4090 ((Cont.)		FG	ORM CMS-2552	-10					12-22
ALLOC.	ATION OF CAPITAL-RELATED COSTS						PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
		DIRECTLY ASSIGNED		ITAL D COSTS				ADMINIS- MAIN- TRATIVE & TENANCE & OPERATIO		
COS	ST CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	TRATIVE & GENERAL	TENANCE & REPAIRS	OPERATION OF PLANT	
	GENERAL SERVICE COST CENTERS	0	1	2	2A	4	5	6	/	
1	Capital Related Costs-Buildings and Fixtures									1
	Capital Related Costs Durings and Fixtures									2
	Employee Benefits Department						-			4
5	Administrative and General							4		5
6									-	6
7	Operation of Plant					1				7
	Laundry and Linen Service					1				8
9	Housekeeping									9
	Dietary					1				10
	Cafeteria									11
12	Maintenance of Personnel									12
13										13
14	· · ·					1				13
15										15
16										16
17										17
	Other General Service (specify)									18
19										19
	Nursing Program									20
	Intern & Res. Service-Salary & Fringes (Approved)									21
	Intern & Res. Other Program Costs (Approved)									22
	Paramedical Education Program (specify)									23
	INPATIENT ROUTINE SERVICE COST CENTERS									
30	Adults and Pediatrics (General Routine Care)									30
	Intensive Care Unit							1		31
	Coronary Care Unit							1		32
	Burn Intensive Care Unit				İ			1		33
	Surgical Intensive Care Unit				1			1		34
	Other Special Care Unit (specify)									36
	Subprovider IPF									40
	Subprovider IRF									41
	Subprovider (specify)									42
	Nursery									43
	Skilled Nursing Facility									44
45										45
46	Other Long Term Care									46

12-22			FC	ORM CMS-2552-	-10				4090	(Cont.)
ALLOCA	ATION OF CAPITAL-RELATED COSTS						PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
		DIRECTLY ASSIGNED	ITAL D COSTS							
COS	T CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS 0	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2) 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT	4
	ANCILLARY SERVICE COST CENTERS	0	1	2	ZA	+	5	0	/	<u> </u>
	Operating Room									50
	Recovery Room									51
	Labor Room and Delivery Room									52
	Anesthesiology									53
	Radiology-Diagnostic									54
	Radiology-Therapeutic								1	55
	Radioisotope									56
	Computed Tomography (CT) Scan									57
	Magnetic Resonance Imaging (MRI)									58
	Cardiac Catheterization									59
	Laboratory									60
	PBP Clinical Laboratory Services-Program Only									61
	Whole Blood & Packed Red Blood Cells									62
63	Blood Storing, Processing, & Trans.									63
	Intravenous Therapy									64
	Respiratory Therapy									65
	Physical Therapy									66
	Occupational Therapy									67
	Speech Pathology									68
	Electrocardiology									69
70	Electroencephalography									70
	Medical Supplies Charged to Patients									71
72	Implantable Devices Charged to Patients									72
	Drugs Charged to Patients	Ì				1				73
74	Renal Dialysis	Ì				1				74
75	ASC (Non-Distinct Part)									75
76	Other Ancillary (specify)									76
77	Allogeneic HSCT Acquisition									77
	CAR T-Cell Immunotherapy									78
	OUTPATIENT SERVICE COST CENTERS									
	Rural Health Clinic (RHC)									88
89	Federally Qualified Health Center (FQHC)									89
90	Clinic									90
91	Emergency									91
92	Observation Beds									92
	Other Outpatient Service (specify)									93
93.99	Partial Hospitalization Program									93.99

4090 (Cont.)	FORM CMS-2552-10												
ALLOCA	ATION OF CAPITAL-RELATED COSTS						PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II					
		DIRECTLY ASSIGNED	CAPITAL RELATED COSTS											
COS	T CENTER DESCRIPTIONS	NEW CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	SUBTOTAL (sum of (cols. 0-2)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT					
	OTHER REIMBURSABLE COST CENTERS	0	1	2	2A	4	5	6	7					
	Home Program Dialysis									94				
	Ambulance Services									94				
	Durable Medical Equipment-Rented									93				
										90				
	Durable Medical Equipment-Sold Other Reimbursable (specify)									97				
	Other Reimbursable (specify) Outpatient Rehabilitation Provider (specify)									98				
										100				
	Intern-Resident Service (not appvd. tchng. prgm.)													
	Home Health Agency									101 102				
	Opioid Treatment Program									102				
	SPECIAL PURPOSE COST CENTERS									105				
	Kidney Acquisition									105				
	Heart Acquisition					_				106				
	Liver Acquisition									107				
	Lung Acquisition									108				
	Pancreas Acquisition									109				
	Intestinal Acquisition									110				
	Islet Acquisition									111				
	Other Organ Acquisition (specify)									112				
	Ambulatory Surgical Center (Distinct Part)									115				
	Hospice									113				
	Other Special Purpose (specify)									117				
	SUBTOTALS (sum of lines 1 through 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 through 201)									202				

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12-22				FORM CM	AS-2552-10				4090	1090 (Cont.)	
ALLOCATION OF CAPITAL-RELATED COSTS	1				1			PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
GENERAL SERVICE COST CENTERS	8	,	10	11	12	15	14	15	10	17	
1 Capital Related Costs-Buildings and Fixtures											1
2 Capital Related Costs-Movable Equipment	-										2
4 Employee Benefits Department											4
5 Administrative and General	1										5
6 Maintenance and Repairs	1										6
7 Operation of Plant	1										7
8 Laundry and Linen Service	l	1									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										1	16
17 Social Service											17
18 Other General Service (specify)											18
19 Nonphysician Anesthetists											19
20 Nursing Program											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)											36
40 Subprovider IPF	ļ				ļ		ļ				40
41 Subprovider IRF											41
42 Subprovider (specify)											42
43 Nursery											43
44 Skilled Nursing Facility											44
45 Nursing Facility	ļ				ļ						45
46 Other Long Term Care								<u> </u>			46

4090	(Cont.)				FORM CM	4S-2552-10						12-22
ALLOC.	ATION OF CAPITAL-RELATED COSTS								PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	
	ANCILLARY SERVICE COST CENTERS	8	9	10	11	12	13	14	15	10	17	
50	Operating Room											50
	Recovery Room											51
	Labor Room and Delivery Room											52
	Anesthesiology											53
	Radiology-Diagnostic											54
	Radiology-Therapeutic											55
	Radioisotope											56
	Computed Tomography (CT) Scan											57
	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
64	Intravenous Therapy											64
65	Respiratory Therapy											65
	Physical Therapy											66
	Occupational Therapy											67
	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										1	73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
77	Allogeneic HSCT Acquisition											77
78	CAR T-Cell Immunotherapy											78
	OUTPATIENT SERVICE COST CENTERS											
	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
	Clinic											90
91	5											91
92	Observation Beds											92
93	Other Outpatient Service (specify)											93
93.99	Partial Hospitalization Program											93.99

12-22					FORM CM	AS-2552-10				4090 (Cont.)			
ALLOC	ATION OF CAPITAL-RELATED COSTS	-		-					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II		
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL 12	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17		
	OTHER REIMBURSABLE COST CENTERS						-						
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	
	Opioid Treatment Program											102	
102	SPECIAL PURPOSE COST CENTERS											102	
105	Kidney Acquisition											105	
	Heart Acquisition											105	
	Liver Acquisition											100	
107	Lung Acquisition											107	
	Pancreas Acquisition											103	
	Intestinal Acquisition	-										110	
	Islet Acquisition	-										110	
	Other Organ Acquisition (specify)	-										112	
	Ambulatory Surgical Center (Distinct Part)	-						-	-			112	
	Hospice	-						-	-			113	
	Other Special Purpose (specify)	-						-	-			113	
	SUBTOTALS (sum of lines 1 through 117)				<u> </u>			<u> </u>				117	
118	NONREIMBURSABLE COST CENTERS	_										118	
100												100	
	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 through 201)											202	

4 Imployee Bordin Department Imployee Bordin Department Imployee Bordin Department 6 Maintenance and Reprins Imployee Bordin Department Imployee Bordin Department 7 Operation of Plant Imployee Imployee 9 Housdevring Imployee Imployee 9 Housdevring Imployee Imployee 9 Housdevring Imployee Imployee 10 Control Service Imployee Imployee 11 Control Service Service Imployee Imployee 13 Noting Administration Imployee Imployee 14 Control Service Advector & Medical Records & Medical	4090 (Cont.)		FORM CMS-2552-10										
CDST EXPERPENDEN OTHER (GRNERAL SLAVENCE HUELDAND NON- PROJECTIONED (GRNERAL SLAVENCE HUELDAND NOR- PROJECTIONED (GRNERAL SLAVENCE HUELDAND NOR- PROJECTIONED (SLAVENADD FROME HUELDAND NOR- PROJECTIONED (SLAVENADD FROME HUELDANDD	ALLOCATION OF CAPITAL-RELATED COSTS							PROVIDER CCN:	FROM TO				
GENERAL SERVICE COST CENTERS	COST CENTER DESCRIPTIONS	GENERAL SERVICE	PHYSICIAN ANES- THETISTS	PROGRAM	RESIDENTS SALARY AND FRINGES	RESIDENTS PROGRAM COSTS	EDUCATION (SPECIFY)		RESIDENT COST & POST STEPDOWN ADJUSTMENTS				
1 Capital Related Cost-Model Equipment 2 Capital Related Cost-Models Equipment 4 Employee Bonefit Department 6 Maintenance and Repain 7 Operation of Plan 8 Laundy and Lines Service 9 House Service 10 Detary 11 Caffeeria 12 Maintenance of Report 13 Naring Administration 14 Central Service and Supply 15 Marine Administration 16 Models Revice (pecify) 17 Social Revice Advector Revice (pecify) 18 Other Chernel Service (pecify) 19 Neralge Program 19 Neralge Program 10 Noralge Program (socid Approgram	OFNER AL OFNIGE COOT OFNITERS	18	19	20	21	22	23	24	25	26			
2 Capital Related Costs-Movable Equipment Image: Capital Related Costs-Movable Equipment Image: Capital Related Costs-Movable Equipment 3 Administrative and Corenal Image: Capital Related Costs-Movable Equipment Image: Capital Related Costs-Movable Equipment 6 Ministrative and Corenal Image: Capital Related Costs-Movable Equipment Image: Capital Related Costs-Movable Equipment Image: Capital Related Costs-Movable Equipment 7 Operation of Plant Image: Capital Related Costs-Movable Equipment Image: Capital Related Costs-Movable Equipment Image: Capital Related Re											<u> </u>		
4 Imployee Bondin Department <											1		
3 Administrative and General Image: Second Sec				4							2		
no. Maintenance and Repuis Image: Construction of Plant 12. Laundy and Lines Service Image: Construction of Plant 13. Laundy and Lines Service Image: Construction of Plant 14. Laundy and Lines Service Image: Construction of Plant 15. Plantscharter of Personal Image: Construction of Plant 16. Contral Services and Supply Image: Construction of Plant 17. Social Services and Supply Image: Construction of Plant 18. Oblice General Service (specify) Image: Construction of Plant 19. Nontry Sician Anschedusts Image: Construction of Plant 19. Nontry Sician Anschedusts Image: Construction of Plant 20. Navise Reputation Construction of Plant Image: Construction of Plant 21. Intern & Res. Other Program Code (Approved) Image: Construction of Plant Image: Construction of Plant 21. Intern & Res. Other Program Code (Approved) Image: Construction of Plant Image: Construction of Plant Image: Construction of Plant 22. Intern & Res. Other Program Code (Approved) Image: Construction of Plant Image: Construction of Plant Image: Construction of Plant Image: Construction				4							4		
2 Operation of Plant Image: Service Plant Image: Plan				4									
8 Lundy and Linen Service Image: Service				4							6		
9 Houskeeping Image: Service Substance of Personnel Image: Ser				4							7		
10 Detary C C 11 Cafeeria <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8</td>				-							8		
11 Caterna Image				4									
12 Miniteamee of Personnel Image: Second Secon				-							10		
13 Nursing Administration Image 14 Central Services and Supply Image 15 Plarmacy Image 16 Medical Records & Medical Records Library Image 17 Social Service Image 18 Other General Service (specify) Image 19 Norsing Program Image 20 Nursing Program Image 21 Intern & Res. Service-Salary & Frings (Approved) Image 21 Intern & Res. Other Program Costs (Approved) Image 21 Intern & Res. Other Program Costs (Approved) Image 23 Paramedical Education Program (specify) Image 34 Adults and Pediatrics (General Routine Care) Image 32 Coronary Care Unit Image Image 33 Barn Intensive Care Unit Image Image Image 34 Surgical Intensive Care Unit Image Image Image 34 Surgical Intensive Care Unit Image Image Image Image 35 Other Special Care Unit (specify) Image Image				4							11		
14 Central Services and Supply Image 15 Pharmacy Image 16 Medical Records & Medical Record				4							12		
15 Pharmacy Image: Construction of the second and				4							13		
16 Medical Records & Medical Records Library Image: Construction of the construction											14		
17 Social Service Image: Service (specify) Image:											15		
18 Other General Service (specify) Image: the set of the set											16		
19 Nonphysician Anesthetists I											17		
20 Nursing Program Image: Approved) Image: Approved : Approved : Approved : Approved: Approved : Approved : Approv											18		
21 Intern & Res. Service-Salary & Fringes (Approved) Image: Constant & Pringes (Constant & Pringes (Const					-						20		
22 Inten & Res. Other Program Costs (Approved) Image: Cost (Approved)											20		
23 Paramedical Education Program (specify) Image: constraint of the specify of t		+									21		
INPATIENT ROUTINE SERVICE COST CENTERSImage: Construction of the service of the servic								-			22		
30Adults and Pediatrics (General Routine Care)Image: Care UnitImage: Care Unit											23		
31Intensive Care UnitImage: Coronary Car											30		
32Coronary Care UnitImage: Care Unit<											31		
33Burn Intensive Care UnitImage: Care											31		
34 Surgical Intensive Care Unit Image: Surgical Care Unit (specify) Image: Surgical											33		
35 Other Special Care Unit (specify) Image: Specify) Image: Specify) Image: Specify) Image: Specify) Image: Specify)											33		
40 Subprovider IPF Image: Constraint of the system of											36		
41 Subprovider IRF Image: Constraint of the system of											40		
42 Subprovider (specify) Image: Specify and Specify a											40		
43 Nursery Image: Constraint of the second sec											42		
44 Skiled Nursing Facility 6 7 <th7< th=""> 7 <th7< th=""> <th7< th=""></th7<></th7<></th7<>											43		
45 Nursing Facility											44		
											45		
	46 Other Long Term Care										46		

12-22				FORM CM	1S-2552-10					4090	(Cont.)
ALLOCA	ATION OF CAPITAL-RELATED COSTS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS 19	NURSING PROGRAM 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS 22	PARAMEDICAL EDUCATION (SPECIFY) 23	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	ANCILLARY SERVICE COST CENTERS	18	19	20	21	22	23	24	23	20	
	Operating Room										50
	Recovery Room										51
	Labor Room and Delivery Room										52
	Anesthesiology										53
	Radiology-Diagnostic									+	54
	Radiology-Therapeutic									1	55
	Radioisotope										56
	Computed Tomography (CT) Scan										57
	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
70	Electroencephalography										70
71	Medical Supplies Charged to Patients										71
72	Implantable Devices Charged to Patients										72
73	Drugs Charged to Patients	1 I									73
	Renal Dialysis										74
	ASC (Non-Distinct Part)										75
	Other Ancillary (specify)										76
	Allogeneic HSCT Acquisition										77
	CAR T-Cell Immunotherapy										78
	OUTPATIENT SERVICE COST CENTERS										
	Rural Health Clinic (RHC)										88
	Federally Qualified Health Center (FQHC)										89
	Clinic										90
	Emergency										91
	Observation Beds										92
	Other Outpatient Service (specify)										93
93.99	Partial Hospitalization Program										93.99

4090 (Cont.)			FORM CM	FORM CMS-2552-10							
ALLOCA	ATION OF CAPITAL-RELATED COSTS	-	-					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B, PART II		
COST	COST CENTER DESCRIPTIONS		NON- PHYSICIAN ANES- THETISTS 19	NURSING PROGRAM 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS 22	PARAMEDICAL EDUCATION (SPECIFY) 23	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26		
	OTHER REIMBURSABLE COST CENTERS	18	19	20	21	22	23	24	23	20		
	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	
	Opioid Treatment Program											
	SPECIAL PURPOSE COST CENTERS											
	Kidney Acquisition										105	
	Heart Acquisition										106	
	Liver Acquisition										107	
	Lung Acquisition										108	
	Pancreas Acquisition										109	
	Intestinal Acquisition										110	
	Islet Acquisition										111	
	Other Organ Acquisition (specify)										112	
	Ambulatory Surgical Center (Distinct Part)										115	
116	Hospice										113	
117	Other Special Purpose (specify)										117	
	SUBTOTALS (sum of lines 1 through 117)										118	
	NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen										190	
191	Research										191	
	Physicians' Private Offices										192	
	Nonpaid Workers										193	
	Other Nonreimbursable (specify)										194	
	Cross Foot Adjustments										200	
	Negative Cost Centers						1			1	201	
	TOTAL (sum lines 118 through 201)										202	