					
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	254.00

0002773

1° FASE: PRE TRASPLANTE

8	[illegible]	[illegible]	1	127.00	254.00	RD N°[illegible]	7.2018	254.00
		HEMOSTASIA Y TROMBOSIS						
9	[illegible]	[illegible]	1	98.00	196.00	RD N°[illegible]	7.2018	196.00
		[illegible]						-
10	90744	[illegible]						-
11	90657	[illegible]						-
					5,330.00			5,330.00

000272

1° FASE: PRE TRASPLANTE

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE ■ EVALUACIÓN DE DONANTE

N°	CPMS	PRE TRASPLANTE ■ EVALUACIÓN DE DONANTE	CANT	MANO	EQUIPO	INSUMOS	SERVICIOS	GASTOS UNIT.	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL POR CANTIDAD
N°	CPMS	[illegible]	CANT.	MANO	EQUIPO	INSUMOS	SERVICIOS	GASTOS UNIT.	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
1	99199	Consulta en Nefrología	1	10.41	0.09	0.79	0.10	1.54	1.03	14.16	14.16
2	99199	Consulta en Reumatología	1	11.47	0.09	0.79	0.10	1.68	1.15	15.28	15.28
3	99199	Consulta en Cardiología	1	10.08	0.07	0.79	0.10	1.48	1.01	13.53	13.53
4	99199	Consulta en Urología	1	11.47	0.09	0.79	0.10	1.68	1.15	15.28	15.28
5	99199	Consulta en Proctología	1	11.47	0.11	0.79	0.10	1.68	1.15	15.28	15.28
6	99187	Atención de Psicología (Salud Mental)	1	10.80	0.17	0.79	0.10	1.58	1.08	14.52	14.52
7	99125	Consulta estomatológica especializada	1	1.47	0.18	1.47	0.10	1.83	1.09	11.08	11.08
8	99188	Atención en Nutrición	1	5.91	0.07	0.79	0.10	1.10	0.75	8.68	8.68
9	99128	Atención de Servicio Social	1	7.28	0.03	0.83	0.10	1.40	0.91	10.54	10.54
10	99199	Consulta en Ginecología	1	11.47	0.09	0.79	0.10	1.68	1.15	15.28	15.28
N°	CPMS	[illegible]	CANT	MANO	EQUIPO	INSUMOS	SERVICIOS	GASTOS UNIT.	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
11	93190	Electrocardiograma	1	11.04	0.11	1.45	0.00	2.61	1.89	18.84	18.84
12	94010	Espirometría	1	10.39	1.01	1.45	0.00	2.63	1.89	18.71	18.71
13	93307	Ecocardiograma UM y Bidimensional	1	32.63	11.88	1.45	0.00	6.11	3.85	46.30	46.30
N°	CPMS	[illegible]	CANT	MANO	EQUIPO	INSUMOS	SERVICIOS	GASTOS UNIT.	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
		BIOQUIMICA									
14	[illegible]	Acido Urico	1	1.83	0.10	2.13	0.54	0.70	0.51	5.98	11.95
15	[illegible]	Bilirrubina Total y Fraccionada	1	1.83	0.10	2.63	0.54	0.87	0.66	6.64	13.63
16	[illegible]	Dosaje de Calcio Total	1	1.83	0.10	2.24	0.54	0.80	0.57	6.08	12.15
17	[illegible]	Dosaje de Creatinina	1	1.83	0.10	1.90	0.54	0.74	0.48	[illegible]	10.81

1" FASE: PRE TRASPLANTE

19	[illegible]	Depuración de Creatinina	1	1.63	0.07	3.73	0.54	0.87	0.94	5.08	28.08
20	[illegible]	Glucosa en Orina	1	1.63	0.00	0.13	0.54	0.62	0.03	0.13	18.00
21	[illegible]	Proteínas en 24 horas	1	1.63	0.03	5.04	0.54	0.99	0.84	7.45	32.43
22	[illegible]	Electrolitos Séricos (Na K Cl)	1	1.63	0.00	10.32	0.54	2.23	1.44	16.64	49.87
23	[illegible]	Examen Completo de Orina	1	1.63	0.12	1.94	0.54	0.71	0.46	5.37	13.95
24	[illegible]	Microalbuminuria	1	5.02	0.03	10.62	0.84	2.77	1.79	19.87	42.12
25	[illegible]	Proteínas Totales	1	1.63	0.00	2.71	0.54	0.66	0.32	6.20	18.08
26	[illegible]	Glucosa en Suero / Sangre	1	1.63	0.00	1.80	0.54	0.74	0.48	5.20	16.81
28	[illegible]	Hemoglobina Glicosilada	1	1.63	0.11	19.51	0.54	3.70	3.48	27.90	89.68
27	[illegible]	Urocultivo [illegible]	1	1.63	0.00	3.23	0.54	0.88	0.52	6.03	18.07
28	[illegible]	Pruebas Tiroideas y Fosfatasas	1	1.63	0.00	5.94	0.54	1.16	0.71	8.39	24.83
29	[illegible]	TGO (Transaminasa Oxalacética)	1	1.63	0.00	3.05	0.54	0.73	0.48	5.67	17.00
30	[illegible]	TGP (Transaminasa Pirúvica)	1	1.63	0.00	2.61	0.54	0.70	0.38	5.87	17.61
31	[illegible]	Colesterol Total	1	1.63	0.00	2.07	0.54	0.77	0.38	5.83	22.64
32	[illegible]	Colesterol LDL	1	1.63	0.00	5.32	0.54	1.16	0.88	10.22	28.85
33	[illegible]	Colesterol HDL	1	1.63	0.00	0.33	0.54	0.99	0.84	7.45	14.87
34	[illegible]	Triglicéridos	1	1.63	0.00	2.55	0.54	0.83	0.54	6.33	12.48
35	[illegible]	Colesterol VLDL	1	1.63	0.00	2.39	0.54	0.83	0.54	6.33	12.48
		HEMATOLOGIA									
36	[illegible]	Hemograma Automatizado	1	3.24	0.03	6.24	0.80	1.73	1.13	13.26	39.39
37	[illegible]	Frotis de Sangre Periférica	1	3.24	0.03	6.24	0.80	1.73	1.32	13.26	39.39
		HEMOSTASIA Y TROMBOSIS									
38	[illegible]	Tiempo de Coagulación	1	3.24	0.03	2.38	0.80	1.07	0.73	8.24	26.08
39	[illegible]	Tiempo de Protrombina (TP)	1	3.24	0.03	5.03	0.80	1.08	1.08	12.34	37.01
40	[illegible]	Tiempo de Sangría	1	3.24	0.03	2.31	0.80	1.07	0.69	8.24	26.08
41	[illegible]	Tiempo de Tromboplastina Parcial (TTP)	1	3.24	0.03	5.03	0.80	1.08	1.08	12.34	37.01
		BANCO DE SANGRE									
42	[illegible]	Grupo ABO y Factor RH	1	6.48	0.03	3.13	0.80	1.13	0.73	9.13	35.55
		INMUNOLOGIA									
43	[illegible]	Anti Ag HBs Total	1	8.76	1.12	13.63	0.54	3.24	2.19	16.33	46.39

1° FASE: PRE TRASPLANTE

40	[illegible]	Anti-HAV (Hepatitis C)	1	3.70	0.00	18.83	5.50	1.86	1.39	26.61	98.87
41	[illegible]	Anti-VHA IgG	1	6.02	0.00	15.39	6.60	3.16	1.20	26.81	52.63
46	[illegible]	Anticuerpos Contra Tiroglobulina IgG	1	6.57	1.13	13.83	5.54	3.17	1.18	25.88	50.75
47	[illegible]	Anticuerpos Contra Tiroperoxidasa IgG	1	6.52	1.12	14.17	5.65	3.46	1.18	26.05	54.15
48	[illegible]	Citomegalovirus IgG Anticuerpos	1	3.70	0.00	15.83	5.54	3.88	1.20	25.87	51.98
49	[illegible]	Citomegalovirus IgM, Anticuerpos	1	3.70	0.00	13.63	5.54	3.06	1.08	23.04	46.07
50	[illegible]	Dotación de anticuerpos para HIV 1/2 (IgG)	1	6.52	0.00	14.08	5.65	3.15	1.08	23.29	47.51
51	[illegible]	Dotación de anticuerpos para HIV 1/2	1	3.70	1.12	13.17	5.54	3.16	1.08	23.29	47.59
52	[illegible]	Hepatitis B HBsAg (Antígeno Australia)	1	6.52	0.01	13.34	5.65	3.03	1.07	23.03	48.27
53	[illegible]	Herpes I IgG	1	3.70	1.12	8.87	5.54	2.53	1.08	19.05	38.52
54	[illegible]	Herpes I IgM	1	3.70	1.12	8.93	5.54	2.44	1.08	18.84	38.26
55	[illegible]	Herpes II IgG	1	3.70	1.12	8.93	5.54	2.44	1.08	18.83	38.26
56	[illegible]	Herpes II IgM	1	3.70	1.12	8.93	5.54	2.44	1.08	18.83	38.26
57	[illegible]	Rubeola IgG	1	3.70	1.12	14.14	5.54	3.12	1.15	25.03	53.27
58	[illegible]	Rubeola IgM	1	3.70	1.12	13.63	5.54	3.24	1.18	24.93	48.79
59	[illegible]	VDRL o RPR (Prueba de Sífilis Cualitativa) SECRECIÓN	1	6.52	0.84	2.84	5.54	1.92	0.88	9.84	28.87
		MICROBIOLOGÍA									
61	[illegible]	Urocultivo y Antibiograma	1	6.27	0.84	14.84	5.65	3.38	1.31	26.89	59.97
62	[illegible]	Parásitos Seriado (3)	1	6.70	0.81	2.52	5.65	1.43	0.88	9.27	26.55
		RADIODIAGNÓSTICO									
63	[illegible]	Radiografía de Tórax Frontal (1)	1	8.92	2.49	9.28	5.65	2.09	2.26	26.84	57.67
64	[illegible]	Urografía Endovenosa Completa	1	20.50	5.81	9.91	5.65	5.94	2.35	26.63	78.68
65	[illegible]	Colografía de Wilmes	1	34.38	5.81	3.31	5.65	3.43	2.22	23.85	73.65
66	[illegible]	Colografía de Hígado y Páncreas Canal	1	22.87	5.81	4.31	5.65	3.09	2.08	23.24	73.24
											1,288.51

000269

1ª FASE: PRE TRASPLANTE

N°	CPMS	[illegible]	CANT.	PRECIO UNITARIO (S/.)	TOTAL	Resolución N° de Aceptación	PRECIO TOTAL
		INMUNOCOMPATIBILIDAD					
1	[illegible]	[illegible]	1	[illegible]	[illegible]	RD N°[illegible]	1,330.00
		INMUNOLOGIA					-
2	[illegible]	[illegible]	1	[illegible]	[illegible]	RD N°137/2016/INSN-DG/T	28.00
3	[illegible]	[illegible]	1	[illegible]	[illegible]	RD N°137/2016/INSN-DG/T	28.00
4	[illegible]	[illegible]	1	[illegible]	[illegible]	RD N°137/2016/INSN-DG/T	59.00
		RADIODIAGNOSTICO					-
5	[illegible]	[illegible]	1	[illegible]	[illegible]	RD N°142/2016/INSN-DG/T	340.00
		[illegible]					
6	[illegible]	[illegible]					
7	[illegible]	[illegible]					
					-		1,585.00

002069

2° FASE: PRE QUIRÚRGICO

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR:

N°	CPMS	PRE QUIRÚRGICO - PACIENTE RECEPTOR	CANT	RRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL POR CENTRO
N°	CPMS	1° Procedimiento	Unid	RRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
1	99231	Atención Paciente En Hospitalización Continuada	1	131.39	0.74	172.20	0.11	47.02	66.82	418.32	708.31
N°	CPMS	2° Procedimiento	Unid	RRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
2	99205	Consulta de Nefrología	1	10.61	0.05	0.75	0.10	1.94	1.25	18.55	43.73
3	99204	Consulta de Urología	1	13.47	0.05	0.75	0.10	2.46	1.59	18.69	36.97
4	99203	Consulta de Anestesiología	1	13.47	0.11	0.75	0.10	2.46	1.59	18.56	18.56
5	99207	Atención de Psicología (Salud Mental)	1	16.83	0.17	0.75	0.10	3.04	1.96	22.86	22.86
6	99210	Atención de Servicio Social	1	7.29	0.03	0.67	0.10	1.40	0.91	10.50	10.50
N°	CPMS	3° Procedimiento	Unid	RRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
7	36415	Extracción de Sangre Venosa Central	1	6.67	0.05	0.05	0.05	0.97	0.62	7.21	14.34
8	36430	Transfusión de Sangre O Componentes Sanguíneos	1	16.89	0.00	0.05	0.05	2.37	1.51	16.21	30.47
9	90960	Psicoterapia Individual	1	13.47	0.11	0.75	0.10	2.10	1.42	18.61	18.61
N°	CPMS	4° Procedimiento de Apoyo al Diagnóstico	Unid	RRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL
		BIOQUIMICA									
10	82247	Bilirrubina Total y Fraccionada	1	3.69	0.30	3.44	0.10	0.87	0.58	8.94	15.61
11	82040	Dosaje de Albúmina Total	1	3.69	0.30	3.34	0.10	0.88	0.59	8.29	18.13
12	[illegible]	Dosaje de Creatinina	1	3.69	0.30	3.90	0.10	0.94	0.68	9.60	16.83
13	[illegible]	Dosaje de Fosforo	1	3.69	0.30	3.33	0.10	0.88	0.59	8.83	18.48
14	[illegible]	Dosaje de Magnesio Sérico	1	3.69	0.30	3.94	0.10	0.99	0.68	7.80	16.96

000267

2° FASE: PRE QUIRÚRGICO

15	[illegible]	Electrolitos Séricos (Na K Cl)	1	1.03	0.00	10.11	0.54	1.21	1.45	15.07	85.87
16	[illegible]	Examen Complete de Orina	1	1.03	0.19	1.89	0.54	0.71	0.96	5.82	15.96
17	[illegible]	Fosfatasa Alcalina	1	1.03	0.00	2.21	0.54	0.80	0.97	6.00	15.00
18	[illegible]	Glucosa de Glucosa / Basal	1	1.03	0.00	1.59	0.54	0.76	0.88	5.80	14.81
19	[illegible]	Hemoglobina glicosilada cuantitativa (HbA1c)	1	1.03	0.00	2.23	0.54	0.80	0.97	6.00	18.07
20	[illegible]	Pruebas Tiroideas y Procalcitonina	1	1.03	0.00	9.09	0.54	1.08	0.71	8.28	24.83
21	[illegible]	TGO (Transaminasa Oxalacética)	1	1.03	0.00	1.83	0.54	0.75	0.89	5.87	17.00
22	[illegible]	TGP (Transaminasa Pirúvica)	1	1.03	0.00	2.11	0.54	0.78	0.90	5.87	17.41
23	[illegible]	Grupo Sanguíneo y Rh	1	1.03	0.00	8.17	0.54	1.01	1.37	12.03	40.08
		HEMATOLOGÍA									
24	[illegible]	Hemograma Automatizado	1	0.94	0.01	6.39	0.80	1.73	1.32	13.06	39.19
		HEMOSTASIA Y TROMBOSIS									
25	[illegible]	Tiempo de Coagulación	1	0.94	0.01	2.16	0.80	1.07	0.79	8.09	24.28
26	[illegible]	Tiempo de Protrombina (TP)	1	0.94	0.01	5.03	0.80	1.46	1.09	12.54	37.62
27	[illegible]	Tiempo de Sangría	1	0.94	0.01	2.31	0.80	1.07	0.89	8.03	24.08
28	[illegible]	Tiempo de Tromboplastina Parcial (TTP)	1	0.94	0.01	5.03	0.80	1.46	1.09	12.54	37.62
		BANCO DE SANGRE									
29	[illegible]	Evaluación Clínica del Donante	1	0.11	0.01	0.02	0.80	1.08	0.68	1.87	15.13
30	[illegible]	Prueba Cruzada Mayor	1	0.09	0.01	9.84	0.80	1.08	1.75	20.16	60.32
31	[illegible]	Concentrado de Transfusión (33 promedio)	2	0.09	0.01	71.91	0.80	13.23	8.26	99.01	199.22
32	[illegible]	Bolsa Colectora de Sangre Cuadruple X 450 ml	0								
		MICROBIOLOGÍA									
33	[illegible]	Urocultivo y Antibiograma	1	0.17	0.04	14.04	0.80	1.58	1.31	16.95	16.95
34	[illegible]	Cultivo de Sangre (Hemocultivo) Antibiograma	1	1.03	0.01	0.70	0.80	0.12	0.28	3.26	3.26
35	[illegible]	Otros Cultivos de Secreciones (oral, anal, nasal, RNA, vaginal, etc)	1	1.03	0.01	1.17	0.80	0.31	0.33	3.86	3.86
		HISTOLOGÍA									
36	[illegible]	Histopatología de Tejido Fresco (1)	1	8.02	3.48	9.16	0.80	1.58	1.76	26.34	26.34
											1,095.56

002000

2° FASE: PRE QUIRÚRGICO

N°	CÓDIGO	DESCRIPCIÓN	CAN	PRECIO UNIT.	TOTAL	IVA
		TRATAMIENTO MEDICO PREQUIRURGICO				-
1	10803	Apósito transparente adhesivo 6 x 7 cm	2	1.10	2.20	2.20
2	1083	Sevoflurano 250 mg ampolla	1	6,917.50	6,917.50	6,917.50
3	22250	Catéter periférico con ala 20 x 1 1/2"	1	0.60	0.71	0.71
4	1084	Ceftriaxona 1g vial	2	0.70	1.40	1.40
5	5785	Dextrosa 5g/100ml (5%) 100ml frasco	4	2.80	11.20	11.20
6	2754	Dexametasona 10 mg tab	1	0.08	0.08	0.08
7	10809	Frascos de recolección orina	1	0.42	0.50	0.50
8	22864	Cuaderno higiénico de papel 1.5 cm x 0.1 cm	1	4.00	4.00	4.00
9	-	Oxígeno (O2)	1	95.00	111.05	111.05
10	-	Jeringa desechable 1 ml con aguja (0.5 x 5/8 pulgada)	10	0.11	1.10	1.10
11	11368	Jeringa desechable 10 ml con aguja (2.1 x 1 1/2 pulgada)	10	0.30	3.00	3.00
12	11369	Jeringa desechable 20 ml con aguja (2.1 x 1 1/2 pulgada)	10	0.27	2.70	2.70
13	11370	Jeringa desechable 5 ml con aguja (0.8 x 1 1/2 pulgada)	10	0.12	1.20	1.20
14	22605	Cinta de hulera con palitos para bomba de infusión o mano	1	84.00	101.00	101.00
15	-	Cinta para bomba infusora reflexiva con conector lineal	1	82.00	99.00	99.00
16	6877	Midazolam 5g ampolla	1	6.70	8.05	8.05
17	4717	Multipyrona/cafeina/butilhioscina cuellos 500 mg inyectable	1	15.70	18.79	18.79
18	4864	Metoclopramida inyectable 250 mg 5 unidades	10	9.00	10.80	10.80
19	10660	Omeprazol 20mg	1	0.60	0.72	0.72
20	9951	Propofol Genfar 20g/100ml (20%) 20 ml ampolla	4	0.73	3.91	3.91
21	3869	Sevoflurano 10g/100ml (100%) 20 ml inyectable	4	0.93	1.12	1.12
22	5877	Sevoflurano 500 mg/100 ml (0.5%) 1 L frasco	4	2.24	8.96	8.96
23	5811	Sevoflurano 500 mg/100 ml (0.5%) 100 ml inyectable	10	1.05	12.20	12.20
24	5910	Vecilo Kinfara diferencial/ Bolsas coloidales 1.25g/ 10 (10g)	1	7.40	13.00	13.00
25	17768	Clorpiramina 2 mg tabletas	10	4.13	247.80	247.80
26	[illegible]	Sonda nasogástrica de 8" a 9pul. unidad	1	4.00	3.52	3.52
					7,236.53	7,236.53

092000

2° FASE: PRE QUIRÚRGICO

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACIÓN DE DONANTE.

N°	CPMS	PRE-QUIRÚRGICO - PACIENTE DONANTE	CANT	RRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS SANI.	GASTOS ADMIN.	COSTO TOTAL	COSTO TOTAL POR CANTIDAD
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	Atención Paciente En Hospitalización Certificada	1	151.33	2.75	122.23	0.81	47.22	19.42	314.03	298.03
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	99204	Consulta de Nefrología	1	18.61	0.00	0.79	0.10	1.94	1.29	18.69	43.73
3	99204	Consulta de Urología	1	18.67	0.00	0.79	0.10	1.46	1.24	18.40	38.97
4	99201	Consulta de Anestesiología	1	18.67	0.13	0.79	0.10	1.46	1.24	18.53	38.94
5	99207	Atención de Psicología (Salud Mental)	1	38.10	0.17	0.79	0.10	2.24	1.38	22.85	22.85
6	99210	Atención de Servicio Social	1	7.24	0.00	0.92	0.10	1.40	0.71	10.55	10.58
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	36571	Cateterismo de Catéter Venoso Central	1	8.67	0.00	0.99	0.06	0.47	0.61	7.27	14.54
8	36430	Transfusión de Sangre O Componentes Sanguíneos	1	18.09	0.00	0.99	0.05	1.03	1.31	15.23	30.47
9	[illegible]	[illegible]	1	18.09	0.13	0.79	0.10	1.46	1.44	18.83	18.83
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		INSUMOS									
10	82247	Bilirrubina Total y Fraccionada	1	1.63	0.00	3.69	0.54	0.87	0.96	6.94	15.93
11	82310	Dosaje de Calcio Total	1	1.63	0.00	3.24	0.54	0.80	0.97	6.04	18.13
12	[illegible]	Dosaje de Creatinina	1	1.63	0.00	1.90	0.54	0.74	0.98	5.80	16.81
13	[illegible]	Dosaje de Fosforo	1	1.63	0.00	3.23	0.54	0.82	0.99	6.11	18.88
14	[illegible]	Dosaje de Magnesio Serico	1	1.63	0.00	2.99	0.54	0.77	0.98	7.00	20.96

2° FASE: PRE QUIRÚRGICO

15	80051	Electrolitos Séricos (Na K Cl)	1	1.10	0.07	10.51	0.24	1.23	1.43	16.12	49.87
16	81009	Examen Citológico de Orina	1	1.19	0.17	1.98	0.54	0.73	0.98	5.11	19.99
17	84075	Fosfatasa Alcalina	1	1.19	0.07	2.21	0.65	0.80	0.12	5.03	20.09
18	82947	Glucosa de Glucosa / Sangre	1	1.19	0.07	1.98	0.54	0.74	0.48	5.00	19.81
19	84520	Nitrógeno Ureico Cuantitativo (Urea)	1	1.19	0.07	2.28	0.59	0.80	0.52	6.02	20.07
20	84155	Proteínas Totales y Fraccionadas	1	1.19	0.07	1.98	0.54	1.10	0.71	6.19	19.83
21	84450	TGO (Transaminasa Oxalacética)	1	1.19	0.07	1.35	0.54	0.73	0.49	5.07	17.90
22	84460	TGP (Transaminasa Pirúvica)	1	1.19	0.07	1.11	0.54	0.70	0.50	5.07	17.61
23	82803	Gases Arteriales y Ph	1	1.19	0.07	8.17	0.61	1.83	1.17	13.63	40.86
		HEMATOLOGIA									-
24	85027	Hemograma Automatizado	1	1.34	0.05	6.24	0.60	1.19	1.12	10.06	20.29
		HEMOSTASIA Y TROMBOSIS									-
25	85345	Tiempo de Coagulación	1	1.34	0.05	2.36	0.60	1.07	0.70	6.69	24.28
26	85610	Tiempo de Protrombina (TP)	1	1.34	0.05	1.93	0.60	1.06	1.09	12.54	17.61
27	85002	Tiempo de Sangría	1	1.34	0.05	2.41	0.60	1.07	0.69	6.01	24.08
28	85730	Tiempo de Tromboplastina Parcial (TTP)	1	1.34	0.05	1.93	0.60	1.06	1.08	12.54	17.61
		BANCO DE SANGRE									-
29	86890	Evaluación Clínica del Donante	1	6.11	0.05	0.02	0.60	1.04	0.68	7.87	15.77
30	86922	Prueba Cruzada Mayor	1	5.09	0.05	9.84	0.60	2.08	1.71	20.16	40.57
31	86850,04	Tamizaje pre Transfusión (10 pruebas)	1	6.94	0.05	71.91	0.60	11.23	8.56	99.61	199.22
32	37197	Bolsa Unidades de Sangre Cuarentena 6 ml/ml	1								-
		MICROBIOLOGIA									-
33	87087	Urocultivo y Antibiograma	1	6.17	0.04	14.04	0.60	1.50	2.11	26.55	50.91
		Radiología									-
34	71010	Radiografía de Tórax Frontal (1)	1	8.85	1.49	8.16	0.60	1.90	2.25	26.94	50.04
											1,666.84

000263

2ª FASE: PRE QUIRÚRGICO

N°	CÓD.	DESCRIPCIÓN	CANT.	PRECIO UNIT.	TOTAL	[illegible]
		TRATAMIENTO MEDICO PREQUIRÚRGICO				
1	10352	Apósito transparente adhesivo 5 x 7 cm	1	1.19	1.19	1.30
2	32596	Catéter endovenoso periférico 20 x 1 1/2	1	0.60	0.60	1.71
3	3685	Ceftriaxona 1g iny	1	0.95	0.95	1.95
4	3789	Dexametasona 5g/100ml (5%) [illegible]	1	2.80	2.80	5.00
5	2754	Diazepam 10mg tab	1	0.60	0.60	0.00
6	10809	Equipo de venoclisis unidad	1	0.60	1.00	1.00
7	33964	Esparadrapo hipoalergénico en papel 2.5 cm x 9.1 m	1	0.00	0.00	0.00
8	—	Ketorolaco 30	2	75.00	151.00	151.00
9	—	Jeringa desechable 1 ml con aguja 25 G x 5/8 unidad	1	0.15	0.15	0.27
10	11368	Jeringa desechable 10 ml con aguja 21 G x 1 1/2 unidad	1	0.30	0.42	0.41
11	11369	Jeringa desechable 20 ml con aguja 21 G x 1 1/2 unidad	1	0.37	0.54	0.54
12	11370	Jeringa desechable 5 ml con aguja 21 G x 1 1/2 unidad	1	0.17	0.29	0.34
13	30505	Línea de infusión con cámara para bomba de infusión unidad	1	33.00	33.00	33.00
14	4677	Metoclopramida 1g ampolla	1	0.70	1.10	1.30
15	31360	Omeprazol 20mg	1	0.05	0.15	0.25
16	3551	Paracetamol 10g/100ml (10%) 10 ml ampolla	1	0.55	1.15	1.13
17	3889	Sueros clorurado 10g/100ml (10%) 10 ml ampolla	1	0.90	1.40	1.40
18	3878	Sueros clorurado 900 mg/100 ml (0.9%) 1 L frasco	1	1.20	31.10	33.10
19	3878	Sueros clorurado 900 mg/100 ml (0.9%) 100ml bolsa tabla	1	1.04	4.00	6.10
20	3130	Sueros fosfato diácido sódico fosfato monobásico 1.08g/24.22g/L	1	1.00	31.10	33.10
21	33886	Suero vitalio c/a 8° x 5g/L unidad	1	0.80	1.12	1.12
					262.38	282.18

000267

3° Fase: Intraoperatorio

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACION DE RECEPTOR

N°	CODIGO INTERNO	CPMS	INTRAOPERATORIO - PACIENTE RECEPTOR	CANT	TIEMPO	TIEMPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS MENOR	COSTO TOTAL	COSTO TOTAL POR [illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	1	15.00	0.50	51.20	0.10	23.60	12.11	275.53	275.53
2	[illegible]	[illegible]	[illegible]	1	0.33	0.00	0.90	0.06	1.21	0.01	0.28	0.28
3	[illegible]	[illegible]	[illegible]	1	1.70	0.00	0.95	0.06	1.49	0.07	11.25	11.25
4	[illegible]	[illegible]	[illegible]	1	21.33	0.50	18.05	0.00	22.41	0.90	334.38	334.38
5	[illegible]	[illegible]	[illegible]	1	929.19	107.30	900.25	0.31	279.44	285.82	2.324.30	2.324.30
6	[illegible]	[illegible]	[illegible]	1	198.54	80.51	475.10	0.31	190.40	69.23	981.31	981.31
N°	CODIGO INTERNO	CPMS	[illegible]	CANT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
			BIOQUIMICA									
7	[illegible]	[illegible]	[illegible]	1	1.00	0.10	1.24	0.04	0.01	0.10	4.14	18.13
8	[illegible]	[illegible]	[illegible]	1	1.00	0.10	1.00	0.04	0.19	0.08	5.10	16.83
9	[illegible]	[illegible]	[illegible]	1	1.00	0.10	10.01	0.04	0.71	1.01	16.02	49.07
10	[illegible]	[illegible]	[illegible]	1	1.00	0.10	5.86	0.04	0.71	0.98	9.93	15.95
11	[illegible]	[illegible]	[illegible]	1	1.00	0.10	1.90	0.04	0.79	0.48	5.00	16.03
12	[illegible]	[illegible]	[illegible]	1	1.00	0.10	1.23	0.04	0.80	0.52	6.02	16.07
13	[illegible]	[illegible]	[illegible]	1	1.00	0.10	0.17	0.04	1.81	2.37	21.40	40.88
			HEMATOLOGIA									
14	[illegible]	[illegible]	[illegible]	1	0.33	0.03	0.34	0.00	1.72	2.12	11.06	33.19
			MICROBIOLOGIA									
15	[illegible]	[illegible]	[illegible]	1	0.37	0.04	14.04	0.00	1.08	2.10	21.93	31.87
16	[illegible]	[illegible]	[illegible]	1	1.03	0.01	0.73	0.00	0.01	0.10	1.28	1.28
17	[illegible]	[illegible]	[illegible]	1	1.03	0.01	1.17	0.00	0.11	0.01	1.88	1.88
												[illegible]

192000

3° Fase: Intraoperatorio

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

000260

3° Fase: Intraoperatorio

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE – EVALUACIÓN DE DONANTE

Nº	CÓDIGO INTERNO	CPMS	INTRAOPERATORIO - PACIENTE DONANTE	CANT.	PRIMA	EQUIPO	INSUMOS	OPERADOR	GASTOS RIGIDOS	GASTOS VARIOS	COSTO TOTAL	COSTO TOTAL POR CANTIDAD
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	1	75.00	0.07	51.28	5.13	23.44	13.12	170.04	170.04
2	[illegible]	[illegible]	[illegible]	1	0.02	0.00	0.05	0.00	1.79	0.01	1.87	1.87
3	[illegible]	[illegible]	[illegible]	1	7.78	0.00	0.05	0.00	1.49	0.07	10.39	10.39
4	[illegible]	[illegible]	[illegible]	1	70.00	0.00	10.00	0.00	35.00	3.00	118.00	118.00
5	[illegible]	[illegible]	[illegible]	1	870.00	80.00	875.00	0.00	556.38	146.42	2,526.74	2,526.74
Nº	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
			BIOQUIMICA									
6	202.10.008	83100	Glucosa en Sangre Total	1	1.00	0.00	2.24	0.04	0.00	0.57	3.84	10.11
7	202.10.018	83935	Glucosa en Orina/Deposiciones	1	1.00	0.00	1.00	0.04	0.14	0.49	1.68	10.82
8	202.10.022	80051	Electrolitos Séricos (Na K Cl)	1	1.00	0.00	12.11	0.04	2.21	1.41	16.67	49.87
9	202.10.009	81003	Examen Completo de Orina	1	1.00	0.07	1.00	0.04	0.71	0.40	3.22	15.98
10	202.10.031	83540	Creatinina en Sangre/Suero	1	1.00	0.00	1.00	0.04	0.34	0.49	3.08	10.81
11	202.10.047	84100	Nitrógeno ureico (Urea)	1	1.00	0.00	2.00	0.04	0.80	0.57	4.41	16.07
12	202.10.008	82803	Gases Arteriales y pH	1	1.00	0.00	8.17	0.04	4.81	1.19	15.42	40.88
			HEMATOLOGIA									
13	202.05.010	85027	Hemograma Automatizado	1	1.00	0.00	6.24	0.00	1.71	1.13	10.08	30.19
			MICROBIOLOGIA									
14	202.40.010	87081	Urocultivo y Antibiograma	1	6.17	0.04	14.64	0.00	3.51	2.01	26.37	51.87
15	202.40.019	87086	Cultivo de Sangre (Hemocultivo) Aerobio y/o	1	1.00	0.00	0.70	0.00	0.43	0.28	2.41	2.41
16	[illegible]	87070	Cultivo Exámen de Secreciones (Uro, oral, nasal, ótica, vaginal, anal)	1	1.00	0.00	1.17	0.00	0.51	0.18	2.86	2.86
												1,980.47

000259

3ª Fase: Intraoperatorio

Nº	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
17	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
18	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
19	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
20	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
						[illegible]

0002538

3° Fase: Intraoperatorio

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE – EVALUACIÓN DE BANCO

N°	CÓDIGO INTERNO	CPMS	INTRAOPERATORIO – PACIENTE AMBULATORIO	CANT	RBMN	EQUIPO	INSUMOS	DEPRECIACIÓN	GASTOS GENERALES	GASTOS ADMINISTRATIVOS	COSTO TOTAL	COSTO TOTAL POR UNIDADES
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	1	171,71	4,19	[illegible]	0,31	[illegible]	[illegible]	[illegible]	[illegible]
												[illegible]

N	CÓDIGO INTERNO	CPMS	[illegible]	CANT	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	4	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
						[illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

000257

FASE IV: COSTO UCI - HOSPITALIZACION

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR

N°	CPMS	PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR	CANT	HRHH	EQUIPO	INSUMOS	SERVICIOS	GASTOS GENL	GASTOS ADMIN	COSTO TOTAL	[illegible]	COSTO TOTAL POR CADA UNO
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	Manejo de Hospitalización en UCI - Día paciente	1	[illegible]	23.38	[illegible]	0.31	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	Evaluación de Nefrología - Trasplante	1	[illegible]	0.09	0.70	0.10	1.94	1.25	14.38	13.00	15.88
3	[illegible]	Evaluación de Cardiología - Trasplante	10	[illegible]	0.09	0.70	0.10	2.46	1.55	18.49	13.51	184.88
4	[illegible]	Atención de Psicología (Salud Mental)	2	[illegible]	0.17	0.70	0.10	1.84	1.94	13.84	16.87	45.71
5	[illegible]	Atención de Servicio Social	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	Ecografía de hernias grandes, más de 10 cm	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	Evaluación o Retiro de Dren Tallador	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	Retiro de Catéter	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		INSUMOS										
9	[illegible]	Banco de Sangre Total	10	1.83	0.00	1.28	0.34	0.00	0.52	3.84	1.93	42.17
10	[illegible]	Banco de Criopresos	10	1.83	0.00	1.90	0.34	0.74	0.88	5.40	1.93	56.40
11	[illegible]	Transfusión de Criopresos	1	1.83	0.27	1.73	0.34	0.67	0.44	5.48	1.93	61.14
12	[illegible]	Banco de Plaquetas	10	1.83	0.00	1.00	0.34	0.83	0.53	6.13	1.93	63.93
13	[illegible]	Banco de Glóbulos Rojos	10	1.83	0.00	2.08	0.34	0.88	0.86	7.00	1.93	69.97
14	[illegible]	Electrolitos Iónicos (NA K CL)	10	1.83	0.00	10.33	0.34	3.21	1.43	16.83	1.93	165.33
15	[illegible]	Plasma Congelado de Fresco	1	1.83	0.12	1.28	0.34	0.71	0.44	3.82	1.75	65.58
16	[illegible]	Banco de Glóbulos / Gasal	1	1.83	0.00	1.90	0.34	0.74	0.88	5.40	1.93	65.22

FASE IV: COSTO UCI – HOSPITALIZACION

17	[illegible]	[illegible]	10	1.03	0.00	2.23	0.54	0.00	0.53	6.03	1.00	60.23
18	[illegible]	Proteínas Totales y Fraccionadas	1	1.03	0.00	3.09	0.54	1.10	0.71	5.28	1.01	16.11
19	[illegible]	Fosfatasa de 24 horas	1	1.03	0.00	3.08	0.54	0.99	0.66	7.48	1.00	18.95
20	[illegible]	[illegible]	1	1.03	0.00	1.05	0.54	0.75	0.49	5.07	1.00	11.19
21	[illegible]	[illegible]	1	1.03	0.00	1.11	0.54	0.78	0.00	5.07	1.00	11.34
22	[illegible]	Gases Arteriales y PH	10	1.03	0.00	0.17	0.54	1.05	1.57	10.08	1.00	106.00
23	[illegible]	[illegible]	1	1.03	0.00	10.22	0.09	2.27	1.39	20.07	1.00	41.05
		HEMATOLOGIA										
24	[illegible]	Hemograma Automatizado	4	1.03	0.00	0.26	0.08	1.75	1.12	15.00	1.00	117.00
		HEMOSTASIA Y TROMBOSIS										
25	[illegible]	Tiempo de Protrombina (TP)	1	1.04	0.01	1.05	0.09	1.00	1.00	12.24	1.00	25.07
26	[illegible]	Tiempo de Tromboplastina Parcial (TPT)	1	1.04	0.01	1.05	0.08	1.00	1.00	12.24	1.00	25.07
		MICROBIOLOGIA										
27	[illegible]	Coloración a Gram	1	1.17	0.01	14.16	0.08	1.10	1.11	20.00	1.00	55.07
28	[illegible]	Cultivo de Sangre (Aerobios/Anaerobios) hemocultivo	1	1.03	0.01	0.70	0.00	0.11	0.20	3.00	1.00	6.03
29	[illegible]	Otros Cultivos de Secreciones (oral, nasal, ótica, ocular)	1	1.03	0.01	1.17	0.09	0.11	0.20	3.00	1.00	6.46
		RADIODIAGNOSTICO										
30	[illegible]	Radiografía de Tórax (AP/L)	1	0.01	0.00	9.00	0.00	1.00	1.00	20.00	11.41	20.00
31	[illegible]	Ecografía Abdominal Completa	1	10.01	0.01	1.11	0.00	1.00	1.00	20.00	21.00	20.00
32	[illegible]	Ecografía de Riñones	1	10.13	0.00	1.11	0.09	0.00	1.00	20.00	10.00	32.00
33	[illegible]	Ecografía de Mama y Partes Blandas	1	12.07	0.07	1.11	0.09	0.00	1.00	20.00	16.00	46.00
34	[illegible]	Ecografía Renal Doppler En El Adulto Trasplantado	1	12.14	0.00	1.11	0.00	0.00	1.00	40.41	11.41	60.00
												8,199.17

N°	CPMS	Descripción de Insumos / Procedimiento Quirúrgico	Cant.	Costo Unitario	Costo Total	Resolución D.G. Aprobatoria	
		ANALGESICOS					
1	[illegible]	Dosage on Tylenol	2	108.00	216.00	R.D. N°[illegible]/2016/[illegible]	
		PANALIMENTOS					
2	[illegible]	[illegible]	0	[illegible]	-	R.D. N°[illegible]/2016/[illegible]	
					2,26.00		

-
216.00
-
-
216.00

FASE IV: COSTO UCI - HOSPITALIZACION

			TRATAMIENTO MEDICO PROGRAMADO				
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
12	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
13	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
14	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
15	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
16	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
17	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
18	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
19	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
20	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
21	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
22	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
23	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
24	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
25	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
26	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
27	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
28	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
29	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
30	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
31	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
32	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
33	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
					[illegible]		[illegible]

FASE IV: COSTO UCI - HOSPITALIZACION

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE : EVALUACIÓN DE DONANTE

N°	CPMS	POST INMEDIATO DONANTE	CANT	HONO	EQUIPO	INSUMOS	MEDICAS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	[illegible]	COSTO TOTAL POR
IV	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	4	994.17	11.00	19.00	0.21	117.77	106.11	1,248.28	997.11	997.11
2	[illegible]	[illegible]	1	111.11	2.74	112.00	0.11	41.62	33.41	446.03	114.87	1,875.98
III	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	4	11.47	0.05	0.79	0.10	2.58	1.58	18.08	19.11	106.42
4	[illegible]	[illegible]	3	10.80	0.17	0.79	0.10	2.84	1.96	15.86	16.97	50.91
5	[illegible]	[illegible]	2	7.25	0.05	0.82	0.10	1.48	0.91	10.58	7.15	14.31
II	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	4	21.49	0.01	1.00	0.09	4.68	1.03	28.27	33.00	302.00
8	[illegible]	[illegible]	1	12.09	0.19	0.79	0.10	2.59	1.02	16.81	19.01	21.00
I	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		BIOQUIMICA										
9	[illegible]	Urocultivo	1	3.63	0.18	1.96	0.14	0.74	0.48	5.68	1.00	5.79
10	[illegible]	Uroanalisis Tercera (UA C.C.)	1	3.63	0.09	10.53	0.14	2.21	1.43	16.42	1.48	5.79
11	[illegible]	Examen Completo de Orina	1	3.63	0.12	1.08	0.13	0.71	0.48	5.82	1.75	5.79
12	[illegible]	Orina de 24 horas / Basal	1	3.63	0.13	1.82	0.13	0.79	0.48	6.96	1.95	15.00
13	[illegible]	Hemogramo crítico cuantitativo [basal]	1	3.63	0.13	2.23	0.13	0.80	0.51	6.82	1.95	5.79
		HEMATOLOGIA										
14	[illegible]	Hemograma Reticulocitos	1	3.94	0.01	0.34	0.03	1.71	1.11	13.96	3.06	7.00
		HEMOSTASIA Y TROMBOSIS										
15	[illegible]	Tiempo de Protrombina (TP)	1	3.94	0.01	5.83	0.03	1.66	1.06	12.54	3.06	3.06
16	[illegible]	Tiempo de Tromboplastina Parcial (TTP)	1	3.94	0.01	5.83	0.03	1.66	1.06	12.54	3.06	3.06
		INMUNOLOGIA										
[illegible]	[illegible]	Lipocultivo y Antibiograma	1	6.67	0.03	18.63	0.03	5.58	3.31	36.31	8.40	12.00
		RADIODIAGNOSTICO										
[illegible]	[illegible]	Ecografía Abdominal Completa	1	38.09	5.01	3.23	0.00	4.46	3.31	[illegible]	11.01	11.01
												3,441.38

FASE IV: COSTO UCI - HOSPITALIZACION

			TRATAMIENTO BASICO PACIENTE			
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
12	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
13	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
14	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
15	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
16	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
17	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
18	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
19	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
20	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
					SUB TOTAL	SUB TOTAL

000252

FASE V: POST HOSPITALIZACION

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR

Nº	CPMS	PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR	CANT	[illegible]	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL POR CANTIDAD
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	99211	Atención Paciente Día Hospitalización Continuada	1	155.38	2.51	153.38	0.31	47.02	16.42	354.02	2,478.11
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	99204	Evaluacion de Nefrologia - Trasplante	1	38.91	0.89	0.79	0.10	1.94	1.35	14.38	102.69
3	99204	Evaluacion de Urologia - Trasplante	1	13.67	0.89	0.79	0.10	1.48	1.19	18.49	129.43
4	99407	Atención de Psicologia (Salud Mental)	1	36.83	0.17	0.79	0.10	3.36	1.96	22.81	68.37
5	99242	Atencion de Geriatria Social	1	7.19	0.81	0.82	0.10	1.48	0.91	10.50	31.47
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	99406	Psicoterapia individual	1	13.69	0.14	0.79	0.10	2.50	1.67	18.83	56.50
7	15880	Extracción de fondos grandes, mas de 10 (ms)	1	25.49	0.01	3.03	0.00	4.08	3.03	35.27	105.82
8	15819	Retiro de Catater	1	18.46	0.00	3.03	0.00	3.44	2.31	25.87	77.61
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		INOGANICA									
9	82247	Bilirrubina Total y Fraccionada	1	1.63	0.10	3.64	0.54	0.87	0.50	6.89	13.07
10	82310	Dosaje de Calcio Total	1	1.43	0.10	3.24	0.54	0.80	0.32	6.34	41.26
11	82565	Dosaje de Creatinina	1	1.63	0.10	3.90	0.54	0.79	0.40	5.90	35.22
12	82570	Depuración de Creatinina	1	1.63	0.07	3.79	0.54	0.67	0.44	5.98	35.18
13	84132	Dosaje de Cloruro	1	1.63	0.10	3.83	0.54	0.82	0.32	6.23	43.07
14	83735	Dosaje de Magnesio Sérico	1	1.63	0.10	3.99	0.54	0.93	0.60	7.38	48.38

000251

FASE V: POST HOSPITALIZACION

15	82951	Electrolitos Séricos (NA K CL)	1	1.43	0.20	10.01	0.54	3.21	1.45	18.02	115.96
16	85000	Examen Completo de Orina	1	1.43	0.12	1.86	0.54	0.71	0.46	5.02	15.85
17	82947	Dosaje de Glucosa / Basal	1	1.43	0.16	1.90	0.54	0.74	0.49	5.60	10.22
18	84520	Nitrógeno ureico, cuantitativo (urea)	1	1.43	0.14	3.21	0.54	0.63	0.52	6.07	42.17
19	84155	Proteínas Totales y Fraccionadas	1	1.43	0.19	3.99	0.54	1.19	0.71	8.28	16.16
20	84180	Proteínas x 24 horas	1	1.43	0.01	3.64	0.54	0.69	0.64	7.48	14.96
21	84450	TGO (Transaminasa Oxalacética)	1	1.43	0.18	3.86	0.54	0.75	0.49	5.67	11.33
22	84460	TGP (Transaminasa Pirúvica)	1	1.43	0.19	3.11	0.54	0.78	0.50	5.87	11.74
23	82803	Gases Arteriales y PH	1	1.43	0.59	9.17	0.54	1.61	1.17	13.63	90.38
24	84075	Fosfatasa Alcalina	1	1.43	0.19	3.21	0.54	0.80	0.43	6.00	12.00
25	82310.01	Calcio de 24 horas	1	1.43	0.03	1.09	0.08	1.19	0.77	6.06	12.12
26	84600.01	Acido Úrico en Orina 24 Horas	1	1.43	0.03	0.99	0.08	1.17	0.76	6.02	12.04
27	82803	Colesterol Total	1	1.43	0.10	3.07	0.54	0.77	0.38	6.03	5.02
28	84478	Triglicéridos	1	1.43	0.10	3.39	0.54	0.85	0.54	6.71	6.71
		HEMATOLOGIA									
29	85027	Hemograma Automatizado	8	8.04	0.03	6.24	0.03	1.75	1.32	13.00	117.56
		HEMOSTASIA Y TROMBOSIS									
30	85610	Tiempo de Protrombina (TP)	1	0.94	0.03	5.03	0.03	1.08	1.08	12.54	25.07
31	85730	Tiempo de Tromboplastina Parcial (TPT)	1	0.94	0.03	5.03	0.03	1.08	1.08	12.54	25.07
		MICROBIOLOGIA									
32	87087	Urocultivo y Antibiograma	1	6.17	0.04	16.69	0.03	3.38	2.31	28.59	86.91
33	87040	Cultivo de Sangre (hemocultivo) Antibiograma	1	1.43	0.01	0.70	0.00	0.43	0.33	3.31	6.62
		RADIODIAGNOSTICO									
34	71020	Radiografía de Tórax Frontal (1)	1	9.97	2.49	9.16	0.00	1.50	1.26	24.34	36.34
35	70150	Fotografía Mandibular Completa	1	16.62	3.41	3.41	0.00	0.91	1.03	25.03	25.03
36	70170.01	Fotografía de Riñones	1	14.39	4.03	1.19	0.00	1.43	1.43	23.00	23.00
37	70300	Fotografía de Vesícula y Vías Biliares	1	12.97	3.87	3.32	0.00	1.00	1.00	23.24	46.48
38	[illegible]	Fotografía Renal Y Doppler En El Niño o Trasplantado	1	33.14	4.68	1.16	0.00	1.63	3.64	42.41	84.82
											4,248.34

FASE V: POST HOSPITALIZACION

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TRATAMIENTO MEDICO PROGRAMADO						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
					[illegible]	[illegible]

002249

6ª Fase: Tratamiento Ambulatorio (1 Año)

MATRIZ DE PROCEDIMIENTOS PRE TRASPLANTE - EVALUACIÓN DE RECEPTOR

Nº	CPMS	TRATAMIENTO AMBULATORIO (1 Año) - RECEPTOR	CANT	HORA	EQUIPO	INSUMOS	SERVICIOS	GASTOS GRAL	GASTOS ADMIN	COSTO TOTAL	COSTO TOTAL POR CRITERIO
Nº	CPMS	V. Anestesia	Cant	Hora	Equipo	Insumos	Servicios	Gastos Gral	Gastos Admin	Costo Total	Costo Total
1	99204	Consulta de Anestesiología	1	10.47	0.13	0.79	0.43	1.46	1.19	16.14	87.97
2	99204	Consulta de Hematología	24	10.41	0.09	0.79	0.13	1.44	1.15	14.14	339.38
3	99204	Consulta de Urología	8	10.47	0.09	0.79	0.13	2.46	1.39	16.49	131.93
4	99204	Consulta de Cirugía	8	10.41	0.07	0.79	0.13	1.44	1.15	14.13	97.30
5	99207	Atención de Fisioterapia (Salud Mental)	12	16.83	0.17	0.79	0.13	2.88	1.44	22.44	174.28
6	99218	Atención de Servicio Social	24	7.79	0.01	0.01	0.13	1.43	0.21	10.16	232.19
Nº	CPMS	[illegible]	Cant	Hora	Equipo	Insumos	Servicios	Gastos Gral	Gastos Admin	Costo Total	Costo Total
7	90806	Psicoterapia individual	1	15.69	0.18	0.79	0.10	2.50	1.87	18.83	113.00
8	90785	Terapia de [illegible] conductual con [illegible]	1	191.45	12.17	16.61	0.03	51.09	33.25	268.67	268.67
Nº	CPMS	[illegible]	Cant	Hora	Equipo	Insumos	Servicios	Gastos Gral	Gastos Admin	Costo Total	Costo Total
		BIOQUIMICA									
10	82247	Bilirrubina Total y Fraccionada	24	1.82	0.38	3.80	0.54	0.87	0.56	5.56	133.44
11	82310	Dosaje de Calcio Total	24	1.82	0.38	3.24	0.54	0.80	0.52	5.04	120.97
12	82565	Dosaje de Creatinina	24	1.82	0.38	3.90	0.54	0.74	0.48	5.60	134.41
13	82570	Depuración de Creatinina	24	1.82	0.37	3.71	0.54	0.67	0.44	5.28	126.85
14	84100	Dosaje de Fosforo	24	1.84	0.39	3.33	0.54	0.61	0.53	5.35	128.40
15	83735	Dosaje de Magnesio Sérico	24	1.82	0.39	3.99	0.54	0.55	0.60	7.00	167.94
16	[illegible]	Electrolitos Séricos (Na K Cl)	24	1.84	0.39	10.51	0.54	1.71	1.49	16.60	398.55

6ª Fase: Tratamiento Ambulatorio (1 Año)

17	[illegible]	Examen Completo de Orina	[illegible]	1.68	0.12	1.80	0.14	0.72	0.46	3.12	127.07
18	[illegible]	Dosaje de Glucosa / Basal	[illegible]	1.85	0.10	1.90	0.14	0.74	0.48	3.03	124.02
19	[illegible]	Hemograma [illegible] [illegible]	[illegible]	1.68	0.00	2.23	0.14	0.80	0.52	4.27	144.98
20	[illegible]	Proteínas Totales y Fraccionadas	[illegible]	1.63	0.00	3.08	0.14	1.10	0.71	6.24	186.66
21	[illegible]	Perfil de 24 horas	[illegible]	1.68	0.03	3.84	0.14	0.88	0.44	7.40	194.19
22	[illegible]	TGO (Transaminasa Glutámica)	[illegible]	1.63	0.00	1.95	0.14	0.75	0.48	3.67	84.00
23	[illegible]	TGP (Transaminasa Pirúvica)	[illegible]	1.63	0.00	3.11	0.14	0.78	0.50	5.67	95.19
24	[illegible]	Sales Minerales y Ph	[illegible]	1.63	0.00	8.17	0.14	1.83	1.17	13.83	323.07
25	[illegible]	Fosfatasa Alcalina	[illegible]	1.68	0.00	2.71	0.14	0.88	0.57	4.20	141.07
26	[illegible]	Calcio de 24 horas	[illegible]	1.52	0.03	1.03	0.00	1.18	0.77	3.86	58.76
27	[illegible]	Acido Úrico en Orina 24 horas	[illegible]	1.52	0.03	0.94	0.00	1.17	0.76	3.87	52.92
28	[illegible]	Colesterol Total	[illegible]	1.63	0.00	2.07	0.14	0.77	0.50	5.02	109.67
29	[illegible]	Triglicéridos	[illegible]	1.63	0.10	2.19	0.14	0.83	0.54	6.23	108.18
30	[illegible]	[illegible]	[illegible]	1.76	0.06	16.19	0.14	3.36	2.31	23.82	53.69
		HEMATOLOGIA									
31	[illegible]	Hemograma Automatizado	[illegible]	1.84	0.03	6.24	0.00	1.75	1.13	13.04	117.53
		HEMOSTASIA Y TROMBOSIS									
32	[illegible]	Tiempo de Protrombina (TP)	[illegible]	1.84	0.03	1.83	0.00	1.00	1.00	12.54	35.07
33	[illegible]	Tiempo de Tromboplastina Parcial (PTT)	[illegible]	1.84	0.03	1.83	0.00	1.00	1.00	12.54	35.07
		MICROBIOLOGIA									
34	[illegible]	Urocultivo y Antibiograma	[illegible]	6.37	0.03	14.64	0.00	3.28	2.21	26.93	333.21
		RADIODIAGNOSTICO									
35	[illegible]	Radiografía de Tórax Frontal (1)	[illegible]	6.32	3.63	9.26	0.00	2.20	1.20	26.24	325.21
36	[illegible]	Ecografía Abdominal Completa	[illegible]	16.82	9.81	3.43	0.00	1.90	1.13	29.13	188.13
37	[illegible]	Ecografía de Riñones	[illegible]	14.29	9.61	3.42	0.00	1.42	1.22	28.00	185.79
38	[illegible]	Ecografía de Vesícula y Vías Biliares	[illegible]	13.87	9.87	3.31	0.00	1.69	1.00	23.24	139.44
39	[illegible]	Ecografía Renal Y Doppler En El Riñón Transplantado	[illegible]	23.24	9.69	3.81	0.00	3.63	2.04	42.41	254.48
40	[illegible]	Urotomografía Retrógrada	[illegible]	15.38	19.13	13.47	0.00	7.41	4.49	60.08	56.08
											3,301.87

6° Fase: Tratamiento Ambulatorio (1 Año)

N°	CPMS	Procedimiento de Salud Requerido	Cant.	Precio Unitario	Total	Total
		ANATOMIA PATOLOGICA				
1	[illegible]	Consulta profesional e informe sobre una muestra referida, proporcionado en	1	[illegible]	[illegible]	[illegible]
2	[illegible]	Placa Cualitativa Pequeña (<0.5cm, biopsia gástrica, duodenal, colon) Nivel I	1	[illegible]	[illegible]	[illegible]
3	[illegible]	Mielotanogía electrónica, diagnóstica - Punto Menor	1	[illegible]	[illegible]	[illegible]
4	[illegible]	Citoquímicas, líquidos, lavados o cepillados, entrevistas con interpretación	12	[illegible]	[illegible]	[illegible]
		Inmunohistoquímica				
5	[illegible]	Inmunohistoquímica (incluye inmunohistoquímica), cada anti	1	[illegible]	[illegible]	[illegible]
6	[illegible]	Estudio de inmunofluorescencia, cada anticuerpo, realizado en	1	[illegible]	[illegible]	[illegible]
		HEMOGRAMA				
7	[illegible]	Dosaje de Tacrolimus	1	[illegible]	[illegible]	[illegible]
8	[illegible]	Vitamina D (25-OH Vitamina D)	1		-	-
		PANCITOPENIA				
9	[illegible]	DOSAJE DE INTERFERON-γ (IFN-γ) MICOBACTERIA	1	[illegible]		-
		BIOLOGIA MOLECULAR				
10	[illegible]	Carga Viral de Citomegalovirus (CMV) - PCR en Tiempo Real	1	[illegible]	[illegible]	[illegible]
11	[illegible]	Carga Viral de Epstein Barr Virus (EBV) - PCR en Tiempo Real	1	[illegible]	[illegible]	[illegible]
12	[illegible]	Carga Viral de Parvovirus (PBV) - PCR en Tiempo Real	1	[illegible]	[illegible]	[illegible]
					2,317.00	2,317.00

042000

6° Fase: Tratamiento Ambulatorio (1 Año)

			TRATAMIENTO METABOLICO PREQUIRURGICO				
1	[illegible]	[illegible]	Acido Folico 5[illegible] Mg (0.5 Mg) Tab	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	Amitriptina (Clorhidrato) 10 Mg Tab	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	Paracetamol 500 Mg Tab	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	Metilprednisolona Meferina 250 Mg Iny	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	Prednisona 5 Mg Tab	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	Prednisona 20 Mg Tab	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	Sertralina (Cloruro Clorhidrato) 100 Mg Tab	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	Sulfametoxazol + Trimetoprima 800 Mg + 160 Mg Tab	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	Tacrolimus 1 Mg Cap	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	Ranitidina 150 mg Tableta	[illegible]	[illegible]	[illegible]	[illegible]
							17,394.37

			[illegible]				
			TRATAMIENTO METABOLICO PREQUIRURGICO				
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
12	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
13	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
14	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

6° Fase: Tratamiento Ambulatorio (1 Año)

15	[illegible]	[illegible]	Jeringa Desechable 20 ml Con Aguja [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
16	[illegible]	[illegible]	Jeringa Desechable 20 ml Con Aguja [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
17	[illegible]	–	Manguera Desechable [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
18	[illegible]	–	Mascarilla Desechable Quirúrgica [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
19	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
20	[illegible]	[illegible]	Sedile Clorfen [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
21	[illegible]	[illegible]	Sedile Clorfen [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
22			Plasma fresco congelado	[illegible]		–	–
23	–		Inmunoglobulina humana normal 5g	[illegible]	[illegible]	[illegible]	[illegible]
24	–		TAREG DROLUNA CONEAC 25 MG	[illegible]	[illegible]	[illegible]	[illegible]
25	–		TAREG DROLUNA CANALIS 150 MG	[illegible]	[illegible]	[illegible]	[illegible]
						[illegible]	[illegible]

[illegible]

Indice de Estudios de Costos Realizados

	CPMS	ANESTESIOLOGIA
1	1878	Anestesia General Endovenosa con Intubación
	CPMS	CONSULTA EXTERNA
2	99207	Consulta de Emergencia (Salud Mental)
3	99210	Consulta en Atención Inicial
4	99208	Consulta en Pediatría
5	99204	Consulta en Anatomía Patológica
6	99204	Consulta en Cardiología
7	99204	Consulta en Cirugía
8	99204	Consulta en Gastroenterología
9	99204	Consulta de Ginecología
10	99204	Consulta de Hematología
11	99204	Consulta de Nefrología
12	99204	Consulta de Neurología
13	99204	Consulta de Oftalmología
14	99204	Consulta de Otorrinolaringología
15	99204	Consulta de Urología
16	90170	Consulta odontológica especializada
17	99204	Evaluación de Nefrología - Trasplante
18	99204	Evaluación de Urología - Trasplante
19	99024	Fonoterapia individual
	CPMS	ENFERMERIA
20	96200	Dosis oral (pastillas, sin inhalar o aplicar
21	36573	Colocación de Catéter Venoso Central
22	51701	Colocación de Sonda Foley
23	50021	Colocación o Retiro de Drenaje Torácico
24	15980	Curación de heridas quirúrgicas, más de 15 cms
25	36592	Extracción de sangre usando un catéter venoso periférico o central colocado previamente
26	96416	Monitoreo Intravenoso/Transfusión EV - DR Rescate
27	19499	Retiro de Catéter
	CPMS	CIRUGIA
28	58300	Histerosalpingografía simple, por inyecta radiofármaco en cavidad u
29	58120	Histerectomía en Cirugía Abd
30	58120	Preparación Paciente Del Injerto Biopsiflor De Riñón De Donante Vivo Antes Del Trasplante
31	58260	Histerosalpingectomía parcial (una o ambas trompas de Falopio y/o ovarios)
	CPMS	HOSPITALIZACION
32	99251	Atención de Hospitalización en UCI - día adicional
33	99231	Atención Paciente Día Hospitalización Subsequente
	CPMS	PROCEDIMIENTOS DIAGNOSTICO
34	93307	Ecocardiograma (M) y Bidimensional
35	93000	Electrocardiograma
36	84310	Espirometría
37	43239	Biopsia Endoscopia Digestiva Alta Diagnostica
	CPMS	BIOQUIMICA
38	84500	Acido Úrico
39	84060.01	Acido Úrico en Orina 24 Horas
40	83247	Bilirrubina Total y Fraccionada
41	82310.01	Calcio de 24 Horas
42	83718	Colesterol HDL
43	83721	Colesterol LDL
44	82465	Colesterol Total
45	83719	Colesterol VLDL
46	86160	Complemento C3
47	86161	Complemento C4

40	82575	Osteocalcina de Orina
41	82310	Calcio de Calcio Total
42	82565	Calcio de Creatinina
43	84183	Calcio de Fosfatos
44	82947	Glucosa en Glucosa / Sangre
45	83735	Glucosa de Magnesio Sérico
46	78959	Gammagrafía Renal con Radiofármaco
47	80051	Electrolitos Séricos (Na K Cl)
48	81003	Examen Completo de Orina
49	84078	Fosfatasa Alcalina
50	83883	Ácido Úrico en Orina
51	83036	Hemoglobina Glicosilada
52	82943	Microalbuminuria
53	84520	Nitrógeno ureico cuantitativo (UNA)
54	84155	Proteínas Totales y Fraccionadas
55	84165	Proteínas de 24 horas
56	84466	Saturación de transferrina
57	84450	TGO (Transaminasa Glutámica)
58	84460	TGP (Transaminasa Pirúvica)
59	84478	Triglicéridos
	CPMS	HEMATOLOGÍA
60	85060	Frotis de Sangre Periférica
61	85027	Hemograma Automatizado
	CPMS	HEMOSTASIA Y TROMBOSIS
62	85390.01	Anticoagulante Lúpico
63	85345	Tiempo de Coagulación
64	85610	Tiempo de Protrombina (TP)
65	85660	Tiempo de Sangría
66	85730	Tiempo de Tromboplastina Parcial (TTP)
	CPMS	INMUNOSEROLOGÍA
67	86038	Ac. Antinucleares
68	86000	Aglutinaciones
69	86021	MRA (Ac. Anti Hipérmicos)
70	86704	Anti Ag HB s Total
71	86708	Ac. VHA IgG
72	86803	Ac. VHC (Hepatitis C)
73	86147	Anticuerpos IgG
74	86147.01	Anticuerpos IgM
75	86777	Anticuerpos Contra Toxoplasma IgG
76	86778	Anticuerpos Contra Toxoplasma IgM
77	84152	Antígeno Prostático específico (PSA)
78	87449	Chagas Anticuerpos
79	86644	Chikungunya IgG, Anticuerpos
80	86645	Chikungunya IgM, Anticuerpos
81	86701	Detección de anticuerpos para HIV-1 / HIV-2
82	86687	Detección de anticuerpos para HTLV-I-II
83	87070	COCULTIVO DE INVASTOCTONOM (HONGOS PARTICULIGEN)
84	87328	Criptosporidium
85	86706	Hepatitis B HBS AC Anticuerpos Anti Antígeno de Superficie
86	87340	Hepatitis B HBSAG Antígeno Australiano
87	86709	Hepatitis A Anticuerpos (HBCAB) IGM
88	86695	Herpes 1 IGG
89	86695.01	Herpes 1 IGM
90	86696	Herpes 2 IGG
91	86696.01	Herpes 2 IGM
92	86762	Rubéola IGG
93	86762.01	Rubéola IGM

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[illegible]	[illegible]	[illegible]
	CPMS	MICROBIOLOGIA
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
	CPMS	BANCO DE SANGRE
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
	CPMS	DIAGNOSTICO POR IMAGENES - ECOGRAFIAS
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
	CPMS	DIAGNOSTICO POR IMAGENES - RADIOGRAFIA
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Renglón (a)	Rubro Unidad	Jornal Nominal en Salarios Mínimos ($)	Jornal Con Prestaciones Salarios Mínimos ($)	Jornada Laboral en Minutos ($)	Costo Minutos por Minuto del Rubro ($)	Tiempo Estándar del Procedimiento Medido (c)	Costo por Rubro Humano ($)
	[illegible]						[illegible]
	1° Nutrición - Preparación y Registro de Pacientes						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	2° Nutrición - Preparación de Sala de Operaciones y Equipo Médico						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3° Nutrición - Evaluación de Riesgo Quirúrgico						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	4° Nutrición - Preparación de Equipo - Instrumental - Medicamentos - Drogas Anestésicas						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	5° Actividad: Monitoreo Hemodinámico (ECG) CONTROL PRECOZ (Intraoperatorio)						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	6° Actividad: Colocación de Vías Endovenosas Periféricas						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	7° Actividad: Inducción Anestésica						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	8° Actividad: Intubación Endotraqueal y posición de [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	9° Actividad: Mantenimiento de Anestesia durante la Cirugía						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	10° Actividad: Registro de Información e Registro Final						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	11° Actividad: Extubación						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	12° Actividad: Escalfamiento para el Traslado a Sala de Recuperación						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	13° Actividad: Traslado de paciente a Sala de Recuperación						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Costos Indirectos	Insumos, Medicamentos, Instrumental e Infraestructura		Precio de Compra ($)	Tiempo de Depreciación (Años)	Tiempo de uso (Minutos)	Depreciación por Minuto (c / t)	Costo por Procedimiento
	[illegible]						[illegible]
	Insumos						
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	1	[illegible]	0	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	[illegible]		[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	0		[illegible]	
[illegible]	[illegible]	1	[illegible]	0		[illegible]	
[illegible]	[illegible]	1	[illegible]	0	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
Código (CUM, NNE)	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**	**[illegible]**
	[illegible]						[illegible]
	[illegible]						
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	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
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	[illegible]						
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	[illegible]						
		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]						
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	[illegible]						
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	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]						
	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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	[illegible]	[illegible]					
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	[illegible]						[illegible]

DIRIGIR
DIRECTORA DE
PLANEAMIENTO
00[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: Atención de Fisioterapia (Salud Mental)

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

Nº de Actividad (A)	Descripción	Cantidad Promedio por Recurso Humano (C)	Salario Por Hora Promedio del Recurso Humano (D)	Cantidad de minutos (E)	Horas Hombre/Máquina (F = (C x E) / 60)	Tiempo Promedio del Procedimiento Médico (G)	Costo por Paciente Promedio (D x F x G)
	Mano de Obra						[illegible]
	1/ Actividades Relacionadas del Paciente						
1	Terapia de Fisioterapia	2.211.00	[illegible]	[illegible]	[illegible]	1	[illegible]
	2/ Actividades Internas del Personal						
1	Fisioterapia	2.811.00	[illegible]	[illegible]	[illegible]	1	[illegible]

Código (Clas. - Ord)	Equipo, Mobiliario, Instrumental e Infraestructura		Precio de compra ($)	Tiempo de Vida útil (años)	Tasa de Uso (%)	Depreciación por Minuto ($)	Costo por Depreciación
	Equipo, Mobiliario, Instrumental e Infraestructura						[illegible]
	Equipos						
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
	Instrumental						
-	-	-	-	-	-	-	-
	Infraestructura						
[illegible]	[illegible]	1	[illegible]	30	[illegible]	[illegible]	[illegible]
	Costo de Equipo, etc.						[illegible]

Código (Clas. - Ord)	Insumos y Materiales Médicos	Cantidad por Unidad de Medida	Precio de Compra ($)	Unidad de Medida del Insumo	Equivalencia de 1 unidad de Consumo	Cantidad de Unidades Utilizadas	Costo por Unidad de Medida
	Insumos y Materiales						[illegible]
	Ropa de Seguridad, Sanitaria de Mano						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	30	[illegible]
	1/ Actividades Relacionadas del Paciente						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	2/ Actividades Internas del Personal						

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ítem (1)	Descripción	Valores Mensual de Recursos Humanos (2)	Remuneración Mensual del Recurso Humano por hora (3)	Jornada laboral en minutos (4)	Costo Mensualizado por minuto del RH (5=3/4/60)	Tiempo Estándar del Procedimiento Medido en (6)	Costo por Recurso Humano Asignado (7=5*6)
	Recursos Humanos						[illegible]
	1.1 Medicos Planillas de Remuneraciones						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código SIGA - MEF	Insumos, Medicamentos, Instrumentales y Material de Limpieza		Precio de compra (8)	Vida útil de los insumos (meses)	Costo por minuto (9)	Minutos en el procedimiento (10)	Costo por Insumo (11=9*10)
	Insumos, Medicamentos, Instrumentales y Material de Limpieza						[illegible]
	Medicamentos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Material de Limpieza						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Instrumentales						
	Medicamentos						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	COSTO TOTAL S/.						[illegible]
Código SIGA - MEF	Insumos y Material de Limpieza	Rendimiento de Insumos en Procedimiento	Precio de compra (S/.)	Unidad de Medida de Insumos	Rendimiento de la unidad en Procedimiento	Cantidad de Insumos Utilizados	Costo por Unidad de Insumos
	Insumos y Material de Limpieza						[illegible]
	Cinta de Seguridad Amarilla de Riesgo						
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	2.1 Medicos Planillas de Remuneraciones						
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	Instrumentales						
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OFICINA
DIRECTORA DE
PLANEAMIENTO

000237

HOSPITAL NACIONAL
ARGOMPO
(IGSS)

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Servicios			Gastos	Factor de Depreciación	Depreciación	Total Costos Directos
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (1)	Especialidades	Número Promedio del Recurso Humano (2)	Horas Efectivas del Recurso Humano (3)	Jornada Laboral del Recurso Humano (4)	Costo Promedio por Minuto del Recurso Humano (5)	Tiempo Promedio del Procedimiento Médico (6)	Costo del Recurso Humano (7) = (5)*(6)
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Codigo (1)	Insumos, Medicinas, Instrumental y Material Quirúrgico		Precio de Insumo (2)	Frecuencia de Uso (Unidad) (3)	Tiempo de Uso (Minutos)	Costo por Minuto (4)	Costo por Procedimiento
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						[illegible]

Codigo (1)	Insumos y Medicinas de Laboratorio	Especialidad y Medicina de Laboratorio	Precio de Insumo (2)	Frecuencia de Uso (Unidad de Servicio)	Tiempo de Uso (Minutos)	Cantidad de Medicina Utilizada	Costo por Unidad de Medicina
	[illegible]						[illegible]
	[illegible]						
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SECRETARIA DE
PLANEAMIENTO
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UNIDAD
SOLICITUD DE
PLANEAMIENTO

COSTO ESTANDAR : ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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Código (CUM, etc.)	Medicos, Medicamentos, Instrumental e Infraestructura		Precio de compra (S/.)	Tiempo de Exposición (MEES)	Depreciación del Mobiliario	Cantidad de procedimientos por Mobiliario (C.I.)	Costo por Mobiliario Utilizado
	[illegible]						[illegible]
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Código (CUM, etc.)	Insumos y Materiales Médicos	Precio de compra (S/.)	Vida útil (horas)	Cantidad de Insumos utilizados	Cantidad de Procedimientos utilizados	Costo por Unidad de Medida	
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: Consulta de nefrología

CODIGO CPMS: 99204

DESCRIPCION DEL CPMS: CONSULTA AMBULATORIA E HOSPITALIZACIÓN PARA EVALUACIÓN Y MANEJO CLÍNICO DE PACIENTE RENAL CRÓNICO

N° de Orden (...)	Especialidad	Hora de Atención del Personal Asistencial (h)	Tiempo Real Atención del Personal Asistencial (minutos) [(h)*(60)]	Jornada Laboral en Horas (h)	Días Trabajados del Mes (...)	Tiempo Disponible del Personal Asistencial (minutos) (d)	Costo por Minuto Hombre (S/.) [(...)/(...)]
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	1° Actividad Asistencial del Paciente						
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	2° Actividad Asistencial del Paciente						
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Código (...)	Insumos, Medicamentos, Instrumental e Infraestructura		Precio de Insumo (S/.)	Tiempo de Depreciación (años)	Tiempo de Vida Utilizables	Depreciación por Minuto (S/.)	Costo por Depreciación
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	Equipos						
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	Infraestructura						
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Código (...)	Insumos y Medicamentos	Cantidad Necesaria de Insumos	Precio de Insumo (S/.)	Cantidad de Insumos por Unidad de Medida	Cantidad de Insumos por Unidad de Consulta	Cantidad de Insumos Utilizados	Costo por Unidad de Insumo
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	Seguro de Salud (Jornada de Hoy)						
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: Consulta de Nefrología

CODIGO CPMS: 99204

DESCRIPCION DAG CPMS: CONSULTA AMBULATORIA POR ESPECIALIDAD PARA LA EVALUACIÓN Y MANEJO DE LOS PACIENTES HOSPITALIZADOS

[illegible]	Especialidad	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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Cuenta [illegible]	**[illegible]**		**Precio de compra [illegible]**	**Tiempo de Depreciación [illegible]**	**Tiempo de Uso [illegible]**	**Depreciación por Minuto [illegible]**	**Costo por Minuto [illegible]**
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COSTO ESTANDAR : ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR : ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Etapa	Descripción	Número Mínimo del Recurso Humano (a)	Número Máximo del Recurso Humano (b)	Tiempo Promedio de Atención del Recurso Humano (c)	Tiempo Promedio del Procedimiento Médico (d)	Tiempo Estándar del Procedimiento Médico (e)	Costo por Minuto Operativo (S/.)
	[illegible]						[illegible]
	1° Actividad Secuencial del Proceso						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	2° Actividad Alterna del Proceso						
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Código (CUM - SIGA)	Insumos, Medicamentos, Recurso Humano y del recurso estructural		Precio de compra (S/.)	Tiempo de depreciación (años)	Tiempo de vida útil (horas)	Rendimiento por unidad (u)	Costo por Recurso Operativo (S/.)
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	Equipos						
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	Mobiliario						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Computacional						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Impresora						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Código (CUM - SIGA)	Insumos y Mano de obra directa	Unidad de Medida del Insumo	Precio de compra (S/.)	Cantidad de Medida de Insumo	Equivalencia de la unidad de Consumo	Rendimiento de Insumo (Unidad)	Costo por Unidad de Insumo
	[illegible]						[illegible]
	Mano de Obra Directa: Lavado de Manos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	1° Actividad Secuencial del Proceso						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DE CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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HOSPITAL NACIONAL
ARGOMEDO
LORYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Renglón	Descripción	Tiempo Promedio del Recurso Humano (h)	Salario Promedio del Recurso Humano (US$)	Horas Efectivas en Actividad (h)	Tiempo Promedio de Uso del Equipo (h)	Tiempo Promedio del Procedimiento Médico (h)	Costo por Minuto Tiempo Muerto (US$/h)
[illegible]	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Código [illegible]	Descripción	Cantidad	Precio de Adquisición (US$)	Vida Útil (Horas)	Tiempo de Uso (Horas/Uso)	Costo por Minuto (US$)	Costo por Procedimiento
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Código [illegible]	Descripción de Productos Médicos	Tipo de Unidad Médica de Consumo	Precio de Adquisición (US$)	Vida Útil de Unidad de Consumo	Equivalencia de la Unidad de Consumo	Cantidad de Productos Médicos Utilizados	Costo por Unidad de Producto Médico
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

UNIDAD DE COSTOS
INGRESOS Y
TARIFAS

SECRETARIA DE
PLANEAMIENTO
[illegible]

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL
ARZOBISPO
LUNA GÁL

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 51703

DESCRIPCION DEL CPMS: [illegible]

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	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Orden (A)	Especialidad	Número promedio del Personal Asistencial (B)	Número total del Personal del Hospital (C)	Porcentaje (D)	Costo Anual de los Bienes (E)	Cantidad de Procedimientos Médicos (F)	Costo por Procedimiento Médico (G)
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código CPMS 4451	[illegible]	Cantidad	Número de unidades (G)	Tiempo de Operación (minutos)	Tiempo de uso (H)	Costo hora del Equipo (I)	Costo por Operación
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
Código CPMS [illegible]	[illegible]	Rendimiento Medido en minutos	Número de Unidades (J)	Número de Unidades de la Jornada (K)	Tiempo de la Jornada (L)	Costo por Unidad de Medida	Costo por Unidad de Medida
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]						
	[illegible]					

HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Items (a)	Descripción	Ingresos Directos del Servicio Hospitalario (1)	Ingresos Indirectos del Servicio Hospitalario (2)	Actividad Unidad de Medida (3)	Factor Tiempo que dura la Actividad (4)	Tiempo Estándar del Procedimiento Medido (5)	Costo por Unidad Medida de Actividad
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Codigo (DLG - 002)	[illegible]		Precio de compra (S/.)	Tiempo de Depreciación (Años)	Tiempo de Uso (Horas/año)	Depreciación del Minuto (S/.)	Costo por Depreciación
	[illegible]						[illegible]
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
	[illegible]						[illegible]
Codigo (DLG - 003)	[illegible]	Cantidad de Medida de Consumo	Precio de compra (S/.)	Cantidad de Medida de Consumo	Tiempo Estándar de la Actividad de Consumo	Cantidad de Medida Utilizada	Costo por Consumo de Medida
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	Mes	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Servicios			Gastos	Horas de Trabajo	Productividad	Costo Gastos Servicios
	[illegible]						[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	COSTO TOTAL [illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

[illegible]

UNIDAD DE COSTOS
INGRESOS Y
TARIFAS

000195

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO:

CODIGO CPMS:

DESCRIPCION DEL CPMS:

Codigo							
Codigo							

COSTO ESTANDAR : ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: TECNICO [illegible] CPT: SEXO: FINANC.:

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (01)	Insumos	Precio Mínimo del Nacional Promedio (2)	Precio Máximo del Nacional Promedio (3=(1+2)/2)	Formula Estandar en minutos (4)	Costo Promedio por Minuto del Mes (5=(3/4)/30)	Horas Efectivas del Procedimiento minutos (6)	Costo por Minuto Minutos (7=(5*6))
	[illegible]						[illegible]
	1° Actividad: Preparación de Equipo y Materiales						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	2° Actividad: Apertura y Exposición de Sitio de Trasplantes						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3° Actividad: Trasplante Renal						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	4° Actividad: Retiro Quirúrgico						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código Sisa 1000	Insumos, Medicamentos, Instrumental e Material Quirúrgico	Cantidad	Precio de Adquisición (S/.)	Factor de Depreciación (años)	Tiempo de Vida (Minutos)	Depreciación por Minuto (S/.)	Costo por Depreciación
	[illegible]						[illegible]
	Equipos						
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	Mobiliarios						
[illegible]	[illegible]	1	[illegible]	20	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	[illegible]	[illegible]	[illegible]
	Instrumental						
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]

	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CIMA: [illegible] CODIGO CPT: [illegible] FARMC: [illegible]

DESCRIPCION DEL CPMA: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible] [illegible] [illegible] [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden	Especificaciones	Regístrese aquí la cantidad requerida	Precio de la unidad del insumo, medicamento o servicio (S/.)	Cantidad de unidades del insumo, medicamento o servicio	Costo Promedio por unidad del insumo, medicamento o servicio (S/.)	Factor Estándar del Procedimiento Médico (%)	Costo por insumo, medicamento o servicio (S/.)
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código CPMS - MEF	**Descripción del insumo, medicamento o servicio**	**Cantidad**	**Precio de compra (S/.)**	**Factor de Depreciación (FDD)**	**Tiempo de vida útil (meses)**	**Depreciación del Mes (S/.)**	**Costo por Procedimiento**
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	1		1	100		
[illegible]	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	10	100	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	100	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	100	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	100	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	100	[illegible]	[illegible]
	[illegible]						
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]	1	[illegible]	1	100	[illegible]	[illegible]
	[illegible]						
	[illegible]	1	[illegible]	10	100	[illegible]	[illegible]
	[illegible]						[illegible]
Código CPMS - MEF	**Descripción del Material Médico**	**Registre aquí la cantidad requerida**	**Precio de la unidad (S/.)**	**Factor de depreciación**	**Tiempo de vida útil (meses)**	**Cantidad de unidades utilizadas**	**Costo por unidad de medida**
	[illegible]						[illegible]
	[illegible]						

UNIDAD DE COSTOS
INGETSUD 7
GARCIA

SUBDIRECTOR DE PLANEAMIENTO

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Actividad	Especialidad	Horas Efectivas del Recurso Humano (T)	Tiempo Estándar del Recurso Humano (minutos)	Demanda Laboral en minutos (D)	Costo Promedio por Minuto del Recurso Humano	Tiempo Estándar del Procedimiento (minutos) (T)	Costo del Recurso Humano (S/ N°P*T)
	Recurso Humano						[illegible]
	1° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	2° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	Técnica en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	4° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	5° Actividad: [illegible]						
1	Técnica en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	6° Actividad: [illegible]						
1	Técnica en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	7° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	8° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	9° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	10° Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	11° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	12° Actividad: [illegible]						
2	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	13° Actividad: [illegible]						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	14° Actividad: [illegible]						
1	Técnica en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	15° Actividad: [illegible]						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	16° Actividad: [illegible]						
2	Técnica en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	17° Actividad: [illegible]						
2	Técnica en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código ABC - SIGA	**Insumos, Medicamentos, Instrumental e Infraestructura**	**Cantidad**	**Precio por unidad (S/.)**	**Número de Hemodiálisis (Anual)**	**Prorrateo de una Hemodiálisis**	**Depreciación por Hemodiálisis (S/.)**	**Costo por Hemodiálisis**
	Insumos, Medicamentos, Instrumental e Infraestructura						[illegible]
	Insumos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Medicamentos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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[illegible]	[illegible]	Unid	[illegible]	[illegible]	1	1	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	1	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible] CODIGO CPT: [illegible] FINANC.: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de orden (N)	Descripción	Horas al mes (H)	Horas al mes (H)	Jornada laboral en minutos (J)	Costo Promedio por Minuto del RH (C)	Factor Rendimiento (V) Productividad Medio (R)	Costo por Minuto Hombre (Hombre-Día) (C)
	Recursos Humanos						
	1° Actividad: Registro de Pacientes para Hemodiálisis						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	2° Actividad: Entrevista de Pacientes y Elaboración de Ficheros						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3° Actividad: Análisis de Sangre y Dialisis del Paciente						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	4° Actividad: Análisis de Sangre del Paciente (1 vez)						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	5° Actividad: Análisis de Sangre de Controles Ambulatorios (Varias 12 veces)						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	6° Actividad: Análisis de Control de Pacientes Hospitalizados (Varias 4 veces)						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	7° Actividad: Análisis de Evaluación Medica (3 veces)						
1	Médico Nefrólogo	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	8° Actividad: Preparación y Administración de Medicamentos (12 veces)						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	9° Actividad: Análisis de Exámenes Prácticos (8 veces)						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	10° Actividad: Peso y Talla de Pacientes (1 vez)						
1	Enfermera Especialista	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	11° Actividad: Visita Hospitalaria (2 veces)						
1	Nefrólogo	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	12° Actividad: Análisis y Administración de Medicina						
1	Técnico en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	13° Actividad: Traslado de Pacientes						
1	Técnico en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	14° Actividad: Recuperación de 1° y 2° Visita de Hemodiálisis						
1	Técnico en Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código Cuenta - SIGA	**Rubros, Insumos, Medicamentos e Infraestructura**	**Cantidad**	**Precio de compra (S/.)**	**Número de Rendimiento (vida útil)**	**Tiempo de Uso (Meses)**	**Depreciación por Minuto (S/.)**	**Costo por Necesidad**
	Insumos Médicos, Quirúrgicos y Medicamentos						[illegible]
	Equipos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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Código CPMS - ARCH	Descripción y especificaciones técnicas	Requisitos de la Medida de Valuación	Precio de Referencia (S/.)	Cantidad de Medida de Valuación	Requisitos para el uso de la unidad de Valuación	Cantidad de Meses a valorizar	Costo por Unidad de Medida
	[illegible]						
	[illegible]						
	[illegible]						

	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 18537

DESCRIPCION DEL CPMS: [illegible]

N° de Item	Nombre del Ítem	Registro Nacional de Precios de Salud (S/.)	Registro Nacional de Precios de Salud (US$)	Cantidad requerida por atención (N)	Costo Promedio por Atención del Ítem (S/.)	Tiempo Promedio del Procedimiento (Minutos) (T)	Costo por Minuto Promedio (S/.)
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Código	Equipos, Mobiliario, Instalaciones y Infraestructura	Cantidad	Precio de adquisición (S/.)	Tiempo de depreciación (Años)	Tiempo de uso (Horas)	Depreciación por Minuto (S/.)	Costo por Procedimiento
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	30	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	10	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	30	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	30	[illegible]	[illegible]
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	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]	1	[illegible]	10	30	[illegible]	[illegible]
	[illegible]						[illegible]

Código CPM - SIGE	Insumos y Materiales Médicos	Registro Nacional de Precios de Salud (S/.)	Precio de Adquisición (S/.)	Unidad de Medida de la Adquisición	Rendimiento de la unidad de Consumo	Cantidad de Insumos consumidos	Costo por Unidad de Insumo
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 43215

DESCRIPCIÓN DEL CPMS: [illegible]

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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HOSPITAL NACIONAL
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 82747

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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	Servicios			Costo	Tarifa de Recuperación	Recuperación	Total Costo Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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MIRAVIA

C

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO:

CODIGO CPMS:

DESCRIPCION DEL CPMS:

N° de Orden	Especificaciones	Unidades Medidas del Recurso Asignado	Importe Unitario del Recurso Asignado	Jornada Laboral	Costo Promedio	Tiempo Asignado	Costo por Recurso Asignado
Código (CUE - SIGL)	Recurso Presupuestario o Administrativo	Unidades	Precio de Compra (S/.)	Frecuencia de Depreciación (años)	Tiempo de Uso (Minutos)	Depreciación del Período (S/.)	Costo por Depreciación
Código (CUE - SIGL)	Insumos y Productos Médicos	Cantidad de Unidades de Consumo	Precio de Compra (S/.)	Unidad de Medida de Consumo	Cantidad de Unidades de Consumo	Cantidad de Unidades Consumidas	Costo por Unidad de Consumo

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden	Insumos	Insumos Nacionales Monedas Nacionales (U)	Insumos Nacionales Monedas Extranjeras (U)	Unidad Consumida (U)	Costo Promedio por Unidad del Insumo (U)	Tiempo Promedio del Procedimiento (U)	Costo por Insumo
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de [illegible]	Rubro y Mod	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código [illegible]	[illegible]	Cantidad	Precio de [illegible] ($)	Tiempo en [illegible] (minutos)	Tiempo en [illegible] (minutos)	[illegible] por [illegible] ($)	Costo por [illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Actividad	Especialidad	Horas Trabajadas en Minutos Hombre (T)	Horas Trabajadas en Minutos Hombre (Minutos x 60 x 0.75)	Jornada Laboral en Minutos (Tj)	Factor Productividad Minutos del Día (Tj x 0.75)	Tiempo Promedio de Procedimiento Medico (t)	Costo por Minuto Hombre (Costo/Tp)
	Personal Medico						[illegible]
	2 PERSONAL TIPO EN MEDICINA						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3 Medicos Especialistas - Especialidades de [illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	4 Medicos Cirujanos, Anestesiólogos y Cirujanos de Especialidades						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Codigo	Equipo Medico e Instrumental e Utensilio [illegible]	Cantidad	Precio de Compra (Sj)	Tiempo de Depreciación (Mes)	Tiempo de Uso (Minutos)	Depreciación por minuto (Sj)	Costo por Depreciación
	Equipo [illegible] [illegible]						[illegible]
	Equipos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Instrumental						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Utensilios						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Codigo	Insumos Medicos Medicos	Equivalencia Medida de consumo	Precio de compra (Sj)	Unidad de Medida de Consumo	Transformación de la unidad de Consumo	Cantidad de Medida Utilizada	Costo por Unidad de Medida
	Insumos y Medicamentos						[illegible]
	Insumos Medicos Medicos de Marca						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Medicamentos Medicos de Marca						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

UNIDAD DE COSTOS
PRECIOS Y
TARIFAS

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (01)	Especificación	Jornales Ordinarios del Personal Permanente (2)	Costos Total Mensual de Recursos Humanos (a+b+c+d+e)	Unidad Laborales en un mes (3)	Costo Promedio por Minuto del Mes (c/ 1 dividido 3)	Tiempo Estándar Por Procedimiento Médico (4)	Costo por Minuto Asignado (c/d*f*h)
	Recursos Humanos						[illegible]
	Unidad: Sala de Muestra						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Unidad: Hospitalización / Mantenimiento de la Maquina						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Unidad: Hemodiálisis y Entrega de Resultados						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código (001 - 007)	Insumos, Medicamentos y Materiales Quirúrgicos	Cantidad	Precio Unitario (2)	Tiempo de Depreciación en Años	Cantidad de Uso (Unidades)	Tiempo Estándar Por Procedimiento (5)	Costo por Procedimiento
	Insumos, Medicamentos y Materiales Quirúrgicos						[illegible]
	Medicamentos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Multidosis						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Instrumental						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Costo Insumos						[illegible]
Código (001 - 007)	Descripción y Materiales Médicos	Cantidad de Unidades de Consumo	Precio Por Unidad (2)	Unidad de Medida de Consumo	Equivalencia de la unidad en Consumo	Cantidad de Unidades Utilizadas	Costo por Unidad de Medida
	Materiales Médicos						[illegible]
	Cintas de Papel Crepé y Papel de Arroz						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Cánulas, Tomas de Muestra						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL
ANGOLOGPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ítem	Descripción	Tiempo Promedio del Recurso Humano (h)	Tiempo Total Promedio del Recurso Humano (min)	Unidades utilizadas en el procedimiento (u)	Costo Promedio por Hora (S/. / h)	Tiempo Promedio de Procedimiento del Médico (h)	Costo por Recurso Humano Involucrado (S/.)
	Recursos Humanos						[illegible]
	Profesional: Tecnólogo Médico						
1	Tecnólogo Médico	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Profesional: Enfermero(a) - Coordinadora de la Unidad						
1	Enfermero(a)	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Profesional: Enfermero(a) y Coordinador de Hemodiálisis						
1	Enfermero(a)	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	Técnico Enfermería	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Código Item - Nivel	**Insumos, Medicinas, Instrumental y Equipo Médico**		**Precio de Insumo (S/.)**	**Tiempo de Depreciación (Años)**	**Tiempo de Uso (Horas/Año)**	**Depreciación por Minuto (S/.)**	**Costo por Depreciación**
	Fondo: [illegible]						[illegible]
	Insumos						
[illegible]	[illegible]	1		1	1		
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
	Medicinas						
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
	Instrumental						
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
	Infraestructura						
	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
	COSTO ESTIMADO						[illegible]
Código Item - Nivel	**Insumos Varios Medicinas Medicinas**	**Cantidad Utilizada del Insumo**	**Precio por Unidad (S/.)**	**Unidad de Medida del Insumo**	**Cantidad de la unidad de Consumo**	**Cantidad de Insumo Utilizada**	**Costo por Unidad de Insumo**
	Insumos y Medicinas Varios						[illegible]
	Insumos de Seguridad, Jornada de Mano						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Profesional: Enfermero(a)						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

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Pág. Nº 1

LICENCIADA DE
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ESTRATEGICO

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	[illegible]						
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de orden (a)	Especialidad	Jornal Ordinario del personal Profesional (b)	Jornal total Mensual del personal Profesional (c)	Horas Laborales por mes (d)	Costo Promedio por minuto del personal (e) = (c)/(d)/60	Tiempo Utilizado del Procedimiento (f)	Costo por Actividad Realizada (g) = (e)*(f)
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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Codigo (CPMS - CPEX)	**Equipos, Mobiliario, Instrumental e Infraestructura**		**Precio de compra (h)**	**Vida útil de Equipo (años)**	**Tiempo de Uso (Minutos)**	**Depreciación por Minuto (i)**	**Costo por Actividad Realizada**
	[illegible]						[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						[illegible]
Codigo (CPMS - TEX)	**Insumos y Material de Atención**	**Requerimiento Promedio de atención**	**Precio de compra (k)**	**Unidad de medida en consumo**	**Equivalencia de la unidad de Consumo**	**Cantidad en Unidades Utilizadas**	**Costo por Unidad de Medida**
	[illegible]						[illegible]
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DIRECTOR DE
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HOSPITAL NACIONAL
ARZOBISPO
DÁVILA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Minuto (+/-)	Descripción	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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UNIDAD DE COSTOS
PROCESOS Y
TAREAS

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 84100

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (a)	Especialidad	Número Promedio del Personal Asistencial (b)	Jornada Promedio del Personal Asistencial (c) (h/h)	Jornada Efectiva por Personal (d)	Costo Promedio por Minuto del Personal (e) (S/.)	Tiempo Promedio por Procedimiento (f)	Costo del Personal Asistencial (S/.)
	Personal Asistencial						**[illegible]**
	1° Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	2° Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3° Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Código (CPMS - SNIP)	Insumos, Medicinas, Instrumentales e Administrativos		Precio de Adquisición (S/.)	Tiempo de Depreciación (Años)	Tiempo de Uso (Minutos)	Participación del Insumo (%)	Costo por Procedimiento
	Insumos, Medicinas, Instrumentales e Administrativos						**[illegible]**
	Insumos						
[illegible]	[illegible]	[illegible]		[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	Medicinas						
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	Instrumentales						
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	Administrativos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	COSTO TOTAL [illegible]						**[illegible]**

Código (CPMS - SNIP)	Procesos y Actividades Médicas	Cantidad de Veces que se repite	Precio de Venta (S/.)	Unidad de Medida de Valorización	Rendimiento de la Unidad de Consulta	Cantidad de Veces en 12 Horas	Costo por Unidad de Tiempo
	Procesos y Actividades Médicas						**[illegible]**
	[illegible] (Agrupado) [illegible]						
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	1° Actividad: [illegible]						
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HOSPITAL NACIONAL
ANTONIO
LEAVEA

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	Especialidad	Horas [illegible]	Horas [illegible]	[illegible]	Costo [illegible]	Tiempo [illegible]	Costo del Estudio Renal
	[illegible]						[illegible]
	[illegible]						
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Código [illegible]	Equipo, Mobiliario, Instrumental e Infraestructura	Vida útil	Precio de compra ($)	Tiempo de Depreciación (años)	Tiempo [illegible]	Costo [illegible] por Minuto ($)	Costo por Depreciación
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	[illegible]						
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	Servicios			Costo	Costo de Servicios	Productividad	Total Costos Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]					[illegible]
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	[illegible]						[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ficha de Costo	Especialidad	Ingresos Promedio por Paciente Hospitalizado (S/.)	Ingresos Total Promedio por Paciente Hospitalizado (S/.)	Jornadas Laborales de Enfermería (S/.)	Costo Promedio por Jornada de Enfermería (S/.)	Cantidad Promedio de Jornadas de Enfermería	Costo por Paciente Hospitalizado (S/.)
	[illegible]						[illegible]
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
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Código	Descripción	Cantidad	Precio de Compra (S/.)	Tiempo de Vida Útil (Años)	Tiempo de Uso (Minutos)	Depreciación por Minuto (S/.)	Costo por Procedimiento
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Código	Insumos y Material Médico	Costo Unitario Promedio de Adquisición	Precio de Compra (S/.)	Vida útil de Insumo (Días de Uso)	Frecuencia de Cambio de Insumo (Días)	Cantidad de Insumos Utilizados	Costo por Insumo de Material Médico
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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UNIDAD DE GESTIÓN
INGRESOS Y
TARIFAS

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Recurso (R)	Recurso Costo	Tiempo Mensual del Recurso Humano (T)	Tiempo total Mensual del Recurso Humano (HH) (HM)	Unidades Laborales en Horas (h)	Tiempo Promedio por Procedimiento (Q) (T / (HH/h))	Factor Ajuste por Productividad (A)	Costo por Recurso Humano (Soles) (R*Q*A/h)
	Personal Médico						**[illegible]**
	(Unidad) Sala de Shocks						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	(Unidad) Emergencia – Hemodiálisis de Emergencia						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	(Unidad) Cirugía – Cirugía de Emergencia						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Código (Recurso – Ref.)	**Insumos, Medicamentos, Instrumental y Equipos**	**Cantidad**	**Precio de Insumo (S/.)**	**Tiempo de Reposición (Años)**	**Tiempo de Uso (Años)**	**Depreciación por Unidad (S/.)**	**Costo por Procedimiento**
	Insumos, Medicamentos, Instrumental y Equipos						**[illegible]**
	Insumos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	Medicamentos						
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	Instrumental						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	Infraestructura						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
Código (Recurso – Ref.)	**Recursos y Materiales Médicos**	**Requerimiento de Unidades de Consumo**	**Precio de Compra (S/.)**	**Unidades de Medida de Consumo**	**Rendimiento de la unidad de Consumo**	**Cantidad de Unidades Utilizadas**	**Costo por Unidad de Medida**
	Recursos y Materiales Médicos						**[illegible]**
	Kit de Seguridad (Anexo 01 [illegible])						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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	Quirófano: Tomas de Muestras						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 84771

DESCRIPCION DEL CPMS: [illegible]

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[illegible]	Servicios			Costos	Monto de Recuperación	Impuestos	Total Costos Recuperación
	[illegible]					[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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HOSPITAL NACIONAL
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: Nefrectomía Unilateral

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

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OFICINA
EJECUTIVA DE
PLANEAMIENTO
ESTRATÉGICO

HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: E2043

DESCRIPCION DEL CPMS: [illegible]

N° de Orden	Especialidad	Número Mínimo de Personas Requeridas	Número Mínimo de Personas Programadas	Jornada Laboral en minutos	Costo Promedio por Minuto del Rr.	Tiempo Estándar del Procedimiento Médico	Costo por Tiempo Promedio
	Personal Profesional						
	1 Actividad: Recepción de Muestra						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	2 Actividad: Procesamiento de la Muestra						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	3 Actividad: Informes y Entrega de Resultados						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código	Bienes, Medicamentos, Instrumental y Material Informativo		Precio de compra (S/.)	Vida de Depreciación (años)	Tiempo de Uso (Minutos)	Depreciación por Minuto (S/.)	Costo por depreciación
	Equipo Biomédico, Instrumental y Material de Uso						[illegible]
	[illegible]						
	[illegible]	1	-	5	[illegible]		
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	[illegible]	1	[illegible]	10	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Código	Insumos y Material Médico	Especificación Técnica de un insumo	Precio de Insumo (S/.)	Unidad de Medida en insumos	Equivalencia de la unidad de insumo	Cantidad de Insumo Utilizada	Costo por Unidad de Medida
	Insumos Médicos e Medicamentos						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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	1 Actividad: Recepción de Muestra						
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	2 Actividad: Procesamiento de la Muestra						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]						
[illegible]	[illegible]						
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[illegible]	[illegible]						

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (a)	Insumos	Digitado Mensual del Insumo Hospitalario (I)	Valor Total Mensual del Insumo Hospitalario (U)	Jornada Laboral Hospitalaria (Jh)	Costo Promedio por Minuto del Jh (U / Jh)	Tiempo Usado en el Procedimiento Médico (M)	Costo por Insumo Hospitalario (U/I)*M
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Código (CPMS - Ver)	Insumos y Material Médico	Cantidad de Insumos Médicos (a)	Precio de Insumo (U)	Unidad de Medida de Insumo	Cantidad de Insumo Médico (a)	Cantidad de Unidad Quirúrgica	Costo por Cantidad de Insumo
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL
JAVIER ARIAS
DONAYIRA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de actividad	Actividad	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Codigo (CPMS - IHSS)	Equipo, Mobiliario, Instrumental e Utilaje [illegible]	Cantidad	Precio de [illegible]	Tiempo de [illegible]	Tiempo de [illegible]	Depreciación anual [illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
Codigo (CPMS - IHSS)	Insumos y Material Medico	Unidad de Medida en [illegible]	Precio de [illegible]	Unidad de [illegible] en [illegible]	Cantidad de [illegible]	Cantidad de Medida [illegible]	Costo por [illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

UNIDAD DE COSTOS
INGRESOS Y
TARIFAS

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 34.08

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
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[illegible]	Detalle			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
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	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTÁNDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Orden (a)	Especialidad	Horas-Hombre (b)	Costo Total Remuneración Horas-Hombre (c=a*b)	Horas utilizadas en atención (d)	Tasa Promedio por Hora de la Unidad (e = c/d)	Tasa Promedio Ponderada Horas-Hombre (f)	Costo por Recurso Humano (g=e*f)
	Personal Profesional						[illegible]
	Especialidad: Terapia de Diálisis						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Especialidad: Trasplante: Trasplante de Riñón						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Especialidad: Extracción y Almacenamiento						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Código	Recurso: Medicamentos, Insumos y Equipamiento	Cantidad	Precio de compra (h)	Tiempo de depreciación (años)	Tiempo de Uso (meses)	Depreciación (g=h/(i*j))	Costo por Recurso
	[illegible]						[illegible]
	Medicamentos						
[illegible]	[illegible]	[illegible]		[illegible]	[illegible]		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Material de Oficina						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Equipamiento						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Depreciación						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	COSTO TOTAL						[illegible]

Código	Recurso: Servicios Médicos	Cantidad de Servicios Médicos (a)	Precio de compra (b)	Unidad de Medida de Consumo	Rendimiento de la unidad de Consumo	Cantidad de Prueba (Utilizada)	Costo por Unidad de Prueba
	Análisis Clínicos de Medicina						[illegible]
	Análisis de Rutina: Lavado de Riñón						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Especialidad: Terapia de Diálisis						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]			Exento	Cuotas de Recuperación	Participación	Total Cuotas Familiares
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL ARZOBISPO LOPEZ

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Ítem	Bienes y Obras	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Actividad	Especificar	Jornal Ordinario Mensual de Personal Técnico (S/.)	Jornal Total Mensual del Personal Técnico (S/.)	Jornales Laborales del personal (D)	Costo Hora/Hombre por Minuto del Personal (S/.)	Tiempo Promedio del Procedimiento Médico (H)	Costo por Actividad en Minutos (S/.)
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
3	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código [illegible]	Equipo, Mobiliario, Instrumental e Infraestructura		Precio de Adquisición (S/.)	Tiempo de Depreciación (Años)	Tiempo de Uso (Horas/año)	Depreciación por Minuto (S/.)	Costo por Depreciación
	[illegible]						[illegible]
	[illegible]						
	[illegible]	1		5	10		
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
	[illegible]				10		
[illegible]	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
	[illegible]						
	[illegible]	1	[illegible]	20	10	[illegible]	[illegible]
	[illegible]						[illegible]

Código [illegible]	Insumos y Material Médico	Cantidad de Unidades de Medida de Consumo	Precio por Unidad (S/.)	Valor del Insumo (S/.)	Cantidad de la Unidad de Consumo	Cantidad de Unidades utilizadas	Costo por Unidad de Medida
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	Caja	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	Caja	[illegible]	[illegible]	100	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

UNIDAD DE COSTOS
INGRESOS Y
TARIFAS

DIRECCIÓN
EJECUTIVA DE
PLANEAMIENTO
ESTRATÉGICO

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Servicios			Monto	Número de Establecimientos	Promedio	Total Unidades Vendidas
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

HOSPITAL NACIONAL ANGOMOS LOAYZA

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden	Descripción	Rendimiento Promedio por Unidad Productiva (h)	Rendimiento Promedio por Unidad Productiva (min/Tda)	Jornada Laboral (min/dia) Utilizado (B)	Costo Promedio por Minuto (min) S/. (C = A / B)	Categoría Ocupacional del Personal Involucrado (D)	Costo por Actividad (min) S/. (E = C * D)
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		[illegible]
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[illegible]	[illegible]	Unidad	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	Unid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Renglón (R)	Bienes y Mano	Cantidad Promedio por Procedimiento Realizado (C)	Precio Promedio del Bien (Incluye IVA) (P)	Unidad de Medida del Bien (U)	Costo Promedio por Procedimiento (C x P)	Tiempo Estándar del Procedimiento (Minutos) (T)	Costo por Renglón (Columna (C x P) / T)
	Recursos Humanos						**[illegible]**
	(Profesional) Tarifa de Honorarios						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	(Profesional) Especialidad de la Medicina						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	(Profesional) Enfermería y Técnica de Enfermería						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código (Columna A + Renglón)	**Equipo, Medicamentos, Instrumentos e Material Quirúrgico**		**Precio de Compra (P)**	**Tiempo de Depreciación (Meses)**	**Tiempo de Uso (Minutos)**	**Depreciación por Minuto (P / T)**	**Costo por Renglón (Columna (C x P) / T)**
	[illegible]						**[illegible]**
	Equipos						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Instrumental						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Material Quirúrgico						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Total Equipo, Medicamentos, Instrumentos y Material Quirúrgico						**[illegible]**
Código (Columna A + Renglón)	**Insumos y Material Médico**	**Cantidad Promedio por Procedimiento**	**Precio por Unidad (P)**	**Unidad de Medida del Insumo**	**Duración de la unidad de Insumo**	**Cantidad de Unidad Utilizada**	**Costo por Unidad de Medida**
	Insumos (Material Médico)						**[illegible]**
	Gasas de Rayo Gamma, Unidad de Medida						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	(Profesional) Tarifa de Honorarios						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	Agua Destilada Para Extracción De Sangre Arterial 10 ml [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Tubos Plásticos [illegible] Para Extracción Sangre Con Heparina De Sodio	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Concentrador De Hidroquinona En Bicarbonato Sódico [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Credito Del Departamento de la Historia						
[illegible]	Manchas Azul Cobalto No Lavable	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Grapas Para Engrapadora [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Credito Del Laboratorio de Anatomia Patologica						
[illegible]	Bolígrafo Laboratorio [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Formato De Reporte De Laboratorio - Hemoglobina	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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	2 Actividad: Procesamiento de la Muestra						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	3 Actividad: Análisis y Entrega de Resultados						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]			Costo	Cantidad de Unidades Requeridas	Rendimiento	Costo Unitario Individual
	[illegible]					[illegible]	[illegible]
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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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DIRECTOR DE
PLANEAMIENTO

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CIMA: [illegible]

DESCRIPCIÓN DEL CIMA: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Unidad (a)	Tipo Unidad	Jornal Ordinario del Personal Asistencial (1)	Jornal Ordinario del Personal Administrativo (2)	Jornada Laboral del Personal (3)	Costo Hora/Hombre del Personal (4)	Tiempo Promedio del Procedimiento (5)	Costo por Personal Asistencial (6)
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Codigo (CUB - SIGA)	Equipos, Mobiliario, Instrumental y Infraestructura		Precio de Compra (S/.)	Tiempo de Depreciación (Años)	Tiempo de uso (Horas)	Horas Uso del Equipo (S/.)	Costo por Procedimiento
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	[illegible]	[illegible]		[illegible]	[illegible]		
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Codigo (CUB - SIGA)	Insumos y Medicamentos	Cantidad de Insumos por Procedimiento	Precio de Compra (S/.)	Unidad de Medida por Unidad Medida	Cantidad de Insumos por Unidad de Medida	Cantidad de Insumos (S/.)	Costo por Unidad de Medida
	[illegible]						[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ítem	Insumo médico	Registro Sanitario del Insumo Médico	Registro Sanitario del Insumo Médico	Unidad Básica de Medida	Cantidad Promedio por Procedimiento	Tiempo Estimado del Procedimiento	Costo por Unidad Básica de Medida
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	[illegible]						
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	[illegible]						
2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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4	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código [illegible]	Insumo, Medicamento, Material Quirúrgico y Medicamento	Cantidad	Precio de Adquisición (S/.)	Tiempo de Duración de Vida (Horas)	Tiempo de Vida Útil (Horas)	Depreciación por Minuto (S/.)	Costo por Depreciación
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	[illegible]						
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[illegible]	[illegible]	1	[illegible]	8	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	10	[illegible]	[illegible]
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[illegible]	[illegible]	1	[illegible]	8	10	[illegible]	[illegible]
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[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
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	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
	[illegible]						[illegible]

Código [illegible]	Insumo y Dosis de Medicamento	Cantidad de Dosis de Medicamento	Precio por Unidad (S/.)	Unidad de Medida de Medicamento	Cantidad de la Unidad de Medida de Medicamento	Cantidad de Dosis Utilizada	Costo por Unidad de Medida
	[illegible]						[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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RESOLUCIÓN DE
PLANEAMIENTO

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO:

CODIGO CPMS:

DESCRIPCION DEL CPMS:

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	Descripción			Costo	Tiempo de Ejecución	Frecuencia	Total Costo Servicio
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CÓDIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

Código Item	Item clínico	Ingresos Promedio en Hemodiálisis (Horas)	Ingreso total Promedio del Paciente (Horas)	Horas Promedio de Hemodiálisis	Costo Promedio por Minuto del Ser	Tiempo Estándar del Procedimiento (Horas)	Costo por Procedimiento
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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Código Item – Unid.	Insumos, Medicinas, Instrumental e Infraestructura	Cantidad	Precio de compra (S/.)	Vida útil de Equipo (años)	Tiempo de uso (minutos)	Depreciación por Minuto (S/.)	Costo por Procedimiento
	[illegible]						[illegible]
	Insumos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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Código Item – Unid.	Insumos y Mano de Obra Directa	Rendimiento Mensual del Recurso	Precio de Compra (S/.)	Unidad de Medida del Recurso	Rendimiento de la Unidad de Consumo	Cantidad de Horas Utilizadas	Costo por Unidad de Horas
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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UNIDAD DE COSTOS
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Página 1

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Orden	Descripción	Ingreso Promedio en Minutos Mensuales	Ingreso Extra Promedio en Minutos Mensuales	Jornada Laboral en Minutos	Costo Promedio por Minuto del Personal	Tiempo Promedio del Procedimiento Medido en	Costo por Actividad Medida
	Personal Asistencial						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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	[illegible]						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Codigo	Descripción	Cantidad	Precio de Compra	Vida Útil de Depreciación (años)	Tiempo de Uso (minutos)	Depreciación por Minuto	Costo por Depreciación
	[illegible]						
	Equipos						
	[illegible]	[illegible]	-	[illegible]	[illegible]		-
[illegible]	[illegible]	[illegible]	-	[illegible]	[illegible]		-
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	Mobiliario						
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	Instrumental						
	[illegible]						
	Infraestructura						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						

Codigo	Descripción	Equivalencia Medida de Consumo	Precio de Compra (Soles)	Unidad de Medida de Adquisición	Equivalencia de la Unidad de Consumo	Cantidad de Unidades Utilizadas	Costo por Unidad de Medida
	[illegible]						
	Medicamentos						
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PAQUETE: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ítem (a)	Especialidad	Horas Promedio del Personal Asistencial (b)	Horas Promedio del Personal Asistencial (c) = (a x b)	Jornada Laboral en Horas (d)	Índice Productividad (e) = (c / d x 100%)	Trabajo Productivo del Personal Asistencial (f)	Costo por Hora Promedio (g) = (f x g)
	[illegible]						[illegible]
	[illegible]						
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Código (CPMS - SNIP)	Equipo, Mobiliario, Instrumental e Inmueble	Cantidad	Precio de Compra ($)	Tiempo de Depreciación (Años)	Tiempo de Uso (Horas)	Depreciación por Minuto ($)	Costo por Depreciación
	[illegible]						[illegible]
	[illegible]						
	[illegible]	[illegible]	-	[illegible]	[illegible]		-
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]

Código (CPMS - SNIP)	Insumos y Material Médico	Cantidad Promedio de Insumos	Precio de Compra ($)	Unidad de Medida de Insumos	Cantidad de Insumos en Consulta	Cantidad de Insumos Consumidos	Costo por Unidad de Insumo
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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UNIDAD DE COSTOS
INSUMOS Y
TARIFAS

PLANEAMIENTO

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Items	Descripción	Ingresos Promedio por Recurso Humano	Ingreso Por Unidad del Recurso Humano	Horas Laborales del Recurso Humano	Costo Promedio por Minuto del Recurso Humano	Tiempo Promedio del Procedimiento en minutos	Costo por Recurso Humano
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]						
Codigo	Equipos, Mobiliario, Instrumentales y Material Quirúrgico	Cantidad	Precio de Adquisición (S/.)	Tiempo de Vida Útil (años)	Depreciación por Minuto (S/.)	Tiempo por Procedimiento	Costo por Procedimiento
	[illegible]						
	[illegible]						
	[illegible]						
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Codigo	Insumos y Medicamentos	Requerimiento de Medicamento en cantidades	Precio de Adquisición (S/.)	Unidad de Medida de Medicamento	Requerimiento de la unidad de Medicamento	Cantidad de Medicamento en Minutos	Costo por Unidad de Medicamento
	[illegible]						
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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HOSPITAL NACIONAL ARZOBISPO LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 04552

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Ítem	Descripción	Cantidad	Precio de compra	Tiempo de Operación	Tiempo de Uso	Depreciación anual	Costo por Operación
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código [illegible]	[illegible]	Cantidad	Precio de compra	Tiempo de Operación	Tiempo de Uso	Depreciación anual	Costo por Operación
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	1		0	0		
[illegible]	[illegible]	1	-	0	0		-
[illegible]	[illegible]	1	[illegible]	0	0	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	0	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	0	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	0	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	0	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	0	0	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	10	1	[illegible]	[illegible]
	[illegible]						[illegible]

Código [illegible]	Descripción y Material [illegible]	Cantidad de Unidades de Medida	Precio de compra	Cantidad de Unidades de Medida	Cantidad de Unidades de [illegible]	Cantidad de Unidades de Medida	Costo por Unidad de Medida
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	4	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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UNIDAD DE COSTOS
INGRESOS Y
EGRESOS

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[illegible]	[illegible]	Unid	[illegible]	Unidad	[illegible]	[illegible]	[illegible]
	Servicios			Cantidad	Tiempo de Ejecución	Periodicidad	Total Costo Servicios
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	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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DIRECTORA DE
PLANEAMIENTO
ESTRATÉGICO
000071

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMA: [illegible]

DESCRIPCION DEL CPMA: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Renglón	Nombre del	Cantidad Material del Recurso Requerido	Costo del Material del Recurso Requerido	Cantidad utilizada en la unidad de	Costo Promedio por Minuto del Área	Tiempo Estándar del Procedimiento Médico	Costo por Recurso Requerido
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Código [illegible]	[illegible]	Cantidad	Precio en Compra [illegible]	Unidad de Medida de Consumo	Consumo de Uso [illegible]	Depreciación por Minuto [illegible]	Costo por Actividad [illegible]
	[illegible]						[illegible]
	[illegible]						
	[illegible]	1	-	1	1		-
[illegible]	[illegible]	1	-	1	1		-
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
	[illegible]						
	[illegible]						
	[illegible]						
	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
	[illegible]						[illegible]
Código [illegible]	[illegible]	Cantidad de Unidad de Medida	Precio en Compra [illegible]	Unidad de Medida de Consumo	Consumo de Unidad de Medida de Consumo	Cantidad de Unidad Utilizada	Costo por Unidad de Medida
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]

SECRETARIA DE PLANEAMIENTO

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]						
	[illegible]						[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO:

CODIGO CPMS:

DESCRIPCION DEL CPMS:

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Items (a)	Descripción	Ingreso Promedio por Recurso Humano (b)	Ingreso Total Promedio del Recurso Humano (c) = (a)*(b)	Horas Laboradas (d)	Costo Hora Promedio del Recurso Humano (e) = (c)/(d)	Tiempo asignado del Procedimiento (f)	Costo del Recurso Humano (g) = (e)*(f)
	Recursos Humanos						**[illegible]**
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código (Item - Nº)	Insumos, Medicinas, Instrumental y Infraestructura	Cantidad	Precio de Adquisición (c)	Tiempo de Depreciación (d)	Tiempo de Uso (e)	Depreciación por Minuto (f)	Costo por Procedimiento
	[illegible]						**[illegible]**
	[illegible]						
[illegible]	[illegible]	1	-	5	5		-
[illegible]	[illegible]	1	-	5	5		-
[illegible]	[illegible]	1	[illegible]	5	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	5	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	10	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	5	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	5	[illegible]	[illegible]
	[illegible]						
	-	-	-	-	-	-	-
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
	[illegible]						**[illegible]**

Código (Item - Nº)	Insumos y Medicamentos	Requerimiento Promedio de Insumos (a)	Precio de Adquisición (b)	Unidad de Medida de Adquisición	Equivalencia de la Unidad de Consumo	Cantidad de Insumos Utilizados	Costo por Insumos en Soles
	[illegible]						**[illegible]**
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO:

CODIGO CPMS:

DESCRIPCION DEL CPMS:

N° de unidad (U)	Tipo de unidad	Jornal Ordinario del Hospital (Soles)	Jornal Total Ordinario del Hospital (Soles)	Jornal Adicional (%)	Costo Responsable del Jornal (S/. - U.Dia)	Jornal Equivalente de Procedimiento (Minutos)	Costo por Minuto de Jornal (S/.)
	Personal Calificado						
	1 Especialista Por Medicina - Tecnico de Medicina						
1	Tecnico de Laboratorio	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	1 Especialista Analisis - Procedimiento de Laboratorio						
1	Tecnico Medico	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	1 Especialista Para Servicio Consejo de Laboratorio						
1	Medico Especialista	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	Tecnico de Laboratorio	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Codigo (Clase - Grupo)	Equipo Medico Quirurgico, Instrumental e Infraestructura	Vida Util	Precio de Adquisicion (S/.)	Tiempo de Mantenimiento (Horas)	Costo de Mantenimiento (S/.)	Costo por Depreciacion (S/.)	Costo por Depreciacion
	Equipo Medico Quirurgico, Instrumental e Infraestructura						[illegible]
	Equipos						
[illegible]	[illegible]	1	-	8	1		
[illegible]	[illegible]	1	-	8	1		
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	8	1	[illegible]	[illegible]
	Instrumental						
	-						
	Infraestructura						
	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
	[illegible]						[illegible]

Codigo (Clase - Grupo)	Insumos y Medicamentos	Tiempo de vida medio de consumo	Precio de compra (S/.)	Unidad de Medida de consumo	Rendimiento de la Unidad de Medida	Cantidad de Insumo Utilizada	Costo por Unidad de Medida
	Insumos Medicos Medicos						[illegible]
	Gasas de Seguridad Esteril de Rayos						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	1 Actividad Por Analisis - Tecnico de Medicina						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

RANGANDRETE

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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HOSPITAL NACIONAL
ARZOBISPO
LOAYZA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO:

CODIGO CPMS:

DESCRIPCION DEL CPMS:

N° de ítem	Recurso Humano	Número Horas/Hombre	Sueldo Mensual	Unidad de Medida	Tiempo Promedio por Actividad	Costo Hora/Hombre	Costo por Recurso Humano
	Personal Asistencial						
	Anestesiólogo Jefe de Servicio						
1	Médico Anestesiólogo						
	Anestesiólogo Responsable / Procedimiento de la Cirugía						
2	Anestesiólogo Asistente						
3	Médico Residente						
	Enfermera Jefe del Servicio de Nefrología						
4	Enfermera de Apoyo						

Código	Insumos, Medicamentos y Material Quirúrgico	Cantidad	Precio de Compra	Tiempo de Depreciación	Tiempo de Uso	Costo por Actividad	Costo por Recurso
	Insumos, Medicamentos y Material Quirúrgico						
	Medicinas						
	Propofol						
	Fentanilo						
	Rocuronio						
	Sevoflurano						
	Ketorolaco						
	Ondansetron						
	Dexametasona						
	Material Quirúrgico						
	Bolsa de Sangre						
	Bolsa de Orina						
	Bolsa de Heces						
	Material de Laboratorio						
	Tubo de Ensayo						
	Tubo de Ensayo						
	Material de Anestesia						
	Tubo Endotraqueal						
	Tubo Endotraqueal						

Código	Maquinaria y Equipo Médico	Costo Unitario de Adquisición	Vida útil	Unidad de Medida de Depreciación	Tiempo de Uso de la Unidad de Depreciación	Depreciación por Actividad	Costo por Unidad de Medida
	Maquinaria y Equipo Médico						
	Equipo de Anestesia Jaulón de Trabajo						
	Monitor de Anestesia						
	Bomba de Infusión						
	Equipo de Hemodiálisis						
	Equipo de Hemodiálisis Con Tina 2 EE						
	Equipo Para Diálisis Peritoneal Tipo 2 L Cada Una						
	Equipo Para Hemodiálisis Con Angiografía						
	Equipo Para Hemodiálisis Tipo 2 L						
	Equipo Para Hemodiálisis Tipo 2 L						

UNIDAD DE COSTOS
HNAL/DEA
LOAYZA

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HOSPITAL NACIONAL
ARTURO
IZAVEA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Orden	Descripción	Cantidad Estimada del Recurso Humano (1)	Costo Total Estimado del Recurso Humano (S/.)	Horas Laborales al Mes (h)	Costo Promedio por Minuto del Recurso Humano (S/.)	Tiempo Estimado del Procedimiento (minutos) (d)	Costo del Recurso Humano (S/.)
	Recursos Humanos						**[illegible]**
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código	Descripción	Cantidad	Precio de Compra (S/.)	Tiempo de Depreciación (años)	Tiempo de Uso (minutos)	Depreciación por Min. de Uso (S/.)	Costo por Uso (S/.)
	[illegible]						**[illegible]**
	[illegible]						
[illegible]	[illegible]	1	-	5	1	-	-
[illegible]	[illegible]	1	-	5	1	-	-
[illegible]	[illegible]	1	[illegible]	5	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	1	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]	[illegible]
	[illegible]						
	-	-			-		
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	[illegible]	10	[illegible]	10	1	[illegible]	[illegible]
	[illegible]						**[illegible]**

Código	Descripción	Tiempo de Vida de Activo	Precio de Compra (S/.)	Unidad de Medida de Activo	Factor de Uso de Activo	Cantidad de Activos Utilizada	Costo del Activo
	[illegible]						**[illegible]**
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	10	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
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HOSPITAL NACIONAL
ANTONIO
LORENZO
GUEVARA

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ítem (a)	Especialidad	Jornal Mensual del Recurso Humano (b)	Jornal Hora Mensual del Recurso Humano (c) (b/[illegible])	Horas laborales en minutos (d)	Tiempo Promedio por Minuto del RH (c/d x 60)	Tiempo Efectivo del Procedimiento Medido (e)	Costo del Recurso Humano (minutos) (f=e/d x c)
	Recurso Humano						**[illegible]**
	Clínicas Del Acuerdo - Zona de Rivadavia						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Clínicas Acuerdo - Consultorio de [illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Clínicas Del Acuerdo - Zona de Rivadavia						
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Código (MNU - MEU)	Insumos Médicos - Uso y control de [illegible]	Especialidad	Precio de compra (E)	Tiempo de Duración (minutos)	Tiempo de uso (minutos)	Proporción por Intervención (F)	Costo por Intervención
	Equipos, Mobiliario, Instrumental y Vidrio de Laboratorio						**[illegible]**
	Prótesis						
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	Instrumental						
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	Instrumental						
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	Instrumental						
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	[illegible]						**[illegible]**

Código (MNU - MEU)	Insumos y Bienes de Consumo	Cantidad de Insumos en unidades	Precio de compra (G)	Unidades de Medida de consumo	Rendimiento de la unidad de Consumo	Costo total de Insumos (unidades)	Costo por Unidad de Insumo
	Insumos y Bienes de Consumo						**[illegible]**
	Zona de Seguridad Sanitaria de Rosario						
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	Clínicas Del Acuerdo - Zona de Rivadavia						
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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	Servicios			Agua	Factor de Distribución	Producción	Total Costos Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (a)	Equipamiento	Vida Útil Total del Equipo Biomédico (E)	Vida Útil Total del Equipo Biomédico (E) (h/día)	[illegible] (M)	Costo Promedio por Minuto del Bien (U) (S/.)	Tiempo Estándar del Procedimiento Médico (H)	Costo por Equipo Estándar (Costo/Día)
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PRECIO MINSUTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código [illegible]	[illegible]		Promedio [illegible]	Promedio [illegible]	Promedio [illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]			
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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Código [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	Pieza	1	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible] Publicidad Promocional de la Institución						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible] Material [illegible] y Entrega de Resultados						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]			Costo	Precio de [illegible]	[illegible]	Total [illegible]
[illegible]	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMN: [illegible]

DESCRIPCION DEL CPMN: [illegible]

[illegible]	Descripción	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 87177

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (In)	Especialidad	Número Mínimo del Recurso Humano (Fi)	Número Mínimo del Recurso Humano (Horas-Hombre)	Horas Efectivas por Trabajador (Hi)	Costo Promedio por Hora del Recurso Humano	Tiempo Estándar del Procedimiento Médico (Ti)	Costo por Recurso Humano
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Código Insumo - SIGA	**Insumos, Productos Farmacéuticos y Afines Medicinales**		**Precio de compra (Pi)**	**Tiempo de Depreciación (años)**	**Tiempo de Vida (horas-hombre)**	**Tiempo Medido por Procedimiento (Ti)**	**Costo por Procedimiento**
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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	[illegible]						
	[illegible]	[illegible]	[illegible]	[illegible]			
	[illegible]						[illegible]
Código CUM - SIGA	**Insumos y Productos Médicos**	**Equivalencia mínima de consumo**	**Costo de compra (Pi)**	**Unidad de medida de consumo**	**Equivalencia de a unidad de Consumo**	**Cantidad de Productos Utilizados**	**Costo por Unidad de Medida**
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMSS: [illegible]

DESCRIPCION DEL CPMSS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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HOSPITAL NACIONAL
ANZOátEGUI
IDAYTA

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COSTO ESTANDAR : ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
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	[illegible]						[illegible]
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	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Ambiente (A)	Nombre del	Número Mensual de Recursos Humanos (B)	Pago Mensual del Recurso Humano (por U.P.) (C)	Jornada Laboral en minutos (D)	Costo Hora por Minuto de Uso (E=A x C/D)	Tiempo Promedio del Procedimiento en Minutos (F)	Costo por Procedimiento Formato (G=E x F)
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código (A.G.I. - N°)	**Nombre Medicamento, Insumo Quirúrgico o Material**		**Precio de compra (U.)**	**Tiempo de Vida Útil (Meses)**	**Tiempo de Uso (Minutos)**	**Depreciación por Minuto (D)**	**Costo por Depreciación**
[illegible]	[illegible]						[illegible]
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
Código (A.G.I. - N°)	**Insumos y Material médico**	**Tipo/Unidad de Medida de Insumos**	**Precio de compra (U.)**	**Unidad de Medida en Minutos**	**Rendimiento de la unidad de Insumo**	**Cantidad de Insumo (Minutos)**	**Costo por Unidad de Medida**
[illegible]	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Servicios			Costo	Tiempo de Distribución	Producción	Total Costos Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
	[illegible]					
1	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]					
1	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]					
1	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
	[illegible]					
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]
	[illegible]					
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]
	[illegible]					
[illegible]	[illegible]	1	[illegible]	10	1	[illegible]
	[illegible]					
	[illegible]	1	[illegible]	10	1	[illegible]
	[illegible]					[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]					[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	10	[illegible]
	[illegible]					
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

OFICINA DE
PLANEAMIENTO
ESTRATEGICO

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Servicios			Tasa	Costo de Producción	Producción	Total Costo Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCIÓN DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]							
	[illegible]						
[illegible]	[illegible]	1	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]						[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	12	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCESO/EVENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Orden (1)	Especialidad	Número promedio de horas de Atención (2)	Número total de horas del Personal Asistencial (3=1x2)	Jornada (25 horas de atención) (4)	Costo Promedio por Jornada del Personal Asistencial (5)	Tiempo Promedio del Procedimiento Médico (6)	Costo por Atención (7=4/5*6)
	[illegible]						[illegible]
	[illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Código (Cód. Unico)	Equipos, Materiales, Instrumentales e Insumos Médicos		Precio de Unidad (2)	Tiempo de Consumo del Material	Tiempo de Uso del Equipo	Depreciación por Unidad (3)	Costo por Tiempo de Uso
	[illegible]						[illegible]
	Equipos						
	Mobiliario						
	Instrumentales						
[illegible]	[illegible]	1	[illegible]	1	1	[illegible]	[illegible]
	[illegible]						[illegible]
Código (Cód. - Nº)	Medicinas y Material Médico	Cantidad de Unidades de Medicinas	Precio de Unidad (2)	Unidad de Medida de Medicinas	Frecuencia de Medicinas en Tratamiento	Cantidad de Medicinas Utilizada	Costo por Unidad de Medicina
	Medicinas y Material Médico						[illegible]
	Otros de Especialidad Usados en Riñón						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Servicios			Costo	Factor de Distribución	Prorrateo Real	Total Costo Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]						[illegible]
	[illegible]	[illegible]					[illegible]
	[illegible]	[illegible]					[illegible]
[illegible]	[illegible]						[illegible]

COSTO ESTANDAR : ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: T8700

DESCRIPCION DEL CPMS: [illegible]

Cantidad (C)	Descripción	Ingreso Mensual en Recursos Humanos (I)	Ingreso total Mensual por Recursos Humanos (I*C)	Horas efectivas de labores (h)	Costo Hora efectiva por RH (Ch) (I / h)	Tiempo Promedio del Procedimiento Médico (t)	Costo por Recurso Humano (Ch*t*C)
	Recursos Humanos						**[illegible]**
	Cirujano Angiólogo y Especialista de Cirugía						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Cirujano Especialista y Cirujano del Trasplante						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Cirujano Urólogo y especialista de pelvis renal						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Anestesiólogo Especialista del Trasplantado						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Anestesiólogo Cirujano y especialista del Receptor						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Anestesiólogo Especialista en Hemodiálisis						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Anestesiólogo Especialista en Hemodiálisis						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Código (CPT - BKT)	Insumos, medicamentos, otros insumos y otros materiales	Cantidad	Precio de compra (S/.)	Tiempo de Depreciación (meses)	Tiempo de Uso (meses)	Depreciación del Mobiliario (S/.)	Costo por Depreciación
	Equipos, Mobiliario, Microscopio y otros insumos						**[illegible]**
	Equipos						
[illegible]	[illegible]	1	[illegible]	1	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	15	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	1	[illegible]	10	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	15	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	15	[illegible]	[illegible]
	Instrumental						
-	-	-	-				
	Material quirúrgico						
	[illegible]	1	[illegible]	10	15	[illegible]	[illegible]
	[illegible]						**[illegible]**

Código (CPT - BKT)	Insumos y Materiales Médicos	Ingreso total Mensual en Insumos	Precio de compra (S/.)	Tiempo de Depreciación en meses	Depreciación de la unidad de Consumo	Cantidad de insumos consumidos	Costo por Unidad de Insumo
	Insumos y Materiales Médicos						**[illegible]**
	Kit de seguridad [illegible]						

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: Angiografía de injerto

CODIGO CPMS: 76040

DESCRIPCIÓN DEL CPMS: [illegible]

N° de Renglón (R)	Descripción	Precio Referencial del Recurso Humano (S/)	Ingreso anual Referencial del Recurso Humano (S/)	Jornada anual en horas (H)	Horas Productivas por Referencial del RH (H / Jornada)	Tiempo Estándar no Productivo Medido (H)	Costo por Recurso Humano (S/)
	Recursos Humanos						**[illegible]**
	Actividad: Registro y Organización de Ficha						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Recepción y Verificación del Paciente						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Orientación y preparación del paciente						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Cuidado y Traslado del Escolapio						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
Código (CB) - SNP	**Insumos, Bienes Muebles, Instrumental y Material Auxiliar**	**Cantidad**	**Precio de compra (S/.)**	**Tiempo de depreciación (Años)**	**Factor de uso (Valor decimal)**	**Depreciación por Minuto (S/.)**	**Costo por Depreciación**
	[illegible]						**[illegible]**
	Insumos						
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	[illegible]	[illegible]	[illegible]
	Medicamentos						
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
	Instrumental						
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	Material Quirúrgico						
	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
	Total de Costo Total						**[illegible]**
Código (CB) - SNP	**Herramientas y Equipo de Soporte**	**Cantidad de equipos**	**Precio de compra (S/.)**	**Vida útil de equipo (Años)**	**Factor de uso (Valor decimal)**	**Depreciación por minuto (S/.)**	**Costo por Depreciación**
	Equipos y Material Médico						**[illegible]**
	Costo de Depreciación Equipo de Apoyo						

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: Ecografía de Hígado y Páncreas

CODIGO CPMS: 76775

DESCRIPCION DEL CPMS: [illegible]

Código CPMS	Descripción	Jornada Promedio de Recursos Humanos (T)	Jornada Total Promedio del Recurso Humano (Horas/Año)	Jornadas Laborales del Hospital (L)	Costo Promedio por Minuto del Recurso Humano (C)	Tiempo Estándar del Procedimiento Médico (t)	Costo del Recurso Humano (Soles/Año)
	[illegible]						[illegible]
	1 Actividad: Ingreso y Asignación de Cita						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	2 Actividad: Recepción y Verificación del Paciente						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	3 Actividad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	4 Actividad: Realización del Procedimiento						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	20	[illegible]
	5 Actividad: Limpieza y Desinfección de Ambientes						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	6 Actividad: Ingreso del Expediente						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	7 Actividad: Entrega de Resultados						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código CPMS	Insumos, Materiales, Instrumental e Infraestructura	Cantidad	Precio de Compra (S/.)	Tiempo de Vida Útil (Años)	Tiempo de Uso (Años/Año)	Depreciación por Minuto (S/.)	Costo por Procedimiento
	[illegible]						[illegible]
	Equipos						
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	5	10	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	10	[illegible]	[illegible]
	Instrumental						
	[illegible]						
	Infraestructura						
	[illegible]	1	[illegible]	50	10	[illegible]	[illegible]
	COSTO TOTAL [illegible]						[illegible]

Código CPMS	Insumos y Materiales Médicos	Especificación Técnica del Insumo	Precio de Compra (S/.)	Unidad de Medida del Insumo	Equivalencia de la Unidad de Suministro	Cantidad de Insumo Utilizado	Costo por Unidad de Medida
	[illegible]						[illegible]
	[illegible]						

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: 76775

DESCRIPCION DEL CPMS: [illegible]

N° de Renglón (a)	Descripción (b)	Número Mensual del Personal Asignado (c)	Número Mensual de Horas Asignadas (en Días)	Jornada Laboral en Horas (d)	Días Promedio por Mes de Trabajo (e = 365/12)	Número Promedio de Procedimientos Mensuales (f)	Costo por Renglón (g = d*e/f)
	Renglón 1 - Remuneraciones						**[illegible]**
	Modalidad: Empleados a Dedicación de Día						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: Asistenciales y de Alumnos del Postgrado						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: [illegible]						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: Contrato de Servicios						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: Contrato de Servicios						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: Contrato de Servicios						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Modalidad: Contrato de Servicios						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código (Mes - Mes)	Descripción Detallada de Insumos Médicos y Medicamentos	Cantidad	Precio de Adquisición (S/.)	Frecuencia de Reposición (Anual)	Tiempo de Vida (Meses)	Costo Unitario por Mes (S/.)	Costo por Renglón Anual
	[illegible]						**[illegible]**
	Equipos						
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	1	36	[illegible]	[illegible]
	Mobiliario						
[illegible]	[illegible]	1	[illegible]	10	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	36	[illegible]	[illegible]
[illegible]	[illegible]	1	[illegible]	10	36	[illegible]	[illegible]
	Instrumental						
	[illegible]						
	Instrumental						
	[illegible]	1	[illegible]	10	36	[illegible]	[illegible]
	[illegible]						**[illegible]**

Código (Mes - Mes)	Descripción Detallada de Insumos Médicos y Medicamentos	Cantidad Promedio de Consumo	Precio de Adquisición (S/.)	Frecuencia de Reposición (Anual)	Tiempo de Vida (Meses)	Costo Unitario por Mes (S/.)	Costo por Unidad de Medida
	Insumos y Medicamentos						**[illegible]**
	Grupo de Especialidad: Cuidado de Riñón						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
	[illegible]						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

	[illegible]						
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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]						[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	Servicios			Monto	Cantidad de Orden de Pedido	Producción	Total Costos Servicios
	[illegible]					[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]
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	[illegible]	[illegible]					[illegible]
	[illegible]						[illegible]

COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

N° de Horas (u)	Personal	Costo Mensual del Personal (Soles) (1)	Jornada Mensual del Personal (Horas) (u)	Horas Laborales (u)	Costo Promedio por Hora del Personal (1 / u)	Jornada Efectiva del Personal (u)	Costo por Personal Relevante (u * 1/u)
	Personal de Enfermería						[illegible]
	Actividad: Registro y Evaluación de Pre						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Recepción y Verificación de Paciente						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Orientación y preparación del paciente						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Realización del Procedimiento						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Control y Cuidados del Resultado						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Indicación del Resultado						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]
	Actividad: Entrega de Resultado						
1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1	[illegible]

Código (CPMS – INEN)	Insumos, Materiales, Medicamentos e Instrumental	Cantidad	Precio de Compra (S/.)	Tiempo de Vida Útil (años)	Tiempo de Uso (horas)	Depreciación por Hora Utilizada (S/.)	Costo por Depreciación
	[illegible]						[illegible]
	Insumos						
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	Medicamentos						
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[illegible]	[illegible]	1	[illegible]	10	8	[illegible]	[illegible]
	Instrumental						
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[illegible]	[illegible]	1	[illegible]	10	8	[illegible]	[illegible]
	Instrumental						
[illegible]	[illegible]	1	[illegible]	10	8	[illegible]	[illegible]
	[illegible]						[illegible]

Código (CPMS – INEN)	Maquinaria y Equipo de Soporte	Cantidad de Equipos de Soporte	Precio de Compra (S/.)	Vida Útil de Maquinaria (años)	Cantidad de Horas de Uso (horas)	Cantidad de Horas Utilizadas	Costo por Hora de Uso
	[illegible]						[illegible]
	Equipos y Maquinaria Clínica						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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COSTO ESTANDAR – ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

DESCRIPCION DEL CPMS: [illegible]

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COSTO ESTANDAR - ESTUDIO DE COSTOS DE TRANSPLANTE RENAL

NOMBRE DEL PROCEDIMIENTO: [illegible]

CODIGO CPMS: [illegible]

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