12-22			FORM CN	MS-2552-10				4090 (Cont.)		
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	<u> </u>	
COS	T CENTER DESCRIPTIONS	CAPITAL RE BLDGS. & FIXTURES (SQUARE FEET) 1	LATED COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) 4	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (ACCUM. COST)	MAIN- TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET) 7		
	GENERAL SERVICE COST CENTERS	1	2	4	5A	5	6	/		
1	Capital Related Costs-Buildings and Fixtures				-				1	
	Capital Related Costs-Buildings and Fixtures								2	
	Employee Benefits Department								4	
	Administrative and General						_		5	
	Maintenance and Repairs			1	1	1		-	6	
	Operation of Plant								7	
8	Laundry and Linen Service								8	
9	Housekeeping								9	
10	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	
23	Paramedical Education Program (specify) INPATIENT ROUTINE SERVICE COST CENTERS								23	
20	Adults and Pediatrics (General Routine Care)								30	
	Intensive Care Unit								30	
	Coronary Care Unit								31	
	Burn Intensive Care Unit								32	
	Surgical Intensive Care Unit								34	
	Other Special Care Unit (specify)			1	1	1		1	35	
	Subprovider IPF								40	
	Subprovider IRF								41	
	Subprovider (specify)								42	
	Nursery								43	
	Skilled Nursing Facility								44	
45	Nursing Facility								45	
46	Other Long Term Care								46	

4090 ((Cont.)		FORM CM	4S-2552-10					12-22
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
		CAPITAL RE	ELATED COST	EMPLOYEE		ADMINIS-	MAIN-	-	Τ
		BLDGS. &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OPERATION	
		FIXTURES	EQUIPMENT	DEPARTMENT		GENERAL	REPAIRS	OF PLANT	
COS	T CENTER DESCRIPTIONS	(SQUARE	(DOLLAR	(GROSS	RECONCIL-	(ACCUM.	(SQUARE	(SQUARE	
		FEET)	VALUE)	SALARIES)	IATION	COST)	FEET)	FEET)	
		1	2	4	5A	5	6	7	1
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room								50
	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology								53
	Radiology-Diagnostic								54
	Radiology-Therapeutic								55
	Radioisotope								56
	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
65	Respiratory Therapy								65
66	Physical Therapy								66
67	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								73
74	Renal Dialysis								74
	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
	Allogeneic HSCT Acquisition								77
	CAR T-Cell Immunotherapy								78
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency								91
	Observation Beds								92
93	Other Outpatient Service (specify)								93
	Partial Hospitalization Program								93.99

12-22			FORM CN	AS-2552-10			4090 (Cont.)				
COST A	LLOCATION - STATISTICAL BASIS					PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1			
COS	T CENTER DESCRIPTIONS	BLDGS. & FIXTURES (SQUARE FEET)	ELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (ACCUM. COST)	MAIN- TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)			
	OTHER REIMBURSABLE COST CENTERS	1	2	4	5A	5	6	7	<u> </u>		
	Home Program Dialysis								94		
	Ambulance Services						<u>+</u>		94		
							<u>+</u>		95		
	Durable Medical Equipment-Sold								90		
	Other Reimbursable (specify)					1	+	1	98		
	Outpatient Rehabilitation Provider (specify)			1		1			99		
	Intern-Resident Service (not appvd. tchng. prgm.)								100		
	Home Health Agency								100		
	Opioid Treatment Program								102		
	SPECIAL PURPOSE COST CENTERS								102		
	Kidney Acquisition								105		
105	Heart Acquisition								105		
	Liver Acquisition								107		
	*								108		
	Pancreas Acquisition								109		
	Intestinal Acquisition								110		
111	*								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		
	Physicians' Private Offices								192		
	Nonpaid Workers								193		
194	Other Nonreimbursable (specify)								194		
	5								200		
201									201		
									202		
	Unit cost multiplier (Worksheet B, Part I)								203		
									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		

4090	(Cont.)			FOF	RM CMS-255	52-10						12-22
COST A	LLOCATION - 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	<u> </u>
1	Capital Related Costs-Buildings and Fixtures											
2	Capital Related Costs-Buildings and Fixtures	-										2
	Employee Benefits Department											4
5	Administrative and General	-										5
6	Maintenance and Repairs	1										6
7	Operation of Plant	1										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
	Medical Records & Medical Records Library											16
-	Social Service											17
18	Other General Service (specify)										_	18
	Nonphysician Anesthetists											19
	Nursing Program Intern & Res. Service-Salary & Fringes (Approved)											20 21
	Intern & Res. Other Program Costs (Approved)											21
	Paramedical Education Program (specify)											22
23	INPATIENT ROUTINE SERVICE COST CENTERS											2.5
30	Adults and Pediatrics (General Routine Care)											30
	Intensive Care Unit											31
	Coronary Care Unit	1			1			1		1	1	32
	Burn Intensive Care Unit							Ì				33
34	Surgical Intensive Care Unit											34
	Other Special Care Unit (specify)											35
	Subprovider IPF											40
	Subprovider IRF											41
	Subprovider (specify)											42
43	Nursery											43
	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46

12-22

FORM CMS-2552-10

4090 (Cont.)

12-22											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	0	,	10	11	12	15	17	15	10	17	
	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
59	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
	Electroencephalography											70
	Medical Supplies Charged to Patients											70
	Implantable Devices Charged to Patients											72
	Drugs Charged to Patients											73
	Renal Dialysis				1							74
	ASC (Non-Distinct Part)											75
	Other Ancillary (specify)											76
	Allogeneic HSCT Acquisition											77
	CAR T-Cell Immunotherapy											78
10	OUTPATIENT SERVICE COST CENTERS											70
	Rural Health Clinic (RHC)											88
	Federally Qualified Health Center (FQHC)				1	 					1	89
90	Clinic				1	 		1	1	1	1	90
91	Emergency				1	 		1	1	1	1	91
	Observation Beds											92
	Other Outpatient Service (specify)											93
	Partial Hospitalization Program				1	 					1	93.99
/5.//					1			1			1	,,,,,

40-557

CDT ALLOCATION - STATISTICAL BASIS ALMONE TO TO PAID TO PAID TO PAID TO PAID TO PAID TO PAID TO PAID TO COST CENTER ALMONE ALMONE STRVICE HOUSE- STRVICE CAPTERIA (DUCS OF LAINONE CAPTERIA STRVICE NUBERIO PRESIDENCE STRVICE NUBERIO PRESIDENCE STRVICE NUBERIO PRESIDENCE TO TO NUBERIO COST CENTERIA TRAINON SUPPLY STRVICE NUBERIO COST COST CENTERIA STRVICE NUBERIO PRESIDENCE TO TO TO TO TO TO TO TO TO TO TO TO TO	4090 (Cont.) FORM CMS-2552-10										12-22		
Letter Allener HUB-S SERVICE S DIFLAY (MEALS CAFTER INDUCE (MEALS DIRANDO (MEALS DIRANDO (MEALS DIRANDO (MEALS <td>COST A</td> <td>LLOCATION - STATISTICAL BASIS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROVIDER CCN:</td> <td>FROM</td> <td>WORKSHEET B-1</td> <td></td>	COST A	LLOCATION - STATISTICAL BASIS								PROVIDER CCN:	FROM	WORKSHEET B-1	
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	COST	CENTER DESCRIPTIONS	& LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING (HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	TENANCE OF PERSONNEL (NUMBER HOUSED)	ADMINIS- TRATION (DIRECT NURS. HRS)	SERVICES & SUPPLY (COSTED REQUIS.)	(COSTED REQUIS.)	RECORDS & LIBRARY (TIME SPENT)	SERVICE (TIME SPENT)	
94 Amblanc Services Image: Medical Equipmen-Rend		OTHER REIMBURSABLE COST CENTERS											
90 Dunbk Media Equipment-Swid Image: Swide Section Image: Swide Section<	94	Home Program Dialysis											94
9 Duable Medical Equipment-Sold I	95	Ambulance Services											95
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	96	Durable Medical Equipment-Rented											96
90 Outpatient Rehabilitation Provider (specify) Image: Second and Second an	97	Durable Medical Equipment-Sold											97
100 Intra-Resident Sovie(fot appyd. telung. prgn.) Image: Control of telung. prgn.)	98	Other Reimbursable (specify)											98
101 Home Health Agency Image: Construction of the state of th	99	Outpatient Rehabilitation Provider (specify)											99
102 Opiod Trastment Program Image: Second Seco	100	Intern-Resident Service (not appvd. tchng. prgm.)											100
SPECAL PUROSE COST CENTERS Image: Cost CENTER	101	Home Health Agency											101
105 Kidney Acquisition Image: Constraint of the second secon	102	Opioid Treatment Program											102
106 Heart Acquisition Image: Constraint of the second sec		SPECIAL PURPOSE COST CENTERS											
107 Liver Acquisition Image: Constraint of the second	105	Kidney Acquisition											105
108 Lung Acquisition Image and the second s	106	Heart Acquisition											106
109 Parceas Acquisition Image: Acquisition <td>107</td> <td>Liver Acquisition</td> <td></td> <td>107</td>	107	Liver Acquisition											107
110 Intestinal Acquisition Image: constraint of the constra	108	Lung Acquisition											108
111 Islet Acquisition Image: Construction (specify) Image: Construction (specify	109	Pancreas Acquisition											109
112 Other Organ Acquisition (specify) Image: Construction (specify) Image: Conston (specify) Image: Constructi	110	Intestinal Acquisition											110
115 Ambulatory Surgical Center (Distinct Part) Image: Context (Distinct Part) Image:	111	Islet Acquisition											111
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	112	Other Organ Acquisition (specify)											112
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	115	Ambulatory Surgical Center (Distinct Part)											115
118 SUBTOTALS (sum of lines 1 through 117) Image: Cost of CENTERS Imag													116
NOREIMBURSABLE COST CENTERSImage: Cost of the Shop, & CanteenImage: Cost of t	117	Other Special Purpose (specify)											117
190Gift, Flower, Coffee Shop, & Canteen11 </td <td>118</td> <td>SUBTOTALS (sum of lines 1 through 117)</td> <td></td> <td>118</td>	118	SUBTOTALS (sum of lines 1 through 117)											118
191ResearchImage: Construct of the second sec													
192Physicians' Private OfficesImage: Constraint of the sector of t	190	Gift, Flower, Coffee Shop, & Canteen											190
193Nonpaid WorkersImage: Constraint of the section of the sect	191	Research											191
194Other Nonreimbursable (specify)Image: Specify and Spe	192	Physicians' Private Offices											192
200Cross foot adjustments11200201Negative cost centers111201202Cost to be allocated (per Worksheet B, Part I)11111203Unit cost multiplier (Worksheet B, Part I)111111204Cost to be allocated (per Worksheet B, Part I)1111111205Unit cost multiplier (Worksheet B, Part I)111	193	Nonpaid Workers											
201Negative cost centers </td <td>194</td> <td>Other Nonreimbursable (specify)</td> <td></td>	194	Other Nonreimbursable (specify)											
202 Cost to be allocated (per Worksheet B, Part I) Image: Cost to be allocated (per Worksheet B, Part I) Image: Cost to be allocated (per Worksheet B, Part I) Image: Cost to be allocated (per Worksheet B, Part II) Image: Cost to be allocated (per Worksheet B, Part II) Image: Cost to be allocated (per Worksheet B, Part II) Image: Cost to be allocated (per Worksheet B, Part II) Image: Cost to be allocated (per Wsr. B, Part II) Image: Cost to be all	200	Cross foot adjustments											200
203 Unit cost multiplier (Worksheet B, Part I) Image: Cost of be allocated (per Worksheet B, Part II) Image: Cost of be allocated (per Worksheet B, Part II) Image: Cost of be allocated (per Worksheet B, Part II) Image: Cost of be allocated (per Worksheet B, Part II) Image: Cost of be allocated (per Worksheet B, Part II) Image: Cost of be allocated (per Worksheet B, Part II) Image: Cost of be allocated (per Wst. B-2) Image: Cos	201	Negative cost centers											201
204 Cost to be allocated (per Worksheet B, Part II) Image: Cost of the allocated (per Worksheet B, Part II) Image: Cost of the allocated (per Wsr. B-2) Image: Cost of the allocated (per	202	Cost to be allocated (per Worksheet B, Part I)											202
205 Unit cost multiplier (Worksheet B, Part II) Image: Cost multit, Part II) Image	203	Unit cost multiplier (Worksheet B, Part I)											203
206 NAHE adjustment amount to be allocated (per Wkst. B-2 6 6 206 206	204	Cost to be allocated (per Worksheet B, Part II)											204
	205	Unit cost multiplier (Worksheet B, Part II)											
207 NAHE unit cost multiplier (Wkst. D. Parts III and IV) 207	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 A	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY) 18	NON- PHYSICIAN ANES- THETISTS (ASGND TIME) 19	NURSING PROGRAM (ASSIGNED TIME) 20	INTERNS & SALARY AND FRINGES (ASSIGNED TIME) 21	RESIDENTS PROGRAM COSTS (ASSIGNED TIME) 22	PARA- MEDICAL EDUCATION (ASSIGNED TIME) 23	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 26	
	GENERAL SERVICE COST CENTERS	10	17	20	21	22	25	27	23	20	
1	Capital Related Costs-Buildings and Fixtures										1
	Capital Related Costs Buildings and Fixtures										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
	*										16
	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)						1				22
23	Paramedical Education Program (specify)										23
	INPATIENT ROUTINE SERVICE COST CENTERS										
	Adults and Pediatrics (General Routine Care)										30
31	Intensive Care Unit										31
32	Coronary Care Unit										32
33	Burn Intensive Care Unit										33
	Surgical Intensive Care Unit										34
35	Other Special Care Unit (specify)										35
40											40
41	Subprovider IRF										41
	Subprovider (specify)										42
	Nursery										43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
46	Other Long Term Care										46

COST ALLOCATION - STATISTICAL BASIS			1 01011 01	/18-2552-10			PROVIDER CCN:	PERIOD: FROM	WORKSHEET B-1	12-2.
								ТО	-	
		NON-			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	CLID TO T LL	STEPDOWN	TOTAL	
	(SPECIFY) 18	(ASGND TIME) 19	TIME) 20	TIME) 21	TIME) 22	TIME) 23	SUBTOTAL 24	ADJUSTMENTS 25	TOTAL 26	-
ANCILLARY SERVICE COST CENTERS	18	19	20	21	22	23	24	23	20	
50 Operating Room										50
51 Recovery Room										5
52 Labor Room and Delivery Room										52
53 Anesthesiology										53
54 Radiology-Diagnostic										54
55 Radiology-Therapeutic										55
56 Radioisotope										50
57 Computed Tomography (CT) Scan										57
58 Magnetic Resonance Imaging (MRI)										58
59 Cardiac Catheterization										59
60 Laboratory										6
61 PBP Clinical Laboratory Services-Program Only										6
62 Whole Blood & Packed Red Blood Cells										62
63 Blood Storing, Processing, & Trans.										63
64 Intravenous Therapy										64
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
77 Allogeneic HSCT Acquisition										7
78 CAR T-Cell Immunotherapy										7
OUTPATIENT SERVICE COST CENTERS										0
88 Rural Health Clinic (RHC)						l				8
89 Federally Qualified Health Center (FQHC)						l				8
90 Clinic										9
91 Emergency	_									9
92 Observation Beds										92
93 Other Outpatient Service (specify)						l				93
93.99 Partial Hospitalization Program										93.99

12-22

FORM CMS-2552-10

4090 (Cont.)

12-22				FORM C	MS-2552-10					4090	(Cont.)
COST A	LLOCATION - STATISTICAL BASIS							PROVIDER CCN:	PERIOD: FROM TO	WORKSHEET B-1	
COST	CENTER DESCRIPTIONS	OTHER GENERAL SERVICE (SPECIFY) 18	NON- PHYSICIAN ANES- THETISTS (ASGND TIME) 19	NURSING PROGRAM (ASSIGNED TIME) 20	INTERNS & SALARY AND FRINGES (ASSIGNED TIME) 21	RESIDENTS PROGRAM COSTS (ASSIGNED TIME) 22	PARA- MEDICAL EDUCATION (ASSIGNED TIME) 23	SUBTOTAL 24	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS 25	TOTAL 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
	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
	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	Cost to be allocated (per Worksheet B, Part I)										202
203	Unit cost multiplier (Worksheet B, Part I)										203
	Cost to be allocated (per Worksheet B, Part II)										204
205	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