DRAFI			FURINI CIVIS-	2552-10				4090 (C	
COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:	PERIOD:		WORKSHEET B,	
						FROM		PART I	
	NET EVDENCEC	CAI	PITAL			то			
	NET EXPENSES FOR COST		ED COSTS						
	ALLOCATION	RELATI	ED C0212	4		ADMINIS-	MAIN-		
COST CENTER DESCRIPTIONS	(from Wskt	BLDGS. &	MOVABLE	EMPLOYEE	SUBTOTAL	TRATIVE &	TENANCE &	OPERATION	
COST CENTER DESCRIPTIONS	A col. 7)	FIXTURES	EQUIPMENT	BENEFITS	(cols. 0-4)	GENERAL	REPAIRS	OF PLANT	
	0	1	EQUIPMENT	4	4A	5 SENERAL	6	7	+
GENERAL SERVICE COST CENTERS	0	1	-	4	4/1	3	0		+
Capital Related Costs-Buildings and Fixtures									
2 Capital Related Costs-Movable Equipment				1					
4 Employee Benefits					\dashv				-
5 Administrative and General							4		
6 Maintenance and Repairs								4	-
7 Operation of Plant									-
8 Laundry and Linen Service									+
9 Housekeeping									+
10 Dietary									1
11 Cafeteria									1
12 Maintenance of Personnel									1
13 Nursing Administration									1
14 Central Services and Supply									1
15 Pharmacy									1
16 Medical Records & Medical Records Library									1
17 Social Service									1
18 Other General Service (specify)									1
19 Nonphysician Anesthetists									1
20 Nursing School									2
21 Intern & Res. Service-Salary & Fringes (Approved)									2
22 Intern & Res. Other Program Costs (Approved)									2
23 Paramedical Education Program (specify)									2
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)									3
31 Intensive Care Unit									3
									3
32 Coronary Care Unit 33 Burn Intensive Care Unit									
34 Surgical Intensive Care Unit									3
									3
35 Other Special Care Unit (specify)									
40 Subprovider IPF									4
41 Subprovider IRF									4
42 Subprovider (specify)			 		1				
43 Nursery			1		1				4
44 Skilled Nursing Facility									4
45 Nursing Facility									4
46 Other Long Term Care			<u> </u>						4

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COST ALLOCATION - GENERAL SERVICE COSTS						PERIOD: FROM TO		WORKSHEET B, PART I	
	NET EXPENSES FOR COST ALLOCATION		PITAL ED COSTS			ADMINIS-	MAIN-		
COST CENTER DESCRIPTIONS	(from Wskt A col. 7)	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	TRATIVE & GENERAL	TENANCE & REPAIRS	OPERATION OF PLANT	
	0	1	2	4	4A	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50 Operating Room									50
51 Recovery Room									5
52 Labor Room and Delivery Room									53
53 Anesthesiology									53
54 Radiology-Diagnostic									5.
55 Radiology-Therapeutic									5.
56 Radioisotope									50
57 Computed Tomography (CT) Scan									57
58 Magnetic Resonance Imaging (MRI)									58
59 Cardiac Catheterization									5
60 Laboratory									6
61 PBP Clinical Laboratory Services-Program Only									6
62 Whole Blood & Packed Red Blood Cells									63
63 Blood Storing, Processing, & Trans.									6
64 Intravenous Therapy									6
65 Respiratory Therapy									6.
66 Physical Therapy									6
67 Occupational Therapy									6
68 Speech Pathology									6
69 Electrocardiology									6
70 Electroencephalography									7
71 Medical Supplies Charged to Patients									7
72 Implantable Devices Charged to Patients									7
73 Drugs Charged to Patients									7.
74 Renal Dialysis									7
75 ASC (Non-Distinct Part)									7
76 Other Ancillary (specify)									7
OUTPATIENT SERVICE COST CENTERS									
88 Rural Health Clinic (RHC)									8
89 Federally Qualified Health Center (FQHC)									8
90 Clinic									9
91 Emergency									9
92 Observation Beds									92
93 Other Outpatient Service (specify)									93

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WORKSHEET B,

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

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COS	T ALLOCATION - GENERAL SERVICE COSTS						PROVIDER N	O.:	PERIOD:		WORKSHEE?
									FROM		PART I
									TO		
		LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL	
	COST CENTER DESCRIPTIONS	& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL
		SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE
		8	9	10	11	12	13	14	15	16	17
	GENERAL SERVICE COST CENTERS										
	Capital Related Costs-Buildings and Fixtures										
	Capital Related Costs-Movable Equipment										
4	Employee Benefits										
	Administrative and General										
	Operation of Plant										
8	Laundry and Linen Service		1								
9	Housekeeping			1	1				1		
10	Dietary				1						
11	Cafeteria					†					
12	Maintenance of Personnel										
13	Nursing Administration							1			
	Central Services and Supply								†		
	Pharmacy									i	
	Medical Records & Medical Records Library										†
	Social Service										
	Other General Service (specify)										
	Nonphysician Anesthetists										
	Nursing School										
	Intern & Res. Service-Salary & Fringes (Approved)										
	Intern & Res. Other Program Costs (Approved)										
	Paramedical Education Program (specify)										
	INPATIENT ROUTINE SERVICE COST CENTERS										
30	Adults and Pediatrics (General Routine Care)										
	Intensive Care Unit					+					
	Coronary Care Unit				-	+		<u> </u>	-		
	Burn Intensive Care Unit			+	-	+		+	 		-
	Surgical Intensive Care Unit	_			-	-			-		
	Other Special Care Unit (specify)	-		-	-	+		-	-		
	Subprovider IPF				-	-		-	-		
	Subprovider IFF Subprovider IRF	+		-	-	-		1	-		
	Subprovider (specify)			-	-			+	-		
	Nursery			ļ	.	1		1	ļ		-
	Skilled Nursing Facility				ļ	1		1	ļ		
	Nursing Facility Nursing Facility			ļ		-		-			
46	Other Long Term Care			1							

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COS	I ALLUCATION - GENERAL SERVICE COSTS						PROVIDER N	O.:	FROM TO	_	PART I
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room										
51	Recovery Room										
52	Labor Room and Delivery Room										
	Anesthesiology										
	Radiology-Diagnostic										
55	Radiology-Therapeutic										
56	Radioisotope										
57	Computed Tomography (CT) Scan										
58	Magnetic Resonance Imaging (MRI)										
60	Cardiac Catheterization										
	Laboratory										
	PBP Clinical Laboratory Services-Program Only										
	Whole Blood & Packed Red Blood Cells										
	Blood Storing, Processing, & Trans.										
	Intravenous Therapy										
	Respiratory Therapy										
	Physical Therapy										
	Occupational Therapy										
	Speech Pathology										
	Electrocardiology										
	Electroencephalography										
	Medical Supplies Charged to Patients										
	Implantable Devices Charged to Patients										
	Drugs Charged to Patients										
	Renal Dialysis										
	ASC (Non-Distinct Part)										
	Other Ancillary (specify)										
- 66	OUTPATIENT SERVICE COST CENTERS										
	Rural Health Clinic (RHC)										
	Federally Qualified Health Center (FQHC)				ļ						
	Clinic										
	Emergency										
	Observation Beds										
93	Other Outpatient Service (specify)	I	l	İ	1	I	l	İ			

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COST ALLOCATION - GENERAL SERVICE COSTS PROVIDER NO.: PERIOD: WORKSHEET

									FROM TO	_	PART I
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17
	OTHER REIMBURSABLE COST CENTERS										
94	Home Program Dialysis										
95	Ambulance Services										
96	Durable Medical Equipment-Rented										
	Durable Medical Equipment-Sold										
	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										
	Intestinal Acquisition										
111	Islet Acquisition										
	Other Organ Acquisition (specify)										
	Ambulatory Surgical Center (Distinct Part)										
	Hospice										
	Other Special Purpose (specify)										
118	SUBTOTALS (sum of lines 1-117)										
	NONREIMBURSABLE COST CENTERS										
	Gift, Flower, Coffee Shop, & Canteen										
	Research										
	Physicians' Private Offices										
	Nonpaid Workers										
	Other Nonreimbursable (specify)										
	Cross Foot Adjustments										
	Negative Cost Centers										
202	TOTAL (sum lines 118-201)										

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B, CO	ST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:		PERIOD:		WORKSHEET I
								FROM		PART I
								то	_	
				1	1		1		INTERN &	+
			NON-		INTERNS &	INTERNS &			RESIDENT	
		OTHER	PHYSICIAN		RESIDENTS	RESIDENTS	PARAMEDICAL		COST & POST	
	COST CENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY AND	PROGRAM	EDUCATION		STEPDOWN	
	COST CENTER DESCRIPTIONS			1				CLIDTOTAL	1	TOTAL
		SERVICE 18	THETISTS 19	SCHOOL 20	FRINGES 21	COSTS 22	(SPECIFY)	SUBTOTAL 24	ADJUSTMENTS 25	26
	GENERAL SERVICE COST CENTERS	10	19	20	21	22	23	24	25	20
1 1	Capital Related Costs-Buildings and Fixtures									
	2 Capital Related Costs-Buildings and Fixtures									
	Employee Benefits									
	Administrative and General									
	Maintenance and Repairs									
	Operation of Plant									
	B Laundry and Linen Service									
	Housekeeping									
) Dietary									
11 11	Cafeteria									
12 12	2 Maintenance of Personnel									
13 13	Nursing Administration									
14 14	Central Services and Supply									
15 15	Pharmacy									
	Medical Records & Medical Records Library									
	7 Social Service									
18 18	Other General Service (specify)		1							
19 19	Nonphysician Anesthetists			1						
20 20	Nursing School				1					
21 21	Intern & Res. Service-Salary & Fringes (Approved)					1				
	2 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)									
	Intensive Care Unit									
32 32	Coronary Care Unit									+
	B Burn Intensive Care Unit									+
	Surgical Intensive Care Unit									+
	Other Special Care Unit (specify)		1	1	1				 	+
	Subprovider IPF								 	
	Subprovider IRF			-	-		<u> </u>			+
42 42	•		-	1	1		1			+
	3 Nursery		-	1	1		<u> </u>			+
	1 Skilled Nursing Facility								 	+
	5 Nursing Facility		1	1	1				 	
			-	1	1					
46 46	Other Long Term Care				1					

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B, COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.:		PERIOD:		WORKSHEET I
							FROM		PART I
							TO		
		l						INTERN &	
		NON-		INTERNS &	INTERNS &			RESIDENT	
	OTHER	PHYSICIAN		RESIDENTS	RESIDENTS	PARAMEDICAL		COST & POST	
COST CENTER DESCRIPTIONS	GENERAL	ANES-	NURSING	SALARY AND		EDUCATION		STEPDOWN	
COST CENTER DESCRIPTIONS		1					CLIDTOTAL		TOTAL
	SERVICE	THETISTS	SCHOOL	FRINGES	COSTS	(SPECIFY)	SUBTOTAL	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 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)									
33 33 Other Outpatient Service (specify)			1						

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FORM CMS-2552-10

PERIOD:

4090 (Cc WORKSHEET I

								FROM TO	_	PART I
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS 19	NURSING SCHOOL 20	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26
	OTHER REIMBURSABLE COST CENTERS	10	13	20			25	2-7	25	20
94 94	Home Program Dialysis									
	Ambulance Services									
	Durable Medical Equipment-Rented									
	Durable Medical Equipment-Sold									
	Other Reimbursable (specify)									
	Outpatient Rehabilitation Provider (specify)									
	Intern-Resident Service (not appvd. tchng. prgm.)									
	Home Health Agency									
	SPECIAL PURPOSE COST CENTERS									
105 105	Kidney Acquisition									
	Heart Acquisition									
	Liver Acquisition									
	Lung Acquisition									
	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									
	Research									
192 192	Physicians' Private Offices									
	Nonpaid Workers									
	Other Nonreimbursable (specify)									
	Cross Foot Adjustments									
	Negative Cost Centers									
202 202	TOTAL (sum lines 118-201)									

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					PROVIDER N		PERIOD: FROM TO		WORKSHEET PART II	ь,
	COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS		TTAL CD COSTS MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	2A	4	5	6	7	
	ENERAL SERVICE COST CENTERS									4—
	apital Related Costs-Buildings and Fixtures									1
	apital Related Costs-Movable Equipment						1			2
	mployee Benefits							[4
	dministrative and General									5
	faintenance and Repairs									6
	peration of Plant									7
8 L	aundry and Linen Service									8
	ousekeeping									9
10 D										10
	afeteria									11
	faintenance of Personnel									12
	ursing Administration									13
	entral Services and Supply									14
15 Pl	harmacy									15
	ledical Records & Medical Records Library									16
17 Se	ocial Service									17
	ther General Service (specify)									18
	onphysician Anesthetists									19
20 N	Tursing School									20
21 Ir	ntern & Res. Service-Salary & Fringes (Approved)									21
22 Ir	ntern & Res. Other Program Costs (Approved)									22
23 Pa	aramedical Education Program (specify)									23
II	NPATIENT ROUTINE SERVICE COST CENTERS									-
30 A	dults and Pediatrics (General Routine Care)									30
31 Ir	ntensive Care Unit									31
32 C	oronary Care Unit									32
	urn Intensive Care Unit									33
34 S	urgical Intensive Care Unit									34
	ther Special Care Unit (specify)						1		İ	35
40 S	ubprovider IPF									40
	ubprovider IRF									41
	ubprovider (specify)									42
43 N										43
	killed Nursing Facility			1			1		<u> </u>	44
	ursing Facility			1			1		<u> </u>	45
	ther Long Term Care						 		 	46

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FORM CMS-2552-10

ALL	OCATION OF CAPITAL RELATED COSTS				PROVIDER N	O.:	PERIOD: FROM TO		PART II	В,
		DIRECTLY ASSIGNED	_	TTAL D COSTS						
	COST CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS 0	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2) 2A	EMPLOYEE BENEFITS 4	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	ANCILLARY SERVICE COST CENTERS		1	_	211	-		0		\vdash
50	Operating Room									50
	Recovery Room									51
	Labor Room and Delivery Room								 	52
	Anesthesiology								 	53
	Radiology-Diagnostic									54
	Radiology-Therapeutic									55
	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
	Whole Blood & Packed Red Blood Cells									62
	Blood Storing, Processing, & Trans.									63
	Intravenous Therapy								1	64
	Respiratory Therapy								1	65
	Physical Therapy									66
	Occupational Therapy									67
	Speech Pathology									68
	Electrocardiology									69
	Electroencephalography									70
71	Medical Supplies Charged to Patients									71
	Implantable Devices Charged to Patients									72
	Drugs Charged to Patients									73
	Renal Dialysis									74
	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
- 00	OUTPATIENT SERVICE COST CENTERS									00
	Rural Health Clinic (RHC)								ļ!	88
	Federally Qualified Health Center (FQHC) Clinic									89 90
	Emergency			-	-		ļ			90
	Observation Beds									91
	Other Outpatient Service (specify)									93
93	Other Outpatient Service (specify)		I			İ				1 33

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

							FROM TO		PART II	
		DIRECTLY	_	ITAL						
		ASSIGNED	RELATE	D COSTS	CLIDTOTAL		ADMINIC	NATE		
	COST CENTER DESCRIPTIONS	NEW CAPITAL RELATED	BLDGS. &	MOVABLE	SUBTOTAL (sum of	EMPLOYEE	ADMINIS- TRATIVE &	MAIN- TENANCE &	OPERATION	
	COST CENTER DESCRIPTIONS	COSTS		EQUIPMENT	`	BENEFITS	GENERAL	REPAIRS	OF PLANT	
		0	1	2	2A	4	5	6	7	—
	OTHER REIMBURSABLE COST CENTERS	U	1		ZA	4	3	0	,	-
94	Home Program Dialysis									94
	Ambulance Services									95
	Durable Medical Equipment-Rented									96
	Durable Medical Equipment-Sold									97
	Other Reimbursable (specify)									98
	Outpatient Rehabilitation Provider (specify)									99
	Intern-Resident Service (not appvd. tchng. prgm.)									100
	Home Health Agency									101
	SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition									105
	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition									109
110	Intestinal Acquisition									110
	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
	Hospice									116
	Other Special Purpose (specify)									117
118	SUBTOTALS (sum of lines 1-117)									118
	NONREIMBURSABLE COST CENTERS									
	Gift, Flower, Coffee Shop, & Canteen									190
	Research									191
	Physicians' Private Offices									192
	Nonpaid Workers									193
	Other Nonreimbursable (specify)									194
	Cross Foot Adjustments									200
	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)									202

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1 Capital 2 Capital 4 Employ 5 Admin 6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central 15 Pharma	COST CENTER DESCRIPTIONS ERAL SERVICE COST CENTERS Il Related Costs-Buildings and Fixtures Il Related Costs-Movable Equipment byce Benefits instrative and General	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING			MAIN-	NURSING	CENTRAL				
1 Capital 2 Capital 4 Employ 5 Admin 6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central 15 Pharma	al Related Costs-Buildings and Fixtures al Related Costs-Movable Equipment byee Benefits nistrative and General			DIETARY 10	CAFETERIA 11	TENANCE OF PERSONNEL 12	ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
1 Capital 2 Capital 4 Employ 5 Admin 6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central 15 Pharma	al Related Costs-Buildings and Fixtures al Related Costs-Movable Equipment byee Benefits nistrative and General			10	11	12	13	17	15	10	17	-
2 Capital 4 Employ 5 Admin 6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central 15 Pharma	al Related Costs-Movable Equipment byee Benefits nistrative and General											1
4 Employ 5 Admin 6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central 15 Pharma	oyee Benefits nistrative and General							'		1		2
5 Admin 6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin 14 Central 15 Pharma	nistrative and General							'		1		4
6 Mainte 7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin 14 Central 15 Pharma								1		I		5
7 Operat 8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central	enance and Kepairs							1		I		6
8 Laundr 9 Housel 10 Dietary 11 Cafeter 12 Mainte 13 Nursin; 14 Central 15 Pharma	tion of Plant							1]	 		7
10 Dietary 11 Cafeter 12 Mainte 13 Nursin 14 Centra 15 Pharma	ry and Linen Service		1					1		I		8
10 Dietary 11 Cafeter 12 Mainte 13 Nursin 14 Centra 15 Pharma	keeping			1				1		I		9
12 Mainte 13 Nursin 14 Central 15 Pharma	y				1			1		I		10
13 Nursing 14 Central 15 Pharma	eria							'		1		11
14 Central	enance of Personnel							'		1		12
15 Pharma	ng Administration							†		1		13
	nl Services and Supply								1 !	1		14
10 37 3										I		15
	al Records & Medical Records Library]	16
17 Social												17
	General Service (specify)											18
	nysician Anesthetists											19
20 Nursin												20
	& Res. Service-Salary & Fringes (Approved)											21
22 Intern 8	& Res. Other Program Costs (Approved)											22
	edical Education Program (specify)											23
	FIENT ROUTINE SERVICE COST CENTERS											
	s and Pediatrics (General Routine Care)											30
	ive Care Unit											31
	ary Care Unit											32
	Intensive Care Unit											33
	cal Intensive Care Unit							ļ!				34
35 Other S	Special Care Unit (specify)							ļ!				35
40 Subpro										-	<u> </u>	40
1 1	ovider IRF ovider (specify)										 	41
42 Subpro 43 Nurser									├ ──┤		 	42
												43
44 Skilled 45 Nursin										,	1	
46 Other I	d Nursing Facility			-				 	 			45

Rev. 1 40-547 4090 (Cont.) FORM CMS-2552-10 DRAFT

ALL	OCATION OF CAPITAL RELATED COSTS						PROVIDER N	O.:	PERIOD: FROM TO		PART II	.' В,
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING	DIETARY	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	ANCILLARY SERVICE COST CENTERS											\vdash
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
	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)											58
	Cardiac Catheterization											59
	Laboratory											60
	PBP Clinical Laboratory Services-Program Only											61
	Whole Blood & Packed Red Blood Cells											62
	Blood Storing, Processing, & Trans.											63
	Intravenous Therapy											64
	Respiratory Therapy											65
	Physical Therapy											66
	Occupational Therapy											67
	Speech Pathology											68
	Electrocardiology											69
	Electroencephalography											70
	Medical Supplies Charged to Patients											71
	Implantable Devices Charged to Patients											72
	Drugs Charged to Patients											73 74
	Renal Dialysis ASC (Non-Distinct Part)											75
	Other Ancillary (specify)											76
-/6	OUTPATIENT SERVICE COST CENTERS											/6
99	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)			-	-			-				89
	Clinic			-	-			-				90
	Emergency			-				-		-		91
	Observation Beds											92
	Other Outpatient Service (specify)											93
		1	I	1	1	I	I	1	I	1	l	1

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

									FROM TO		PART II	
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICE	
	OTHER REIMBURSABLE COST CENTERS	8	9	10	11	12	13	14	15	16	17	—
-0.4												- 04
	Home Program Dialysis										<u> </u>	94 95
	Ambulance Services										<u> </u>	
	Durable Medical Equipment-Rented											96
	Durable Medical Equipment-Sold											97
	Other Reimbursable (specify)										<u> </u>	98
	Outpatient Rehabilitation Provider (specify)											99
	Intern-Resident Service (not appvd. tchng. prgm.)											100
101	Home Health Agency											101
	SPECIAL PURPOSE COST CENTERS											
	Kidney Acquisition											105
	Heart Acquisition											106
	Liver Acquisition											107
108	Lung Acquisition											108
	Pancreas Acquisition											109
	Intestinal Acquisition											110
111	Islet Acquisition											111
	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
	Research										 	191
	Physicians' Private Offices										 	192
	Nonpaid Workers										†	193
	Other Nonreimbursable (specify)										 	194
	Cross Foot Adjustments											200
	Negative Cost Centers											201
	TOTAL (sum lines 118-201)								 		 	202
202	101112 (04111 1110 201)				l			l	l	l		1202

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ALL	OCATION OF CAPITAL RELATED COSTS					PROVIDER NO.:		PERIOD: FROM TO		WORKSHEET PART II	Î B,
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL	
	GENERAL SERVICE COST CENTERS	10	13	20	21	22	25	2-7	23	20	_
	Capital Related Costs-Buildings and Fixtures										1
	Capital Related Costs-Movable Equipment										2
	Employee Benefits										4
	Administrative and General										5
	Maintenance and Repairs										6
	Operation of Plant										7
	Laundry and Linen Service										8
	Housekeeping										9
	Dietary										10
	Cafeteria										11
	Maintenance of Personnel										12
	Nursing Administration										13
	Central Services and Supply										14
	Pharmacy										15
16	Medical Records & Medical Records Library										16
	Social Service										17
	Other General Service (specify)		1								18
	Nonphysician Anesthetists			†							19
20	Nursing School				1						20
21	Intern & Res. Service-Salary & Fringes (Approved)					†					21
	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
	Subprovider IPF										40
	Subprovider IRF									†	41
42	Subprovider (specify)									1	42
	Nursery									1	43
44	Skilled Nursing Facility									1	44
	Nursing Facility									1	45
46	Other Long Term Care									1	46

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FORM CMS-2552-10 4090 (Cont.)

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ALL	OCATION OF CAPITAL RELATED COSTS					PROVIDER NO.:		FROM TO	_	PART II	В,
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	ANCILLARY SERVICE COST CENTERS	10	10						20		-
50	Operating Room										50
	Recovery Room										51
	Labor Room and Delivery Room										52
	Anesthesiology										53
54	Radiology-Diagnostic										54
	Radiology-Therapeutic										55
	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
	Intravenous Therapy										64
65	Respiratory Therapy										65
	Physical Therapy										66
	Occupational Therapy										67
	Speech Pathology										68
69	Electrocardiology										69
	Electroencephalography										70
	Medical Supplies Charged to Patients										71
	Implantable Devices Charged to Patients										72
	Drugs Charged to Patients										73
	Renal Dialysis										74
75	ASC (Non-Distinct Part)										75
76	Other Ancillary (specify)										76
	OUTPATIENT SERVICE COST CENTERS										
	Rural Health Clinic (RHC)										88
	Federally Qualified Health Center (FQHC)										89
	Clinic										90
	Emergency										91
	Observation Beds										92
93	Other Outpatient Service (specify)										93

Rev. 1 40-551 4090 (Cont.) FORM CMS-2552-10 DRAFT ALLOCATION OF CAPITAL RELATED COSTS

PROVIDER NO.: PERIOD: WORKSHEET B,

								FROM TO		PART II	
	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	
	OTHER REIMBURSABLE COST CENTERS										
	Home Program Dialysis										94
	Ambulance Services										95
	Durable Medical Equipment-Rented										96
	Durable Medical Equipment-Sold										97
	Other Reimbursable (specify)										98
	Outpatient Rehabilitation Provider (specify)										99
	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
	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)										118
	NONREIMBURSABLE COST CENTERS										_
190	Gift, Flower, Coffee Shop, & Canteen										190
	Research										191
192	Physicians' Private Offices										192
	Nonpaid Workers										193
	Other Nonreimbursable (specify)										194
	Cross Foot Adjustments										200
	Negative Cost Centers									1	201
	TOTAL (sum lines 118-201)	+								 	202

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COS	T ALLOCATION - STATISTICAL BASIS			PROVIDER NO:		PERIOD:		WORKSHEET I
						FROM		
						то		
		CAPITAL RE	LATED COST			ADMINIS-	MAIN-	
		BLDGS. &	MOVABLE	EMPLOYEE		TRATIVE &	TENANCE &	OPERATION
		FIXTURES	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	OF PLANT
	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE
	0001 02.11211 22.00111 110.10	FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)
		1	2	4	5A	5	6	7
	GENERAL SERVICE COST CENTERS	-	_	· ·	0.11	3		,
1	Capital Related Costs-Buildings and Fixtures							
	Capital Related Costs-Movable Equipment				1			
	Employee Benefits				1			
5	Administrative and General						†	
	Maintenance and Repairs							
7	Operation of Plant							
- 8	Laundry and Linen Service							
	Housekeeping							
	Dietary						1	
	Cafeteria							
	Maintenance of Personnel							
	Nursing Administration							
	Central Services and Supply							
15	Pharmacy							
15	Medical Records & Medical Records Library							
	Social Service							
	Other General Service (specify) Nonphysician Anesthetists							
	Nursing School							
20	Nursing School							
	Intern & Res. Service-Salary & Fringes (Approved)							
22	Intern & Res. Other Program Costs (Approved)							
23	Paramedical Education Program (specify)							
	INPATIENT ROUTINE SERVICE COST CENTERS							
	Adults and Pediatrics (General Routine Care)							
	Intensive Care Unit							
	Coronary Care Unit							
	Burn Intensive Care Unit							
	Surgical Intensive Care Unit							
	Other Special Care Unit (specify)							
	Subprovider IPF							
	Subprovider IRF							
	Subprovider (specify)							
	Nursery							
	Skilled Nursing Facility							
	Nursing Facility							
46	Other Long Term Care							

Rev. 1 40-4090 (Cont.) FORM CMS-2552-10 DR/

CAPITAL RELIATED COST FROM	COST ALLOCATION - STATISTICAL BASIS			PROVIDER NO:		PERIOD:		WORKSHEET B
CAPITAL RELATED COST STRANGE FIXTURES EMPLOYEE						FROM		
BIDOS. 8 MOVABRE SURPLIVES SURPLIV						то		
FIXTURES SQUARE		CAPITAL RE	LATED COST			ADMINIS-	MAIN-	
COST CENTER DESCRIPTIONS		BLDGS. &	MOVABLE	EMPLOYEE		TRATIVE &	TENANCE &	OPERATION
FET VALUE SALARIES IATION COST FEET FEET 1		FIXTURES	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	OF PLANT
1	COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE
ANCILLARY SERVICE COST CENTERS		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)
50 Operating Boom		1	2	4	5A	5	6	7
Signature Sign	ANCILLARY SERVICE COST CENTERS							
12 Labor Room and Delivery Room	50 Operating Room							
Sal Assistation Sal Assist								
Sea Radiology Diagnosite	52 Labor Room and Delivery Room							
Sadiology-Therapeutic Sadi								
See AddioStotope	54 Radiology-Diagnostic							
57 Computed Tomography (CT) Scan	55 Radiology-Therapeutic							
Magnetic Resonance Imaging (MRI)	56 Radioisotope							
Section	57 Computed Tomography (CT) Scan							
Aboratory Abor	58 Magnetic Resonance Imaging (MRI)							
BP Clinical Laboratory Services-Program Only								
Whole Blood & Packed Red Blood Cells	60 Laboratory							
Blood Storing, Processing, & Trans.	61 PBP Clinical Laboratory Services-Program Only							
64 Intravenous Therapy								
Sespiratory 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) 77 Other Ancillary (specify) 78 Rural Health Clinic (RHC) 89 Federally Qualified Health Center (FQHC) 90 Clinic 91 Emergency 92 Observation Beds	64 Intravenous Therapy							
67 Occupational Therapy 68 Speech Pathology 69 Electrocardiology 70 Electrocephalography 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) 77 OUTPATIENT SERVICE COST CENTERS 78 Rural Health Clinic (RHC.) 79 Federally Qualified Health Center (FQHC) 79 Imegency 70 Desvation Beds	65 Respiratory Therapy							
Speech Pathology Speech Path	66 Physical Therapy							
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) 77 OUTPATIENT SERVICE COST CENTERS 78 Rural Health Clinic (RHC) 79 Federally Qualified Health Center (FQHC) 79 Clinic 79 Observation Beds								
February February	68 Speech Pathology							
Medical Supplies Charged to Patients Implantable Devices Charged to Patients Drugs Charged to Patients Renal Dialysis ASC (Non-Distinct Part) Other Ancillary (specify) OUTPATIENT SERVICE COST CENTERS Rural Health Clinic (RHC) Federally Qualified Health Center (FQHC) Dinic Emergency Observation Beds								
72 Implantable Devices Charged to Patients 73 Drugs Charged to Patients 74 Renal Dialysis 75 ASC (Non-Distinct Part) 76 Other Ancillary (specify) 77 OUTPATIENT SERVICE COST CENTERS 78 Rural Health Clinic (RHC) 89 Federally Qualified Health Center (FQHC) 90 Clinic 91 Emergency 92 Observation Beds	70 Electroencephalography							
73 Drugs Charged to Patients 74 Renal Dialysis 75 ASC (Non-Distinct Part) 76 Other Ancillary (specify) 77 OUTPATIENT SERVICE COST CENTERS 88 Rural Health Clinic (RHC) 89 Federally Qualified Health Center (FQHC) 90 Clinic 91 Emergency 92 Observation Beds								
74 Renal Dialysis	72 Implantable Devices Charged to Patients							
75 ASC (Non-Distinct Part)	73 Drugs Charged to Patients							
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								
OUTPATIENT SERVICE COST CENTERS 88 Rural Health Clinic (RHC) 89 Federally Qualified Health Center (FQHC) 90 Clinic 91 Emergency 92 Observation Beds								
88 Rural Health Clinic (RHC) 89 Federally Qualified Health Center (FQHC) 90 Clinic 91 Emergency 91 Esergency 92 Observation Beds								
89 Federally Qualified Health Center (FQHC) 90 Clinic 91 Emergency 92 Observation Beds 93 Federally Qualified Health Center (FQHC) 94 Clinic 95 Clinic 96 Clinic 97 Clinic 98 Clinic 98 Clinic 99 Clinic 90 Clinic 90 Clinic 90 Clinic 90 Clinic 91 Clinic 91 Clinic 91 Clinic 92 Clinic 93 Clinic 94 Clinic 95 Clinic 96 Clinic 97 Clinic 98 Clinic 99 Clinic 99 Clinic 90 Clinic 90 Clinic 90 Clinic 90 Clinic 90 Clinic 90 Clinic 90 Clinic 91 Clinic 91 Clinic 91 Clinic 92 Clinic 93 Clinic 94 Clinic 95 Clinic 96 Clinic 97 Clinic 98 Clinic 99 Clinic 99 Clinic 90 Cl								
90 Clinic <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
91 Emergency								
92 Observation Beds								
93 Other Outpatient Service (specify)								
	93 Other Outpatient Service (specify)							

40-554			Re
DRAFT	FORM CMS-2552-10		4090 (Cc
COST ALLOCATION - STATISTICAL BASIS	PROV	PERIOD: FROM	WORKSHEET B-

					TO		l
	CAPITAL RE	LATED COST			ADMINIS-	MAIN-	
	BLDGS. &	MOVABLE	EMPLOYEE		TRATIVE &	TENANCE &	OPERATION
	FIXTURES	EQUIPMENT	BENEFITS		GENERAL	REPAIRS	OF PLANT
COST CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE
	FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)
	1	2	4	5A	5	6	7
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)							

Rev. 1

LAUNDRY SERVICE CAFETERIA MAIN. TENANCO ADMINIS SERVICE SERVICE CAFETERIA TENANCO ADMINIS SERVICE COSTED COSTE	-1 COST ALLOCATION - STATISTICAL BASIS						PROVIDER N		PERIOD:		WORKSHEET I
LAUDBY SERVICE KEEPING FORMULE SERVICE KEEPING FORMULE SERVICE KEEPING FORMULE SERVICE COST CENTER FORMULE COST CENTER									FROM		
SERVICE SERVICE COST CENTER DESCRIPTIONS SERVICE SERVICE COST CENTER DESCRIPTIONS COST CENTER DESCRIPTIONS COST CENTER COST									то		
SERVICE KEEPING DIETARY CAFETREIA PERSONNEL TRATION SUPPLY PHARMACY LIBRARY SERVICE COST COST DIETARY CAFETREIA PERSONNEL TRATION COSTED C		1									
COST CENTER DESCRIPTIONS		1									SOCIAL
LAUNDRY SERVICE SERVED SERVED NURS. REQUIS REQUIS SEPNT SP		1			1						SERVICE
CENERAL SERVICE COST CENTERS	COST CENTER DESCRIPTIONS	`	(HOURS OF	(MEALS	(MEALS	`		\ \	`		(TIME
CENERAL SREVICE COST CENTERS		LAUNDRY)	SERVICE)	SERVED)	SERVED)	HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	SPENT)
1		8	9	10	11	12	13	14	15	16	17
2											
4											
S		1									
6 6 Maintenance and Repairs 7 7 Operation of Plant 8 8 Laundry and Linen Service 9 9 1 Housekeeping 10 10 Dectary 11 11 Cafeteria 12 12 Maintenance of Personnel 13 13 Nursing Administration 14 14 Central Services and Supply 15 15 Pharmacy 16 16 16 Medical Records & Medical Records Library 17 17 Social Service 18 18 0 Ober 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 Parametical Education Program (specify) 18 19 NOAL State of Cost of Carlot (Service) 29 30 Addis and Pediatrics (General Routine Care) 19 19 NOATIENT ROUTINE SERVICE COST CENTERS 10 30 30 Addis and Pediatrics (General Routine Care) 11 Intensive Care Unit 12 32 32 Parametical Education (September 19 1) 13 31 Intensive Care Unit 13 33 33 Burn Intensive Care Unit 14 41 Subprovider INF 42 42 Subprovider INF 44 41 Subprovider INF 45 45 Nursing Seclity 46 48 Silled Nursing Seclity 47 48 Silled Nursing Seclity 48 48 Silled Nursing Seclity 49 49 54 Nursing seclity		1									
7 7 Operation of Plant		1									
8 8 Laundry and Linen Service 9 Housekeeping 9 Housekeep		1									
9 9 Housekeeping 10 10 Dietarry 11 11 Cafeteria 12 12 Maintenance of Personnel 13 13 Nusing 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 19 19 Nonphysician Anesthetists 10 22 02 Nusing School 21 21 Intern & Res. Service-Salary & Fringes (Approved) 22 12 Intern & Res. Service Social Service 23 23 Paramedical Education Program (specify) 18		1									
10 Dietary	8 8 Laundry and Linen Service]								
11 11 Cafeteria	9 9 Housekeeping										
12 12 Maintenance of Personnel	10 10 Dietary				1						
13 13 Nursing Administration						1					
14 14 Central Services and Supply							1				
15								1			
16 16 Medical Records & Medical Records Library 17 17 17 17 18 18 Other General Service (specify) 18 18 Other General Service (specify) 19 19 Nonphysician Anesthetists 19 19 Nonphysician Anesthetists 19 10 10 10 10 10 10 10											
17											
18 18 Other General Service (specify)											1
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) 23 23 Paramedical Education Program (specify) 25 26 27 27 27 28 29 29 29 29 29 29 29	(1 3)										
21 21 Intern & Res. Service-Salary & Fringes (Approved)	1 3										
22 22 Intern & Res. Other Program Costs (Approved)	0										
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 (specify) 35 35 Other Special Care Unit (specify) 40 40 Subprovider IPF 41 41 Subprovider (specify) 42 42 Subprovider (specify) 43 43 Nursery 44 44 Skilled Nursing Facility 45 45 Nursing Facility											
33 33 Burn Intensive Care Unit											
34 34 Surgical Intensive Care Unit 9 35 35 Other Special Care Unit (specify) 9 40 40 Subprovider IPF 9 41 41 Subprovider IRF 9 42 42 Subprovider (specify) 9 43 43 Nursery 9 44 44 Skilled Nursing Facility 9 45 45 Nursing Facility 9											
35 35 Other Special Care Unit (specify) 9 40 40 Subprovider IPF 9 41 41 Subprovider IRF 9 42 42 Subprovider (specify) 9 43 43 Nursery 9 44 44 Skilled Nursing Facility 9 45 45 Nursing Facility 9											
40 40 Subprovider IPF 41 41 Subprovider IRF 42 42 Subprovider (specify) 43 43 Nursery 44 44 Skilled Nursing Facility 45 45 Nursing Facility											
41 41 Subprovider IRF 5 42 42 Subprovider (specify) 6 43 43 Nursery 7 44 44 Skilled Nursing Facility 8 45 45 Nursing Facility 8	1 (1 3)										
42 42 Subprovider (specify) 9 43 43 Nursery 9 44 44 Skilled Nursing Facility 9 45 45 Nursing Facility 9	· · · · · · · · · · · · · · · · · · ·										
43 43 Nursery 44 44 Skilled Nursing Facility 45 45 Nursing Facility											
44 44 Skilled Nursing Facility 45 45 Nursing Facility											
45 45 Nursing Facility	3										
AG AG Other Long Term Care											
40 40 Ottlet Folik Tellit Care	46 46 Other Long Term Care										

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-1 CO	ST ALLOCATION - STATISTICAL BASIS						PROVIDER N	O:	PERIOD:		WORKSHEET I
									FROM		
									TO		
		LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL	
ı		& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL
		SERVICE	KEEPING	DIETARY	CAFETERIA		TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE
	COST CENTER DESCRIPTIONS	(POUNDS OF	(HOURS OF	(MEALS	(MEALS	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	(TIME
	GOOT GENTER DESCRIPTIONS	LAUNDRY)	SERVICE)	SERVED)	SERVED)	HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	SPENT)
		8	9	10	11	12	13	14	15	16	17
	ANCILLARY SERVICE COST CENTERS	0	Э	10	11	12	15	14	15	10	17
50 50	Operating Room										
	Recovery Room										
	Labor Room and Delivery Room										
	Anesthesiology										
54 54	Radiology-Diagnostic										
	Radiology-Therapeutic										
	Radioisotope										
	Computed Tomography (CT) Scan										
	Magnetic Resonance Imaging (MRI)										
	Cardiac Catheterization										
60 60	Laboratory										
61 61	PBP Clinical Laboratory Services-Program Only										
	Whole Blood & Packed Red Blood Cells										
	Blood Storing, Processing, & Trans.										
	Intravenous Therapy										
	Respiratory Therapy										
	Physical Therapy										
	Occupational Therapy										
	Speech Pathology										
	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										
	ASC (Non-Distinct Part)										
76 76	Other Ancillary (specify)										
	OUTPATIENT SERVICE COST CENTERS										
88 88	Rural Health Clinic (RHC)										
	Federally Qualified Health Center (FQHC)				1						
	Clinic										
	Emergency										
	! Observation Beds										
	Other Outpatient Service (specify)										
55 50	out the (openity)	I		l							

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ont.) 4090 (Cont.)	FORM CMS-2552-10	FORM CMS-2552-10						
-1 COST ALLOCATION - STATISTICAL BASIS		PROVIDER NO:	PERIOD: FROM	WORKSHEET I				

								TO		
	LAUNDRY				MAIN-	NURSING	CENTRAL		MEDICAL	
•	& LINEN	HOUSE-			TENANCE OF	ADMINIS-	SERVICES &		RECORDS &	SOCIAL
	SERVICE	KEEPING	DIETARY	CAFETERIA	PERSONNEL	TRATION	SUPPLY	PHARMACY	LIBRARY	SERVICE
COST CENTER DESCRIPTIONS	(POUNDS OF	(HOURS OF	(MEALS	(MEALS	(NUMBER	(DIRECT	(COSTED	(COSTED	(TIME	(TIME
	LAUNDRY)	SERVICE)	SERVED)	SERVED)	HOUSED)	NURS. HRS)	REQUIS.)	REQUIS.)	SPENT)	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 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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3-1 COST ALLOCATION - STATISTICAL BASIS			TOTAL CIVI	3 2002 10	PROVIDER NO:	:	PERIOD:		WORKSHEET I
							FROM		
							ТО		
		NON-		INTERNS &	RESIDENTS	PARA-		INTERN &	
	OTHER	PHYSICIAN	NURSING	SALARY AND		MEDICAL		RESIDENT	
	GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST	
COST CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN	
	(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	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	\dashv								
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	4								
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	4								
17 17 Social Service									
		4							
(-F 3)									
					1				
21 21 Intern & Res. Service-Salary & Fringes (Approved)						4			
22 22 Intern & Res. Other Program Costs (Approved)							1		
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									

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3-1 CO	ST ALLOCATION - STATISTICAL BASIS					PROVIDER NO:		PERIOD:		WORKSHEET B.
								FROM TO		
			L wow		The state of the s		DADA	10		Ļ
		OTHER	NON-	NUDCING	INTERNS &		PARA-		INTERN &	
		OTHER	PHYSICIAN	NURSING	SALARY AND		MEDICAL		RESIDENT	
		GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST	
	COST CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN	
		(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	
		18	19	20	21	22	23	24	25	26
	ANCILLARY SERVICE COST CENTERS									
	O Operating Room									
	1 Recovery Room									
	2 Labor Room and Delivery Room									
	3 Anesthesiology									
	4 Radiology-Diagnostic									
	5 Radiology-Therapeutic									
	6 Radioisotope									
57 5	7 Computed Tomography (CT) Scan									
	Magnetic Resonance Imaging (MRI)									
59 5	9 Cardiac Catheterization									
60 6	0 Laboratory									
61 6	PBP Clinical Laboratory Services-Program Only									
62 6	Whole Blood & Packed Red Blood Cells									
63 6	Blood Storing, Processing, & Trans.									
64 6	4 Intravenous Therapy									
65 6	Respiratory Therapy									
66 6	6 Physical Therapy									
67 6	7 Occupational Therapy									
68 6	8 Speech Pathology									
69 6	9 Electrocardiology									
70 7	0 Electroencephalography									
	1 Medical Supplies Charged to Patients									
72 7.	2 Implantable Devices Charged to Patients									
73 7	3 Drugs Charged to Patients									
74 7	4 Renal Dialysis									
75 7	5 ASC (Non-Distinct Part)									
76 7	6 Other Ancillary (specify)									
	OUTPATIENT SERVICE COST CENTERS									
88 8	Rural Health Clinic (RHC)									
89 8	9 Federally Qualified Health Center (FQHC)									
	O Clinic									
91 9										
	2 Observation Beds									
	3 Other Outpatient Service (specify)									
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AFT DRAFT	FORM CMS-2552-10			4090 (Cc
3-1 COST ALLOCATION - STATISTICAL BASIS		PROVIDER NO:	PERIOD: FROM	WORKSHEET B

							TO		
		NON-		INTERNS &	RESIDENTS	PARA-		INTERN &	
	OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT	
	GENERAL	ANES-	SCHOOL	FRINGES	COSTS	EDUCATION		COST & POST	
COST CENTER DESCRIPT	IONS SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN	
	(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	TOTAL
	18	19	20	21	22	23	24	25	26
OTHER REIMBURSABLE COST CENTE	RS								
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. p	orgm.)								
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.:	PROVIDER NO.: PERIOD: FROM			
		·	TOWORF	SHEET		
	DESCR		PART	LINE NO.	AMOUNT	_
	1		2	3	4	+ 1
1	Adjustment for EPO costs in Renal Dialysis co Adjustment for EPO costs in Home Program D	St Center	1 1	71 94		1 2
-2	Adjustment for ARANESP costs in Renal Dial	vsis cost center	1	71		3
4		gram Dialysis cost center	1	94		4
5		Grain Biaryolo coor center		1 .		5
6						6
7						7
8						8
9						9
10						10
11						11 12
12 13				-		13
14				-		14
15				+		15
16				+		16
17				1		17
18						18
19						19
20						20
21						21
22 23						22
24						23
25				+		25
26				+		26
27						27
28						28
29						29
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31						31
32						32
33 34				-		33 34
35				-		35
36				+		36
37				+		37
38				1		38
39						39
40						40
41						41
42						42
43						43 44
45				-		44
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52						52
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54				1	1	54 55
55 56					+	56
57				+	+	57
58				+	+	58
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