



43	Nursery									43
44	Skilled Nursing Facility									44
45	Nursing Facility									45
46	Other Long Term Care									46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 4

40-535



92	Observation Beds									92
93	Other Outpatient Service (specify)									93

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-536

Rev. 4





43	Nursery											43
44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-538

Rev. 4



92	Observation Beds											92
93	Other Outpatient Service (specify)											93

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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 3

40-539





43	Nursery										43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
46	Other Long Term Care										46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 4

40-541



92	Observation Beds										92
93	Other Outpatient Service (specify)										93

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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-542

Rev. 4





44	Skilled Nursing Facility									44
45	Nursing Facility									45
46	Other Long Term Care									46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4021)

ALLOCATION OF CAPITAL-RELATED COSTS				PROVIDER CCN:	PERIOD: FROM _____ TO _____		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of (cols. 0-2) 2A	EMPLOYEE BENEFITS <i>DEPARTMENT</i> 4	ADMINIS- TRATIVE & GENERAL 5	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2					
		0	1					
<b>ANCILLARY SERVICE COST CENTERS</b>								
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 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
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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 Service (specify)								93
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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4021)

Rev. 4

40-545





44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4021)

Rev. 4

40-547



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93	Other Outpatient Service (specify)										93
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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4021)

40-548

Rev. 4





44	Skilled Nursing Facility									44
45	Nursing Facility									45
46	Other Long Term Care									46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4021)

40-550

Rev. 4



93	Other Outpatient Service (specify)									93
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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4021)

Rev. 3

40-551



COST ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:	PERIOD: FROM _____ TO _____		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS <i>DEPARTMENT</i> (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)					
	1	2	4	5A	5	6	7
<b>GENERAL SERVICE COST CENTERS</b>							
1 Capital Related Costs-Buildings and Fixtures							1
2 Capital Related Costs-Movable Equipment							2
4 Employee Benefits <i>Department</i>							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 Education Program (specify)							23
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
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 (specify)							42

43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 4

40-553

COST ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:	PERIOD: FROM _____ TO _____		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS <i>DEPARTMENT</i> (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)					
	1	2	4	5A	5	6	7
<b>ANCILLARY SERVICE COST CENTERS</b>							
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 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
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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 Service (specify)								93

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-554

Rev. 4







43	Nursery											43
44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-556

Rev. 4



92	Observation Beds											92
93	Other Outpatient Service (specify)											93

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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 3

40-557



205	Unit cost multiplier (Worksheet B, Part II)											205
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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-558

Rev. 3



43	Nursery									43
44	Skilled Nursing Facility									44
45	Nursing Facility									45
46	Other Long Term Care									46

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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 4

40-559



92	Observation Beds										92
93	Other Outpatient Service (specify)										93

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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

40-560

Rev. 4



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205	Unit cost multiplier (Worksheet B, Part II)									205
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FORM CMS-2552-10 (10-2012) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4020)

Rev. 4

40-561

POST STEPDOWN ADJUSTMENTS		PROVIDER CCN:	PERIOD:		WORKSHEET B-2
			FROM _____		
			TO _____		
	DESCRIPTION	WORKSHEET		AMOUNT	
		PART	LINE NO.		
1		2	3	4	
1	Adjustment for EPO costs in Renal Dialysis cost center	1	74		1
2	Adjustment for EPO costs in Home Program Dialysis cost center	1	94		2
3	Adjustment for ARANESP costs in Renal Dialysis cost center	1	74		3
4	Adjustment for ARANESP costs in Home Program Dialysis cost center	1	94		4
5	<i>Adjustment for ESA costs in Renal Dialysis cost center (see instructions)</i>	<i>1</i>	<i>74</i>		5
6	<i>Adjustment for ESA costs in Home Program Dialysis cost center (see instructions)</i>	<i>1</i>	<i>94</i>		6
7					7
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FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4022)

40-562

Rev. 4