12-22				4090 (Cont.)					
COST A	LLOCATION - STATISTICAL BASIS				PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1		
COS	T CENTER DESCRIPTIONS	CAPITAL RI BLDGS. & FIXTURES (SQUARE FEET)	ELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) 4	RECONCIL- IATION 5A	ADMINIS- TRATIVE & GENERAL (ACCUM. COST) 5	MAIN- TENANCE & REPAIRS (SQUARE FEET) 6	OPERATION OF PLANT (SQUARE FEET) 7	
-	GENERAL SERVICE COST CENTERS	1	2	4	JA	5	0	/	
	Capital Related Costs-Buildings and Fixtures			-					1
	Capital Related Costs-Movable Equipment								2
	Employee Benefits Department								4
5	Administrative and General								5
6	Maintenance and Repairs								6
7	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
	Medical Records & Medical Records Library								16
	Social Service								17
	Other General Service (specify)								18
	Nonphysician Anesthetists								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								
	Adults and Pediatrics (General Routine Care)								30
	Intensive Care Unit				ļ				31
	Coronary Care Unit								32
	Burn Intensive Care Unit							_	33
	Surgical Intensive Care Unit							+	34
	Other Special Care Unit (specify)								35
	Subprovider IPF Subprovider IRF								40
									41 42
	Subprovider (specify) Nursery								42
	Nursery Skilled Nursing Facility								43
	Nursing Facility								44
									45
46	Other Long Term Care		1	1	1			1	46

4090 (			FORM CMS-2552-10										
COST AI	LOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1					
		CAPITAL RE	LATED COST	EMPLOYEE		ADMINIS-	MAIN-						
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION					
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT					
COS	I CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE					
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	_				
		1	2	4	5A	5	6	7					
	ANCILLARY SERVICE COST CENTERS												
	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				
	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				
	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				
89	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				

12-22			FORM CN	AS-2552-10		409						
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1				
COS	ST CENTER DESCRIPTIONS	CAPITAL RI BLDGS. & FIXTURES (SQUARE FEET)	ELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) 4	RECONCIL- IATION 5A	ADMINIS- TRATIVE & GENERAL (ACCUM. COST) 5	MAIN- TENANCE & REPAIRS (SQUARE FEET) 6	OPERATION OF PLANT (SQUARE FEET) 7				
	OTHER REIMBURSABLE COST CENTERS		2		JA	5	0	,				
94	Home Program Dialysis								94			
	Ambulance Services								95			
96	Durable Medical Equipment-Rented								96			
97	Durable Medical Equipment-Sold								97			
	Other Reimbursable (specify)		1	1					98			
99	Outpatient Rehabilitation Provider (specify)								99			
100	Intern-Resident Service (not appvd. tchng. prgm.)								100			
101	Home Health Agency								101			
102	Opioid Treatment Program								102			
	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			
	Ambulatory Surgical Center (Distinct Part)								115			
	Hospice								116			
	Other Special Purpose (specify)								117			
118	SUBTOTALS (sum of lines 1 through 117)								118			
	NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen								190			
	Research								191			
									192			
	Nonpaid Workers								193			
	Other Nonreimbursable (specify)								194			
	Cross foot adjustments								200			
201									201			
	Cost to be allocated (per Worksheet B, Part I)								202			
									203			
									204			
	Unit cost multiplier (Worksheet B, Part II)								205			
206	j								206			
207	NAHE unit cost multiplier (Wkst. D, Parts III and IV)								207			

4090 (Cont.)			FOF	RM CMS-255	52-10						12-22
COST ALLOCATION - STATISTICAL BASIS								PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
GENERAL SERVICE COST CENTERS	8	9	10	11	12	13	14	15	16	17	
1 Capital Related Costs-Buildings and Fixtures											<u> </u>
2 Capital Related Costs-Movable Equipment	-										2
4 Employee Benefits Department	-										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   18 Other General Service (specify)											17
19 Nonphysician Anesthetists											18
20 Nursing Program											20
21 Intern & Res. Service-Salary & Fringes (Approved)											20
22 Intern & Res. Other Program Costs (Approved) 22 Intern & Res. Other Program Costs (Approved)											22
23 Paramedical Education Program (specify)											23
INPATIENT ROUTINE SERVICE COST CENTERS											
30 Adults and Pediatrics (General Routine Care)											30
31 Intensive Care Unit											31
32 Coronary Care Unit											32
33 Burn Intensive Care Unit											33
34 Surgical Intensive Care Unit											34
35 Other Special Care Unit (specify)											35
40 Subprovider IPF											40
41 Subprovider IRF					ļ						41
42 Subprovider (specify)					ļ						42
43 Nursery 44 Shills A Nursing Facility	-								+	+	43
44 Skilled Nursing Facility 45 Nursing Facility											44
	-										45
46 Other Long Term Care				1	1	l	1			I	40

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## FORM CMS-2552-10

## 4090 (Cont.)

12-22				FOF	RM CMS-255	52-10					4090	(Cont.)
COST A	LLOCATION - STATISTICAL BASIS								PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8	HOUSE- KEEPING (HOURS OF SERVICE) 9	DIETARY (MEALS SERVED) 10	CAFETERIA (MEALS SERVED) 11	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED) 12	NURSING ADMINIS- TRATION (DIRECT NURS. HRS) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14	PHARMACY (COSTED REQUIS.) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	SOCIAL SERVICE (TIME SPENT) 17	
	ANCILLARY SERVICE COST CENTERS											
50	Operating Room											50
	Recovery Room											50
	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
64	Intravenous Therapy											64
	Respiratory Therapy											65
66	Physical Therapy											66
67	Occupational Therapy											67
68	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
74	Renal Dialysis								t i i i i i i i i i i i i i i i i i i i	1	1	74
75	ASC (Non-Distinct Part)											75
	Other Ancillary (specify)								t i i i i i i i i i i i i i i i i i i i	1	1	76
	Allogeneic HSCT Acquisition											77
	CAR T-Cell Immunotherapy											78
	OUTPATIENT SERVICE COST CENTERS											
	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)								t i i i i i i i i i i i i i i i i i i i	1	1	89
90	Clinic								t i i i i i i i i i i i i i i i i i i i	1	1	90
91	Emergency								t i i i i i i i i i i i i i i i i i i i	1	1	91
92	Observation Beds											92
93	Other Outpatient Service (specify)											93
	Partial Hospitalization Program								t i i i i i i i i i i i i i i i i i i i	1	1	93.99
	1											

4090 (	Cont.)		FOF	M CMS-255	52-10						12-22	
COST A	LOCATION - STATISTICAL BASIS								PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
COST	CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	OTHER REIMBURSABLE COST CENTERS	8	9	10	11	12	13	14	15	16	17	
	Home Program Dialysis											94
	Ambulance Services											94
	Durable Medical Equipment-Rented											95
	Durable Medical Equipment-Sold											90
	Other Reimbursable (specify)											97
	Outpatient Rehabilitation Provider (specify)											98
	Intern-Resident Service (not appvd. tchng. prgm.)											100
	Home Health Agency											100
	Opioid Treatment Program											101
	SPECIAL PURPOSE COST CENTERS											102
	Kidney Acquisition											105
105	Heart Acquisition											105
100	Liver Acquisition											100
107	Lung Acquisition											107
	Pancreas Acquisition											108
	Intestinal Acquisition											110
	Islet Acquisition											110
	Other Organ Acquisition (specify)											111
112	Ambulatory Surgical Center (Distinct Part)											112
	Hospice											115
	Other Special Purpose (specify)											117
	SUBTOTALS (sum of lines 1 through 117)											118
	NONREIMBURSABLE COST CENTERS											
	Gift, Flower, Coffee Shop, & Canteen											190
191	Research								t i i i i i i i i i i i i i i i i i i i			191
192	Physicians' Private Offices											192
	Nonpaid Workers								1			193
194	Other Nonreimbursable (specify)								1			194
200	Cross foot adjustments											200
201	Negative cost centers											201
202	Cost to be allocated (per Worksheet B, Part I)											202
203	Unit cost multiplier (Worksheet B, Part I)											203
204	Cost to be allocated (per Worksheet B, Part II)											204
	Unit cost multiplier (Worksheet B, Part II)											205
206	NAHE adjustment amount to be allocated (per Wkst. B-2)											206
207	NAHE unit cost multiplier (Wkst. D, Parts III and IV)											207

12-22				FORM C	MS-2552-10					4090	(Cont.)
COST AI	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & SALARY AND FRINGES (ASSIGNED TIME)	RESIDENTS PROGRAM COSTS (ASSIGNED TIME)	PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	-
	GENERAL SERVICE COST CENTERS										
	Capital Related Costs-Buildings and Fixtures										1
	Capital Related Costs-Movable Equipment										2
4	Employee Benefits Department										4
	Administrative and General										5
6	Maintenance and Repairs										6
	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 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										
	Adults and Pediatrics (General Routine Care)										30
	Intensive Care Unit										31
	Coronary Care Unit										32
	Burn Intensive Care Unit										33
	Surgical Intensive Care Unit										34
	Other Special Care Unit (specify)										35
40	Subprovider IPF										40
	Subprovider IRF										41
	Subprovider (specify)						1				42
	Nursery						1				43
	Skilled Nursing Facility										44
	Nursing Facility										45
	Other Long Term Care										46
-+0	Outer Long Tellin Care		I		1	I	L				

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## FORM CMS-2552-10

COST A	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
			NON-		INTERNS &	RESIDENTS	PARA-		INTERN &		
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY)	PHYSICIAN ANES- THETISTS (ASGND TIME)	NURSING PROGRAM (ASSIGNED TIME)	SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)	MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room										50
51	Recovery Room										51
52	Labor Room and Delivery Room										52
53	Anesthesiology										53
	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
	Radioisotope										56
	Computed Tomography (CT) Scan						1				57
	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
	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						l				73
	Renal Dialysis						l				74
	ASC (Non-Distinct Part)						l				75
	Other Ancillary (specify)						l				76
	Allogeneic HSCT Acquisition						l				77
	CAR T-Cell Immunotherapy						l				78
	OUTPATIENT SERVICE COST CENTERS										
	Rural Health Clinic (RHC)										88
	Federally Qualified Health Center (FQHC)						l				89
	Clinic						1				90
	Emergency		1				1				91
	Observation Beds										92
	Other Outpatient Service (specify)										93
	Partial Hospitalization Program						1				93.99

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## FORM CMS-2552-10

12-22				FORM CI	MS-2552-10					4090	(Cont.)
COST A	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD:	WORKSHEET B-1	
									FROM		
									то		
			NON-		INTERNS &	RESIDENTS	PARA-		INTERN &		
		OTHER	PHYSICIAN	NURSING	SALARY AND	PROGRAM	MEDICAL		RESIDENT		
		GENERAL	ANES-	PROGRAM	FRINGES	COSTS	EDUCATION		COST & POST		
COST	CENTER DESCRIPTIONS	SERVICE	THETISTS	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED		STEPDOWN		
0001		(SPECIFY)	(ASGND TIME)	TIME)	TIME)	TIME)	TIME)	SUBTOTAL	ADJUSTMENTS	TOTAL	
		18	19	20	21	22	23	24	25	26	-
	OTHER REIMBURSABLE COST CENTERS	10		20	21		20	2.	20	20	
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)									1	99
	Intern-Resident Service (not appvd. tchng. prgm.)									1	100
	Home Health Agency										100
	Opioid Treatment Program						-				101
	SPECIAL PURPOSE COST CENTERS										102
	Kidney Acquisition										105
	Heart Acquisition										105
	Liver Acquisition										107
	Lung Acquisition										108
	Pancreas Acquisition										109
	Intestinal Acquisition										110
	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
	Ambulatory Surgical Center (Distinct Part)										115
	Hospice										116
	Other Special Purpose (specify)										117
	SUBTOTALS (sum of lines 1 through 117)										118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen										190
191											191
192	Physicians' Private Offices										192
193	Nonpaid Workers										193
194	Other Nonreimbursable (specify)										194
200	Cross foot adjustments										200
201	Negative cost centers										201
202	Cost to be allocated (per Worksheet B, Part I)										202
203	Unit cost multiplier (Worksheet B, Part I)										203
204	Cost to be allocated (per Worksheet B, Part II)										204
205	Unit cost multiplier (Worksheet B, Part II)										205
	NAHE adjustment amount to be allocated (per Wkst. B-2)										206
	NAHE unit cost multiplier (Wkst. D, Parts III and IV)										207