

CALCULATION OF CAPITAL PAYMENT		PROVIDER NO.:	PERIOD:	WORKSHEET L
		COMPONENT NO.:	FROM _____ TO _____	
Check Applicable Boxes	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII <input type="checkbox"/> Title XIX	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	<input type="checkbox"/> PPS <input type="checkbox"/> Cost Method	

PART I - FULLY PROSPECTIVE METHOD

	CAPITAL FEDERAL AMOUNT	
1	Capital DRG other than outlier	
2	Capital DRG outlier payments	
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	
4	Number of interns & residents (see instructions)	
5	Indirect medical education percentage (see instructions)	
6	Indirect medical education adjustment (sum of lines 1 & 2 times line 5)	
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 27 see instructions)	
8	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	
9	Sum of lines 3 and 4	
10	Allowable disproportionate share percentage (see instructions)	
11	Disproportionate share adjustment (line 6 times the sum of lines 1 and 2)	
12	Total prospective capital payments (sum of lines 1-2, and 7)	

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)	
2	Program inpatient ancillary capital cost (see instructions)	
3	Total inpatient program capital cost (line 1 plus line 2)	
4	Capital cost payment factor (see instructions)	
5	Total inpatient program capital cost (line 3 x line 4)	

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)	
2	Program inpatient capital costs for extraordinary circumstances (see instructions)	
3	Net program inpatient capital costs (line 1 minus line 2)	
4	Applicable exception percentage (see instructions)	
5	Capital cost for comparison to payments (line 3 x line 4)	
6	Percentage adjustment for extraordinary circumstances (see instructions)	
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	
8	Capital minimum payment level (line 5 plus line 7)	
9	Current year capital payments (from Part I, line 8, as applicable)	
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	
13	Current year exception payment (if line 12 is positive, enter the amount on this line)	
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	
15	Current year allowable operating and capital payment (see instructions)	
16	Current year operating and capital costs (see instructions)	
17	Current year exception offset amount (see instructions)	

AFT

1

2

3

4

5

6

7

8

9

10

11

12

1

2

3

4

5

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

DRAFT

FORM CMS-2552-10

4090 (Cont.)

ALLOCATION OF ALLOWABLE COSTS FOR
EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET L-1,
PART I

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

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4065.1)

ALLOCATION OF ALLOWABLE COSTS FOR
EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET L-1,
PART I

Cost Center Descriptions	EXTRA-ORDINARY CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-2)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT		
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT							
	0	1	2	2A	4	5	6	7		
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 Catherization										59
60 Laboratory										60
61 PBP Clinical Laboratory Service-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 (specify)										93

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES				PROVIDER NO.:		PERIOD: FROM _____ TO _____		WORKSHEET L-1, PART I	
Cost Center Descriptions	EXTRA- ORDINARY CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-4)	EMPLOYEE BENEFITS	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
	0	1	2	2A	4	5	6	7	
OTHER REIMBURSABLE COST CENTERS									
95	Home Program Dialysis								95
96	Ambulance Services								96
97	Durable Medical Equipment-Rented								97
98	Durable Medical Equipment-Sold								98
99	Other Reimbursable (specify)								99
100	Outpatient Rehabilitation Provider (specify)								100
101	Intern-Resident Service (not appvd. tchn. prgm.)								101
102	Home Health Agency								102
SPECIAL PURPOSE COST CENTERS									
									0
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									
									0
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research								191
192	Physicians' Private Offices								192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)								194
195	Cross Foot Adjustments								195
196	Negative Cost Centers								196
197	Total (sum of lines 190-196)								197
198	Total Statistical Basis								198
200	Unit Cost Multiplier								200

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES						PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET L-1, 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
0 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 Ed. Program (specify)										23
0 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										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 4065.1)

DRAFT

FORM CMS-2552-10

4090 (Cont.)

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES						PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET L-1, 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
0 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 Catherization										59
60 Laboratory										60
61 PBP Clinical Laboratory Service-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
0 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 (specify)										93

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4065.1)

Rev. 1

4090 (Cont.)

FORM CMS-2552-10

40-651

DRAFT

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	
0 OTHER REIMBURSABLE COST CENTERS											
95 Home Program Dialysis											95
96 Ambulance Services											96
97 Durable Medical Equipment-Rented											97
98 Durable Medical Equipment-Sold											98
99 Other Reimbursable (specify)											99
100 Outpatient Rehabilitation Provider (specify)											100
101 Intern-Resident Service (not appvd. tchnng. prgm.)											101
102 Home Health Agency											102
0 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
0 NONREIMBURSABLE COST CENTERS											0
190 Gift, Flower, Coffee Shop, & Canteen											190
191 Research											191
192 Physicians' Private Offices											192
193 Nonpaid Workers											193
194 Other Nonreimbursable (specify)											194
195 Cross Foot Adjustments											195
196 Negative Cost Centers											196
197 Total (sum of lines 190-196)											197
198 Total Statistical Basis											198
200 Unit Cost Multiplier											200

0

0

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES					PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET L-1, PART I		
Cost Center Descriptions	OTHER GENERAL SERVICE	NON-PHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	18	19	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS										0
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 Ed. Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										0
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										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 4065.1)

ALLOCATION OF ALLOWABLE COSTS FOR
EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:
FROM _____
TO _____

WORKSHEET L-1,
PART I

Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN 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		25	
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 Catherization									59
60 Laboratory									60
61 PBP Clinical Laboratory Service-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 (specify)									93

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES						PROVIDER NO.:	PERIOD: FROM _____ TO _____		WORKSHEET L-1, PART I	
Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN 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										0
95 Home Program Dialysis										95
96 Ambulance Services										96
97 Durable Medical Equipment-Rented										97
98 Durable Medical Equipment-Sold										98
99 Other Reimbursable (specify)										99
100 Outpatient Rehabilitation Provider (specify)										100
101 Intern-Resident Service (not appvd. tchnng. prgm.)										101
102 Home Health Agency										102
SPECIAL PURPOSE COST CENTERS										0
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										0
190 Gift, Flower, Coffee Shop, & Canteen										190
191 Research										191
192 Physicians' Private Offices										192
193 Nonpaid Workers										193
194 Other Nonreimbursable (specify)										194
195 Cross Foot Adjustments										195
196 Negative Cost Centers										196
197 Total (sum of lines 190-196)										197
198 Total Statistical Basis										198
200 Unit Cost Multiplier										200

0

COMPUTATION OF PROGRAM INPATIENT ROUTINE SERVICE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET L-1, PART II
---	------------------------	-----------------------------------	---------------------------

Check applicable box Title V
 Title XVIII, Part A
 Title XIX

	Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 26)	Swing Bed Adjustment	Reduced Capital Cost for Extraordinary Circumstances (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & 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 (Other)								42
43	Nursery								43
###	Total (sum of lines 30-199)								###

(A) Worksheet A line numbers

DRAFT

FORM CMS-2552-10

4090 (Cont.)

COMPUTATION OF PROGRAM INPATIENT ANCILLARY SERVICE
CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO.:

PERIOD:

WORKSHEET L-1,
PART III

COMPONENT NO.:

FROM _____
TO _____

Check applicable boxes

Hospital
 Subprovider

Title V
 Title XVIII, Part A
 Title XIX

Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 26)	Total Charges (from Wkst. C, Part I, col. 6)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Program Extraordinary Capital Cost (col. 3 x col. 4)	
	1	2	3	4	5	
(A) 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 Catherization						59
60 Laboratory						60
61 PBP Clinical Laboratory Service-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

(A) Worksheet A line numbers

FORM CMS-2552-10 (DRAFT) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4065.3)

COMPUTATION OF PROGRAM INPATIENT ANCILLARY SERVICE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	PROVIDER NO.: _____ COMPONENT NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET L-1, PART III (CONT.)
---	---	-----------------------------------	------------------------------------

Check applicable boxes	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider	<input type="checkbox"/> Title V <input type="checkbox"/> Title XVIII, Part A <input type="checkbox"/> Title XIX				
Cost Center Description	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 26)	Total Charges (from Wkst. C, Part I, col. 6)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Program Extraordinary Capital Cost (col. 3 x col. 4)	
	1	2	3	4	5	
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 (specify)					93	
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	
200 Total (sum of lines 50 through 199)					200	

(A) Worksheet A line numbers