	TION OF ALLOWABLE COSTS FOR RDINARY CIRCUMSTANCES						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I
		EXTRA- ORDINARY CAPITAL	CAPITAL RELATED COSTS		SUBTOTAL	EMPLOYEE	ADMINIS-	MAIN-	
C	ost Center Descriptions	RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	(sum of cols. 0-2)	BENEFITS DEPARTMENT	TRATIVE & GENERAL	TENANCE & REPAIRS	OPERATION OF PLANT
	GENERAL SERVICE COST CENTERS	0	1	2	2A	4	5	6	7
	Capital Related Costs-Buildings and Fixtures								
	Capital Related Costs-Movable Equipment								
	Employee Benefits Department								
	Administrative and General							1	
	Maintenance and Repairs								
	Operation of Plant								
	Laundry and Linen Service								
	Housekeeping								
10	Dietary								
11 (	Cafeteria								
12	Maintenance of Personnel								
13	Nursing Administration								
14 (	Central Services and Supply								
15 1	Pharmacy								
16	Medical Records & Medical Records Library								
17	Social Service								
	Other General Service (specify)								
19	Nonphysician Anesthetists								
20 1	Nursing Program								
	Intern & Res. Service-Salary & Fringes (Approved)								
22	Intern & Res. Other Program Costs (Approved)								
	Paramedical Ed. Program (specify)								
	NPATIENT ROUTINE SERVICE COST CENTERS								
30	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								
41	Subprovider IRF								
	Subprovider								
	Nursery								
	Skilled Nursing Facility								
	Nursing Facility								
46	Other Long Term Care								

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I	
		EXTRA- ORDINARY	CAP RELATE	ITAL D COSTS						
	Cost Center Descriptions	CAPITAL RELATED COSTS 0	BLDGS. & FIXTURES	MOVABLE EQUIPMENT 2	SUBTOTAL (sum of cols. 0-2) 2A	EMPLOYEE BENEFITS DEPARTMENT 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
	ANCILLARY SERVICE COST CENTERS	U	1	Z	ZA	4	3	0	/	
	Operating Room									50
	Recovery Room									51
	Labor Room and Delivery Room									52
	Anesthesiology									53
54	Radiology-Diagnostic									54
55	Radiology-Therapeutic									55
	Radioisotope									56
	Computed Tomography (CT) Scan									57
	Magnetic Resonance Imaging (MRI)									58
	Cardiac Catheterization									59
										60
	PBP Clinical Laboratory Service-Program Only									61
	Whole Blood & Packed Red Blood Cells									62
	Ç, Ç,									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 ASC (Non-Distinct Part)									74
	Other Ancillary (specify)									75 76
	Allogeneic HSCT Acquisition									77
	CAR T-Cell Immunotherapy				<u> </u>					78
	OUTPATIENT SERVICE COST CENTERS									/8
	Rural Health Clinic (RHC)									88
	Federally Qualified Health Center (FQHC)									89
	Clinic									90
	Emergency									91
	Observation Beds									92
	Other Outpatient (specify)									93
	Partial Hospitalization Program									93.99

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES						PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I	
		EXTRA- ORDINARY		TTAL ED COSTS	SUBTOTAL	EMBI OVEE				
	Cost Center Descriptions	CAPITAL RELATED COSTS	BLDGS. & FIXTURES	MOVABLE EQUIPMENT	(sum of cols. 0-4)	EMPLOYEE BENEFITS DEPARTMENT	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	
		0	1	2	2A	4	5	6	7	
	OTHER REIMBURSABLE COST CENTERS									0.4
	Home Program Dialysis									94
	Ambulance Services									95
	Durable Medical Equipment-Rented									96
	Durable Medical Equipment-Sold									97
	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
	Intern-Resident Service (not appvd. tchng. prgm.)									100
	Home Health Agency									101
	Opioid Treatment Program									102
	SPECIAL PURPOSE COST CENTERS									10.5
	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									116
	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
	Total (sum of line 118 and lines 190 through 201)									202
	Total Statistical Basis									203
204	Unit Cost Multiplier									204

(				•						ТО	PART I (Cont.)	
	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	SOCIAL SERVICE 17	
	GENERAL SERVICE COST CENTERS	8	,	10	11	12	13	14	13	10	17	$\vdash$
	Capital Related Costs-Buildings and Fixtures											$\vdash$
	Capital Related Costs-Movable Equipment											
	Employee Benefits Department											
	Administrative and General											
	Maintenance and Repairs											
	Operation of Plant											
8	Laundry and Linen Service											
	Housekeeping			1								
10	Dietary											
11	Cafeteria					1						
12	Maintenance of Personnel											
	Nursing Administration											
	Central Services and Supply											
	Pharmacy											
16	Medical Records & Medical Records Library											
	Social Service											
	Other General Service (specify)											
	Nonphysician Anesthetists											
	Nursing Program											
	Intern & Res. Service-Salary & Fringes (Approved)											
	Intern & Res. Other Program Costs (Approved)											
	Paramedical Ed. Program (specify)											
	NPATIENT ROUTINE SERVICE COST CENTERS											
	Adults and Pediatrics (General Routine Care)											
	Intensive Care Unit											
	Coronary Care Unit											
	Burn Intensive Care Unit											
	Surgical Intensive Care Unit											1
	Other Special Care Unit (specify)											
	Subprovider IPF											
	Subprovider IRF											
	Subprovider											
	Nursery											
	Skilled Nursing Facility											
	Nursing Facility Other Long Term Care											

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES								PROVIDER CCN:	PERIOD: FROM TO _	WORKSHEET L-1, PART I (Cont.)	Com
	Cost Center Descriptions	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
	ANCILLARY SERVICE COST CENTERS	0	9	10	11	12	13	14	13	10	17	+
50	Operating Room											5
	Recovery Room											5
	Labor Room and Delivery Room											5
53	Anesthesiology											5
54	Radiology-Diagnostic											5
55	Radiology-Therapeutic											5
56	Radioisotope											5
	Computed Tomography (CT) Scan											5
	Magnetic Resonance Imaging (MRI)											5
	Cardiac Catheterization											5
	Laboratory											(
	PBP Clinical Laboratory Service-Program Only											(
	Whole Blood & Packed Red Blood Cells											
	Blood Storing, Processing, & Trans.											(
	Intravenous Therapy											(
	Respiratory Therapy											(
	Physical Therapy											·
	Occupational Therapy											
	Speech Pathology											·
	Electrocardiology											•
70	Electroencephalography											
7/1	Medical Supplies Charged to Patients											
	Implantable Devices Charged to Patients Drugs Charged to Patients											+
	Renal Dialysis											
	ASC (Non-Distinct Part)											,
	Other Ancillary (specify)	-							<u> </u>			+ .
	Allogeneic HSCT Acquisition					-						+ .
	CAR T-Cell Immunotherapy					-						-
/0	OUTPATIENT SERVICE COST CENTERS											_
88	Rural Health Clinic (RHC)											
	Federally Qualified Health Center (FQHC)											
	Clinic			1	1			1	1		+	9
	Emergency				1	i e						
	Observation Beds											
	Other Outpatient (specify)											9
	Partial Hospitalization Program											93.

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES								PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I (Cont.)	
	Cost Center Descriptions	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY 15	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE 17	
-	OTHER REIMBURSABLE COST CENTERS	,				-					-,	
	Home Program Dialysis											94
	Ambulance Services											95
96	Durable Medical Equipment-Rented											96
	Durable Medical Equipment-Sold											97
	Other Reimbursable (specify)											98
	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
	Home Health Agency											101
	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
	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
	Total (sum of line 118 and lines 190 through 201)											202
	Total Statistical Basis											203
204	Unit Cost Multiplier											204

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES		_					PROVIDER CCN:	PERIOD: FROMTO	WORKSHEET L-1, PART I (Cont.)	
Cost Center Descriptions	OTHER GENERAL SERVICE 18	NON- PHYSICIAN ANES- THETISTS	NURSING PROGRAM 20	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS	10	17	20	2.	22	23	2.	25	20	
Capital Related Costs-Buildings and Fixtures										1
Capital Related Costs-Movable Equipment										
4 Employee Benefits Department										
5 Administrative and General										
6 Maintenance and Repairs										
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								1
19 Nonphysician Anesthetists			1							1
20 Nursing Program										2
21 Intern & Res. Service-Salary & Fringes (Approved)										2
22 Intern & Res. Other Program Costs (Approved)										2
23 Paramedical Ed. Program (specify)										2
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)										3
31 Intensive Care Unit										3
32 Coronary Care Unit										3
33 Burn Intensive Care Unit										3
34 Surgical Intensive Care Unit										3
35 Other Special Care Unit (specify)										3
40 Subprovider IPF										4
41 Subprovider IRF										4
42 Subprovider										4
43 Nursery										4
44 Skilled Nursing Facility										4
45 Nursing Facility										4
46 Other Long Term Care										4

	ATION OF ALLOWABLE COSTS FOR ORDINARY CIRCUMSTANCES	_						PROVIDER CCN:	PERIOD: FROM TO_	WORKSHEET L-1, PART I (Cont.)	_
,	Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS 19	NURSING PROGRAM 20	INTERNS & RESIDENTS SALARY AND FRINGES 21	INTERNS & RESIDENTS PROGRAM COSTS	PARA- MEDICAL EDUCATION (SPECIFY)	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	ANCILLARY SERVICE COST CENTERS	18	19	20	21	ZZ	23	24	23	20	
	Operating Room										50
	Recovery Room										51
	Labor Room and Delivery Room										52
	Anesthesiology										53
	Radiology-Diagnostic										54
55	Radiology-Therapeutic										55
	Radioisotope										56
57	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)										58
	Cardiac Catheterization										59
	Laboratory										60
	PBP Clinical Laboratory Service-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
76	Other Ancillary (specify)										76
77	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 (specify)										93
93.99	Partial Hospitalization Program										93.9

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES							PROVIDER CCN:	PERIOD: FROM TO _	WORKSHEET L-1, PART I (Cont.)	`
Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SALARY AND 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	
OTHER REIMBURSABLE COST CENTERS										
94 Home Program Dialysis										94
95 Ambulance Services										95
96 Durable Medical Equipment-Rented										96
97 Durable Medical Equipment-Sold										97
98 Other Reimbursable (specify)										98
99 Outpatient Rehabilitation Provider (specify)										99
100 Intern-Resident Service (not appvd. tchng. prgm.)										100
101 Home Health Agency										101
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
115 Ambulatory Surgical Center (Distinct Part)										115
116 Hospice										116
117 Other Special Purpose (specify)										117
118 SUBTOTALS (sum of lines 1 through 117)										118
NONREIMBURSABLE COST CENTERS										
190 Gift, Flower, Coffee Shop, & Canteen										190
191 Research										191
192 Physicians' Private Offices										192
193 Nonpaid Workers										193
194 Other Nonreimbursable (specify)										194
200 Cross Foot Adjustments										200
201 Negative Cost Centers										201
202 Total (sum of line 118 and lines 190 through 201)										202
203 Total Statistical Basis										203
204 Unit Cost Multiplier										204

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