

DRAFT

FORM CMS-2552-10

4090 (Cont.)

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B,
PART I

COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wskt A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS 4	SUBTOTAL (cols. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7		
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2							
		0	1							2
GENERAL SERVICE COST CENTERS										
1	Capital Related Costs-Buildings and Fixtures									1
2	Capital Related Costs-Movable Equipment									2
4	Employee Benefits									4
5	Administrative and General									5
6	Maintenance and Repairs									6
7	Operation of Plant									7
8	Laundry and Linen Service									8
9	Housekeeping									9
10	Dietary									10
11	Cafeteria									11
12	Maintenance of Personnel									12
13	Nursing Administration									13
14	Central Services and Supply									14
15	Pharmacy									15
16	Medical Records & Medical Records Library									16
17	Social Service									17
18	Other General Service (specify)									18
19	Nonphysician Anesthetists									19
20	Nursing School									20
21	Intern & Res. Service-Salary & Fringes (Approved)									21
22	Intern & Res. Other Program Costs (Approved)									22
23	Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS										
30	Adults and Pediatrics (General Routine Care)									30
31	Intensive Care Unit									31
32	Coronary Care Unit									32
33	Burn Intensive Care Unit									33
34	Surgical Intensive Care Unit									34
35	Other Special Care Unit (specify)									35
40	Subprovider IPF									40
41	Subprovider IRF									41
42	Subprovider (specify)									42
43	Nursery									43
44	Skilled Nursing Facility									44
45	Nursing Facility									45
46	Other Long Term Care									46

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

Rev. 1

4090 (Cont.)

FORM CMS-2552-10

40-535

DRAFT

COST ALLOCATION - GENERAL SERVICE COSTS

PERIOD:
FROM _____
TO _____

WORKSHEET B,
PART I

COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wskt A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT		
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT							
		0	1							2
ANCILLARY SERVICE COST CENTERS										
50	Operating Room									50
51	Recovery Room									51
52	Labor Room and Delivery Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	Computed Tomography (CT) Scan									57
58	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catheterization									59
60	Laboratory									60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Patients									71
72	Implantable Devices Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic									90
91	Emergency									91
92	Observation Beds									92
93	Other Outpatient Service (specify)									93

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

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FORM CMS-2552-10

Rev. 1
4090 (Cont.)

COST ALLOCATION - GENERAL SERVICE COSTS

PERIOD:

WORKSHEET B,

FROM _____
TO _____

PART I

COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wskt A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS 4	SUBTOTAL (cols. 0-4) 4A	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2						
		0							
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance Services								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not appvd. tchnng. prgm.)								100
101	Home Health Agency								101
SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)								118
NONREIMBURSABLE COST CENTERS									
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research								191
192	Physicians' Private Offices								192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)								194
200	Cross Foot Adjustments								200
201	Negative Cost Centers								201
202	TOTAL (sum lines 118-201)								202

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:

WORKSHEET
PART I

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	8	9	10	11	12	13	14	15	16	17
	GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures										
2 Capital Related Costs-Movable Equipment										
4 Employee Benefits										
5 Administrative and General										
6 Maintenance and Repairs										
7 Operation of Plant										
8 Laundry and Linen Service										
9 Housekeeping										
10 Dietary										
11 Cafeteria										
12 Maintenance of Personnel										
13 Nursing Administration										
14 Central Services and Supply										
15 Pharmacy										
16 Medical Records & Medical Records Library										
17 Social Service										
18 Other General Service (specify)										
19 Nonphysician Anesthetists										
20 Nursing School										
21 Intern & Res. Service-Salary & Fringes (Approved)										
22 Intern & Res. Other Program Costs (Approved)										
23 Paramedical Education Program (specify)										
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)										
31 Intensive Care Unit										
32 Coronary Care Unit										
33 Burn Intensive Care Unit										
34 Surgical Intensive Care Unit										
35 Other Special Care Unit (specify)										
40 Subprovider IPF										
41 Subprovider IRF										
42 Subprovider (specify)										
43 Nursery										
44 Skilled Nursing Facility										
45 Nursing Facility										
46 Other Long Term Care										

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET
PART I

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	8	9	10	11	12	13	14	15	16	17
ANCILLARY SERVICE COST CENTERS										
50	Operating Room									
51	Recovery Room									
52	Labor Room and Delivery Room									
53	Anesthesiology									
54	Radiology-Diagnostic									
55	Radiology-Therapeutic									
56	Radioisotope									
57	Computed Tomography (CT) Scan									
58	Magnetic Resonance Imaging (MRI)									
60	Cardiac Catheterization									
61	Laboratory									
62	PBP Clinical Laboratory Services-Program Only									
63	Whole Blood & Packed Red Blood Cells									
64	Blood Storing, Processing, & Trans.									
65	Intravenous Therapy									
66	Respiratory Therapy									
67	Physical Therapy									
68	Occupational Therapy									
69	Speech Pathology									
70	Electrocardiology									
71	Electroencephalography									
72	Medical Supplies Charged to Patients									
73	Implantable Devices Charged to Patients									
74	Drugs Charged to Patients									
75	Renal Dialysis									
76	ASC (Non-Distinct Part)									
77	Other Ancillary (specify)									
OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)									
89	Federally Qualified Health Center (FQHC)									
90	Clinic									
91	Emergency									
92	Observation Beds									
93	Other Outpatient Service (specify)									

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

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4090 (Cont.)

FORM CMS-2552-10

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COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:

WORKSHEET

								FROM _____	PART I	
								TO _____		
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	8	9	10	11	12	13	14	15	16	17
OTHER REIMBURSABLE COST CENTERS										
94	Home Program Dialysis									
95	Ambulance Services									
96	Durable Medical Equipment-Rented									
97	Durable Medical Equipment-Sold									
98	Other Reimbursable (specify)									
99	Outpatient Rehabilitation Provider (specify)									
100	Intern-Resident Service (not appvd. tchnng. prgm.)									
101	Home Health Agency									
SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition									
106	Heart Acquisition									
107	Liver Acquisition									
108	Lung Acquisition									
109	Pancreas Acquisition									
110	Intestinal Acquisition									
111	Islet Acquisition									
112	Other Organ Acquisition (specify)									
115	Ambulatory Surgical Center (Distinct Part)									
116	Hospice									
117	Other Special Purpose (specify)									
118	SUBTOTALS (sum of lines 1-117)									
NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen									
191	Research									
192	Physicians' Private Offices									
193	Nonpaid Workers									
194	Other Nonreimbursable (specify)									
200	Cross Foot Adjustments									
201	Negative Cost Centers									
202	TOTAL (sum lines 118-201)									

B. COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET
PART I

COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
		18	19	20	21	22	23	24	25	26
GENERAL SERVICE COST CENTERS										
1	1	Capital Related Costs-Buildings and Fixtures								
2	2	Capital Related Costs-Movable Equipment								
4	4	Employee Benefits								
5	5	Administrative and General								
6	6	Maintenance and Repairs								
7	7	Operation of Plant								
8	8	Laundry and Linen Service								
9	9	Housekeeping								
10	10	Dietary								
11	11	Cafeteria								
12	12	Maintenance of Personnel								
13	13	Nursing Administration								
14	14	Central Services and Supply								
15	15	Pharmacy								
16	16	Medical Records & Medical Records Library								
17	17	Social Service								
18	18	Other General Service (specify)								
19	19	Nonphysician Anesthetists								
20	20	Nursing School								
21	21	Intern & Res. Service-Salary & Fringes (Approved)								
22	22	Intern & Res. Other Program Costs (Approved)								
23	23	Paramedical Education Program (specify)								
INPATIENT ROUTINE SERVICE COST CENTERS										
30	30	Adults and Pediatrics (General Routine Care)								
31	31	Intensive Care Unit								
32	32	Coronary Care Unit								
33	33	Burn Intensive Care Unit								
34	34	Surgical Intensive Care Unit								
35	35	Other Special Care Unit (specify)								
40	40	Subprovider IPF								
41	41	Subprovider IRF								
42	42	Subprovider (specify)								
43	43	Nursery								
44	44	Skilled Nursing Facility								
45	45	Nursing Facility								
46	46	Other Long Term Care								

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

B, COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET PART I		
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
		18	19	20	21	22	23	24	25	26
ANCILLARY SERVICE COST CENTERS										
50	50	Operating Room								
51	51	Recovery Room								
52	52	Labor Room and Delivery Room								
53	53	Anesthesiology								
54	54	Radiology-Diagnostic								
55	55	Radiology-Therapeutic								
56	56	Radioisotope								
57	57	Computed Tomography (CT) Scan								
58	58	Magnetic Resonance Imaging (MRI)								
59	60	Cardiac Catheterization								
60	61	Laboratory								
61	62	PBP Clinical Laboratory Services-Program Only								
62	63	Whole Blood & Packed Red Blood Cells								
63	64	Blood Storing, Processing, & Trans.								
64	65	Intravenous Therapy								
65	66	Respiratory Therapy								
66	67	Physical Therapy								
67	68	Occupational Therapy								
68	69	Speech Pathology								
69	70	Electrocardiology								
70	71	Electroencephalography								
71	72	Medical Supplies Charged to Patients								
72	73	Implantable Devices Charged to Patients								
73	74	Drugs Charged to Patients								
74	75	Renal Dialysis								
75	76	ASC (Non-Distinct Part)								
76	77	Other Ancillary (specify)								
OUTPATIENT SERVICE COST CENTERS										
88	88	Rural Health Clinic (RHC)								
89	89	Federally Qualified Health Center (FQHC)								
90	90	Clinic								
91	91	Emergency								
92	92	Observation Beds								
93	93	Other Outpatient Service (specify)								

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

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FORM CMS-2552-10

B, COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO.:

PERIOD:

WORKSHEET I

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						FROM _____	PART I			
						TO _____				
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26
OTHER REIMBURSABLE COST CENTERS										
94	94 Home Program Dialysis									
95	95 Ambulance Services									
96	96 Durable Medical Equipment-Rented									
97	97 Durable Medical Equipment-Sold									
98	98 Other Reimbursable (specify)									
99	99 Outpatient Rehabilitation Provider (specify)									
100	100 Intern-Resident Service (not appvd. tchnng. prgm.)									
101	101 Home Health Agency									
SPECIAL PURPOSE COST CENTERS										
105	105 Kidney Acquisition									
106	106 Heart Acquisition									
107	107 Liver Acquisition									
108	108 Lung Acquisition									
109	109 Pancreas Acquisition									
110	110 Intestinal Acquisition									
111	111 Islet Acquisition									
112	112 Other Organ Acquisition (specify)									
115	115 Ambulatory Surgical Center (Distinct Part)									
116	116 Hospice									
117	117 Other Special Purpose (specify)									
118	118 SUBTOTALS (sum of lines 1-117)									
NONREIMBURSABLE COST CENTERS										
190	190 Gift, Flower, Coffee Shop, & Canteen									
191	191 Research									
192	192 Physicians' Private Offices									
193	193 Nonpaid Workers									
194	194 Other Nonreimbursable (specify)									
200	200 Cross Foot Adjustments									
201	201 Negative Cost Centers									
202	202 TOTAL (sum lines 118-201)									

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ALLOCATION OF CAPITAL RELATED COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B,
PART II

COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS 0	CAPITAL RELATED COSTS		SUBTOTAL (sum of (cols. 0-2) 2A	EMPLOYEE BENEFITS 4	ADMINISTRATIVE & GENERAL 5	MAINTENANCE & REPAIRS 6	OPERATION OF PLANT 7	
		BLDG. & FIXTURES 1	MOVABLE EQUIPMENT 2						
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration									13
14 Central Services and Supply									14
15 Pharmacy									15
16 Medical Records & Medical Records Library									16
17 Social Service									17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School									20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)									30
31 Intensive Care Unit									31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
40 Subprovider IPF									40
41 Subprovider IRF									41
42 Subprovider (specify)									42
43 Nursery									43
44 Skilled Nursing Facility									44
45 Nursing Facility									45
46 Other Long Term Care									46

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)

ALLOCATION OF CAPITAL RELATED COSTS				PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART II		
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-2) 2A	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2						
		0	1						2
ANCILLARY SERVICE COST CENTERS									
50	Operating Room								50
51	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan								57
58	Magnetic Resonance Imaging (MRI)								58
59	Cardiac Catheterization								59
60	Laboratory								60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy								65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients								71
72	Implantable Devices Charged to Patients								72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency								91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)

Rev. 1
4090 (Cont.)

FORM CMS-2552-10

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DRAFT

ALLOCATION OF CAPITAL RELATED COSTS | PROVIDER NO.: | PERIOD: | WORKSHEET B,

				FROM _____		PART II		
				TO _____				
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of (cols. 0-2) 2A	EMPLOYEE BENEFITS 4	ADMINIS-TRATIVE & GENERAL 5	MAIN-TENANCE & REPAIRS 6	OPERATION OF PLANT 7
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2					
		0	1					
OTHER REIMBURSABLE COST CENTERS								
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not appvd. tchnlg. prgm.)							100
101	Home Health Agency							101
SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)							118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)							194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum lines 118-201)							202

ALLOCATION OF CAPITAL RELATED COSTS

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET B,
PART II

COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	8	9	10	11	12	13	14	15	16	17		
GENERAL SERVICE COST CENTERS												
1 Capital Related Costs-Buildings and Fixtures												1
2 Capital Related Costs-Movable Equipment												2
4 Employee Benefits												4
5 Administrative and General												5
6 Maintenance and Repairs												6
7 Operation of Plant												7
8 Laundry and Linen Service												8
9 Housekeeping												9
10 Dietary												10
11 Cafeteria												11
12 Maintenance of Personnel												12
13 Nursing Administration												13
14 Central Services and Supply												14
15 Pharmacy												15
16 Medical Records & Medical Records Library												16
17 Social Service												17
18 Other General Service (specify)												18
19 Nonphysician Anesthetists												19
20 Nursing School												20
21 Intern & Res. Service-Salary & Fringes (Approved)												21
22 Intern & Res. Other Program Costs (Approved)												22
23 Paramedical Education Program (specify)												23
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)												30
31 Intensive Care Unit												31
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care Unit (specify)												35
40 Subprovider IPF												40
41 Subprovider IRF												41
42 Subprovider (specify)												42
43 Nursery												43
44 Skilled Nursing Facility												44
45 Nursing Facility												45
46 Other Long Term Care												46

ALLOCATION OF CAPITAL RELATED COSTS						PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART II		
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	8	9	10	11	12	13	14	15	16	17	
ANCILLARY SERVICE COST CENTERS											
50	Operating Room										50
51	Recovery Room										51
52	Labor Room and Delivery Room										52
53	Anesthesiology										53
54	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
56	Radioisotope										56
57	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)										58
59	Cardiac Catheterization										59
60	Laboratory										60
61	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
64	Intravenous Therapy										64
65	Respiratory Therapy										65
66	Physical Therapy										66
67	Occupational Therapy										67
68	Speech Pathology										68
69	Electrocardiology										69
70	Electroencephalography										70
71	Medical Supplies Charged to Patients										71
72	Implantable Devices Charged to Patients										72
73	Drugs Charged to Patients										73
74	Renal Dialysis										74
75	ASC (Non-Distinct Part)										75
76	Other Ancillary (specify)										76
OUTPATIENT SERVICE COST CENTERS											
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic										90
91	Emergency										91
92	Observation Beds										92
93	Other Outpatient Service (specify)										93

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								FROM _____	PART II	
								TO _____		
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	8	9	10	11	12	13	14	15	16	17
OTHER REIMBURSABLE COST CENTERS										
94	Home Program Dialysis									94
95	Ambulance Services									95
96	Durable Medical Equipment-Rented									96
97	Durable Medical Equipment-Sold									97
98	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
100	Intern-Resident Service (not appvd. tchng. prgm.)									100
101	Home Health Agency									101
SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition									105
106	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition									109
110	Intestinal Acquisition									110
111	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
116	Hospice									116
117	Other Special Purpose (specify)									117
118	SUBTOTALS (sum of lines 1-117)									118
NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen									190
191	Research									191
192	Physicians' Private Offices									192
193	Nonpaid Workers									193
194	Other Nonreimbursable (specify)									194
200	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)									202

ALLOCATION OF CAPITAL RELATED COSTS

PROVIDER NO.:

PERIOD:

FROM _____

TO _____

WORKSHEET B,
PART II

COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON-PHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	18	19	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS										
1 Capital Related Costs-Buildings and Fixtures										1
2 Capital Related Costs-Movable Equipment										2
4 Employee Benefits										4
5 Administrative and General										5
6 Maintenance and Repairs										6
7 Operation of Plant										7
8 Laundry and Linen Service										8
9 Housekeeping										9
10 Dietary										10
11 Cafeteria										11
12 Maintenance of Personnel										12
13 Nursing Administration										13
14 Central Services and Supply										14
15 Pharmacy										15
16 Medical Records & Medical Records Library										16
17 Social Service										17
18 Other General Service (specify)										18
19 Nonphysician Anesthetists										19
20 Nursing School										20
21 Intern & Res. Service-Salary & Fringes (Approved)										21
22 Intern & Res. Other Program Costs (Approved)										22
23 Paramedical Education Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)										30
31 Intensive Care Unit										31
32 Coronary Care Unit										32
33 Burn Intensive Care Unit										33
34 Surgical Intensive Care Unit										34
35 Other Special Care Unit (specify)										35
40 Subprovider IPF										40
41 Subprovider IRF										41
42 Subprovider (specify)										42
43 Nursery										43
44 Skilled Nursing Facility										44
45 Nursing Facility										45
46 Other Long Term Care										46

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)

ALLOCATION OF CAPITAL RELATED COSTS					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART II		
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON-PHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	18	19	20	21	22	23	24	25	26	
ANCILLARY SERVICE COST CENTERS										
50	Operating Room									50
51	Recovery Room									51
52	Labor Room and Delivery Room									52
53	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
56	Radioisotope									56
57	Computed Tomography (CT) Scan									57
58	Magnetic Resonance Imaging (MRI)									58
59	Cardiac Catheterization									59
60	Laboratory									60
61	PBP Clinical Laboratory Services-Program Only									61
62	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
64	Intravenous Therapy									64
65	Respiratory Therapy									65
66	Physical Therapy									66
67	Occupational Therapy									67
68	Speech Pathology									68
69	Electrocardiology									69
70	Electroencephalography									70
71	Medical Supplies Charged to Patients									71
72	Implantable Devices Charged to Patients									72
73	Drugs Charged to Patients									73
74	Renal Dialysis									74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic									90
91	Emergency									91
92	Observation Beds									92
93	Other Outpatient Service (specify)									93

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)

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FORM CMS-2552-10

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ALLOCATION OF CAPITAL RELATED COSTS | PROVIDER NO.: | PERIOD: | WORKSHEET B,

							FROM _____	PART II		
							TO _____			
COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON-PHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	18	19	20	21	22	23	24	25	26	
OTHER REIMBURSABLE COST CENTERS										
94	Home Program Dialysis									94
95	Ambulance Services									95
96	Durable Medical Equipment-Rented									96
97	Durable Medical Equipment-Sold									97
98	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
100	Intern-Resident Service (not appvd. tchnng. prgm.)									100
101	Home Health Agency									101
SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition									105
106	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition									109
110	Intestinal Acquisition									110
111	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
116	Hospice									116
117	Other Special Purpose (specify)									117
118	SUBTOTALS (sum of lines 1-117)									118
NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen									190
191	Research									191
192	Physicians' Private Offices									192
193	Nonpaid Workers									193
194	Other Nonreimbursable (specify)									194
200	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)									202

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-

COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)					
	1	2					
GENERAL SERVICE COST CENTERS							
1 Capital Related Costs-Buildings and Fixtures							
2 Capital Related Costs-Movable Equipment							
4 Employee Benefits							
5 Administrative and General							
6 Maintenance and Repairs							
7 Operation of Plant							
8 Laundry and Linen Service							
9 Housekeeping							
10 Dietary							
11 Cafeteria							
12 Maintenance of Personnel							
13 Nursing Administration							
14 Central Services and Supply							
15 Pharmacy							
16 Medical Records & Medical Records Library							
17 Social Service							
18 Other General Service (specify)							
19 Nonphysician Anesthetists							
20 Nursing School							
21 Intern & Res. Service-Salary & Fringes (Approved)							
22 Intern & Res. Other Program Costs (Approved)							
23 Paramedical Education Program (specify)							
INPATIENT ROUTINE SERVICE COST CENTERS							
30 Adults and Pediatrics (General Routine Care)							
31 Intensive Care Unit							
32 Coronary Care Unit							
33 Burn Intensive Care Unit							
34 Surgical Intensive Care Unit							
35 Other Special Care Unit (specify)							
40 Subprovider IPF							
41 Subprovider IRF							
42 Subprovider (specify)							
43 Nursery							
44 Skilled Nursing Facility							
45 Nursing Facility							
46 Other Long Term Care							

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTIONS		CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	PERIOD: FROM _____ TO _____		WORKSHEET B	
		BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)		OPERATION OF PLANT (SQUARE FEET)
		1	2						
ANCILLARY SERVICE COST CENTERS									
50	Operating Room								
51	Recovery Room								
52	Labor Room and Delivery Room								
53	Anesthesiology								
54	Radiology-Diagnostic								
55	Radiology-Therapeutic								
56	Radioisotope								
57	Computed Tomography (CT) Scan								
58	Magnetic Resonance Imaging (MRI)								
59	Cardiac Catheterization								
60	Laboratory								
61	PBP Clinical Laboratory Services-Program Only								
62	Whole Blood & Packed Red Blood Cells								
63	Blood Storing, Processing, & Trans.								
64	Intravenous Therapy								
65	Respiratory Therapy								
66	Physical Therapy								
67	Occupational Therapy								
68	Speech Pathology								
69	Electrocardiology								
70	Electroencephalography								
71	Medical Supplies Charged to Patients								
72	Implantable Devices Charged to Patients								
73	Drugs Charged to Patients								
74	Renal Dialysis								
75	ASC (Non-Distinct Part)								
76	Other Ancillary (specify)								
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								
89	Federally Qualified Health Center (FQHC)								
90	Clinic								
91	Emergency								
92	Observation Beds								
93	Other Outpatient Service (specify)								

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: _____ PERIOD: FROM _____ TO _____ WORKSHEET B

COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	TO		
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)			ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	1	2			4	5A	5
OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis						
95	Ambulance Services						
96	Durable Medical Equipment-Rented						
97	Durable Medical Equipment-Sold						
98	Other Reimbursable (specify)						
99	Outpatient Rehabilitation Provider (specify)						
100	Intern-Resident Service (not appvd. tchng. prgm.)						
101	Home Health Agency						
SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition						
106	Heart Acquisition						
107	Liver Acquisition						
108	Lung Acquisition						
109	Pancreas Acquisition						
110	Intestinal Acquisition						
111	Islet Acquisition						
112	Other Organ Acquisition (specify)						
115	Ambulatory Surgical Center (Distinct Part)						
116	Hospice						
117	Other Special Purpose (specify)						
118	SUBTOTALS (sum of lines 1-117)						
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen						
191	Research						
192	Physicians' Private Offices						
193	Nonpaid Workers						
194	Other Nonreimbursable (specify)						
200	Cross foot adjustments						
201	Negative cost centers						
202	Cost to be allocated (per Wkst. B, Part I)						
203	Unit cost multiplier (Wkst. B, Part I)						
204	Cost to be allocated (per Wkst. B, Part II)						
205	Unit cost multiplier (Wkst. B, Part II)						

1 COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET I

COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
		8	9	10	11	12	13	14	15	16	17
GENERAL SERVICE COST CENTERS											
1	1	Capital Related Costs-Buildings and Fixtures									
2	2	Capital Related Costs-Movable Equipment									
4	4	Employee Benefits									
5	5	Administrative and General									
6	6	Maintenance and Repairs									
7	7	Operation of Plant									
8	8	Laundry and Linen Service									
9	9	Housekeeping									
10	10	Dietary									
11	11	Cafeteria									
12	12	Maintenance of Personnel									
13	13	Nursing Administration									
14	14	Central Services and Supply									
15	15	Pharmacy									
16	16	Medical Records & Medical Records Library									
17	17	Social Service									
18	18	Other General Service (specify)									
19	19	Nonphysician Anesthetists									
20	20	Nursing School									
21	21	Intern & Res. Service-Salary & Fringes (Approved)									
22	22	Intern & Res. Other Program Costs (Approved)									
23	23	Paramedical Education Program (specify)									
INPATIENT ROUTINE SERVICE COST CENTERS											
30	30	Adults and Pediatrics (General Routine Care)									
31	31	Intensive Care Unit									
32	32	Coronary Care Unit									
33	33	Burn Intensive Care Unit									
34	34	Surgical Intensive Care Unit									
35	35	Other Special Care Unit (specify)									
40	40	Subprovider IPF									
41	41	Subprovider IRF									
42	42	Subprovider (specify)									
43	43	Nursery									
44	44	Skilled Nursing Facility									
45	45	Nursing Facility									
46	46	Other Long Term Care									

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

-1 COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO:	PERIOD: FROM _____ TO _____		WORKSHEET I		
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
		8	9	10	11	12	13	14	15	16	17
ANCILLARY SERVICE COST CENTERS											
50	50	Operating Room									
51	51	Recovery Room									
52	52	Labor Room and Delivery Room									
53	53	Anesthesiology									
54	54	Radiology-Diagnostic									
55	55	Radiology-Therapeutic									
56	56	Radioisotope									
57	57	Computed Tomography (CT) Scan									
58	58	Magnetic Resonance Imaging (MRI)									
59	59	Cardiac Catheterization									
60	60	Laboratory									
61	61	PBP Clinical Laboratory Services-Program Only									
62	62	Whole Blood & Packed Red Blood Cells									
63	63	Blood Storing, Processing, & Trans.									
64	64	Intravenous Therapy									
65	65	Respiratory Therapy									
66	66	Physical Therapy									
67	67	Occupational Therapy									
68	68	Speech Pathology									
69	69	Electrocardiology									
70	70	Electroencephalography									
71	71	Medical Supplies Charged to Patients									
72	72	Implantable Devices Charged to Patients									
73	73	Drugs Charged to Patients									
74	74	Renal Dialysis									
75	75	ASC (Non-Distinct Part)									
76	76	Other Ancillary (specify)									
OUTPATIENT SERVICE COST CENTERS											
88	88	Rural Health Clinic (RHC)									
89	89	Federally Qualified Health Center (FQHC)									
90	90	Clinic									
91	91	Emergency									
92	92	Observation Beds									
93	93	Other Outpatient Service (specify)									

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

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FORM CMS-2552-10

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DR/

-1 COST ALLOCATION - STATISTICAL BASIS	PROVIDER NO:	PERIOD: FROM _____	WORKSHEET I
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		TO _____									
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
		8	9	10	11	12	13	14	15	16	17
OTHER REIMBURSABLE COST CENTERS											
94	94	Home Program Dialysis									
95	95	Ambulance Services									
96	96	Durable Medical Equipment-Rented									
97	97	Durable Medical Equipment-Sold									
98	98	Other Reimbursable (specify)									
99	99	Outpatient Rehabilitation Provider (specify)									
100	100	Inter-Resident Service (not appvd. tchng. prgm.)									
101	101	Home Health Agency									
SPECIAL PURPOSE COST CENTERS											
105	105	Kidney Acquisition									
106	106	Heart Acquisition									
107	107	Liver Acquisition									
108	108	Lung Acquisition									
109	109	Pancreas Acquisition									
110	110	Intestinal Acquisition									
111	111	Islet Acquisition									
112	112	Other Organ Acquisition (specify)									
115	115	Ambulatory Surgical Center (Distinct Part)									
116	116	Hospice									
117	117	Other Special Purpose (specify)									
118	118	SUBTOTALS (sum of lines 1-117)									
NONREIMBURSABLE COST CENTERS											
190	190	Gift, Flower, Coffee Shop, & Canteen									
191	191	Research									
192	192	Physicians' Private Offices									
193	193	Nonpaid Workers									
194	194	Other Nonreimbursable (specify)									
200	200	Cross foot adjustments									
201	201	Negative cost centers									
202	202	Cost to be allocated (per Wkst. B, Part I)									
203	203	Unit cost multiplier (Wkst. B, Part I)									
204	204	Cost to be allocated (per Wkst. B, Part II)									
205	205	Unit cost multiplier (Wkst. B, Part II)									

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

3-1 COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-

COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
	18	19	20	21	22	23		25	
GENERAL SERVICE COST CENTERS									
1 1	Capital Related Costs-Buildings and Fixtures								
2 2	Capital Related Costs-Movable Equipment								
4 4	Employee Benefits								
5 5	Administrative and General								
6 6	Maintenance and Repairs								
7 7	Operation of Plant								
8 8	Laundry and Linen Service								
9 9	Housekeeping								
10 10	Dietary								
11 11	Cafeteria								
12 12	Maintenance of Personnel								
13 13	Nursing Administration								
14 14	Central Services and Supply								
15 15	Pharmacy								
16 16	Medical Records & Medical Records Library								
17 17	Social Service								
18 18	Other General Service (specify)								
19 19	Nonphysician Anesthetists								
20 20	Nursing School								
21 21	Intern & Res. Service-Salary & Fringes (Approved)								
22 22	Intern & Res. Other Program Costs (Approved)								
23 23	Paramedical Education Program (specify)								
INPATIENT ROUTINE SERVICE COST CENTERS									
30 30	Adults and Pediatrics (General Routine Care)								
31 31	Intensive Care Unit								
32 32	Coronary Care Unit								
33 33	Burn Intensive Care Unit								
34 34	Surgical Intensive Care Unit								
35 35	Other Special Care Unit (specify)								
40 40	Subprovider IPF								
41 41	Subprovider IRF								
42 42	Subprovider (specify)								
43 43	Nursery								
44 44	Skilled Nursing Facility								
45 45	Nursing Facility								
46 46	Other Long Term Care								

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

3-1 COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____
TO _____

WORKSHEET B-

COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
	18	19	20	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	23			
	21	22	24	25	26				
ANCILLARY SERVICE COST CENTERS									
50 50	Operating Room								
51 51	Recovery Room								
52 52	Labor Room and Delivery Room								
53 53	Anesthesiology								
54 54	Radiology-Diagnostic								
55 55	Radiology-Therapeutic								
56 56	Radioisotope								
57 57	Computed Tomography (CT) Scan								
58 58	Magnetic Resonance Imaging (MRI)								
59 59	Cardiac Catheterization								
60 60	Laboratory								
61 61	PBP Clinical Laboratory Services-Program Only								
62 62	Whole Blood & Packed Red Blood Cells								
63 63	Blood Storing, Processing, & Trans.								
64 64	Intravenous Therapy								
65 65	Respiratory Therapy								
66 66	Physical Therapy								
67 67	Occupational Therapy								
68 68	Speech Pathology								
69 69	Electrocardiology								
70 70	Electroencephalography								
71 71	Medical Supplies Charged to Patients								
72 72	Implantable Devices Charged to Patients								
73 73	Drugs Charged to Patients								
74 74	Renal Dialysis								
75 75	ASC (Non-Distinct Part)								
76 76	Other Ancillary (specify)								
OUTPATIENT SERVICE COST CENTERS									
88 88	Rural Health Clinic (RHC)								
89 89	Federally Qualified Health Center (FQHC)								
90 90	Clinic								
91 91	Emergency								
92 92	Observation Beds								
93 93	Other Outpatient Service (specify)								

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FORM CMS-2552-10

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3-1 COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:
FROM _____

WORKSHEET B-

							TO _____			
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE (SPECIFY)	NON-PHYSICIAN ANESTHETISTS (ASGND TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA-MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL
					SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)				
		18	19	20	21	22	23	24	25	26
OTHER REIMBURSABLE COST CENTERS										
94	94 Home Program Dialysis									
95	95 Ambulance Services									
96	96 Durable Medical Equipment-Rented									
97	97 Durable Medical Equipment-Sold									
98	98 Other Reimbursable (specify)									
99	99 Outpatient Rehabilitation Provider (specify)									
100	100 Intern-Resident Service (not appvd. tchng. prgm.)									
101	101 Home Health Agency									
SPECIAL PURPOSE COST CENTERS										
105	105 Kidney Acquisition									
106	106 Heart Acquisition									
107	107 Liver Acquisition									
108	108 Lung Acquisition									
109	109 Pancreas Acquisition									
110	110 Intestinal Acquisition									
111	111 Islet Acquisition									
112	112 Other Organ Acquisition (specify)									
115	115 Ambulatory Surgical Center (Distinct Part)									
116	116 Hospice									
117	117 Other Special Purpose (specify)									
118	118 SUBTOTALS (sum of lines 1-117)									
NONREIMBURSABLE COST CENTERS										
190	190 Gift, Flower, Coffee Shop, & Canteen									
191	191 Research									
192	192 Physicians' Private Offices									
193	193 Nonpaid Workers									
194	194 Other Nonreimbursable (specify)									
200	200 Cross foot adjustments									
201	201 Negative cost centers									
202	202 Cost to be allocated (per Wkst. B, Part I)									
203	203 Unit cost multiplier (Wkst. B, Part I)									
204	204 Cost to be allocated (per Wkst. B, Part II)									
205	205 Unit cost multiplier (Wkst. B, Part II)									

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POST STEPDOWN ADJUSTMENTS		PROVIDER NO.:	PERIOD:		WORKSHEET B-2
			FROM _____	TO _____	
	DESCRIPTION	WORKSHEET		AMOUNT	
		PART	LINE NO.		
1		2	3	4	
1	Adjustment for EPO costs in Renal Dialysis cost center	1	71		1
2	Adjustment for EPO costs in Home Program Dialysis cost center	1	94		2
3	Adjustment for ARANESP costs in Renal Dialysis cost center	1	71		3
4	Adjustment for ARANESP costs in Home Program Dialysis cost center	1	94		4
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