409	U (Cont.)		FORM	CM3-2552-10			03	-14
CALC	CULATION OF CAPITAL P	AYMENT	PROVIDER CCN:		PERIOD:		WORKSHEET L	
				_	FROM			
			COMPONENT CC	N:	то			
Check		[] Title V		[] Hospital		[] PPS		
applica		[] Title XVIII, P	art A	[] Subprovider (c	other)	[] Cost Method	Ì	
boxes:		[] Title XIX	uit 71	[] Subprovider (c	outer)	[] Cost Wellion	•	
	Γ I - FULLY PROSPECTI					L		
	CAPITAL FEDERAL AMO							
1	Capital DRG other than ou							1
1	Model 4 BPCI Capital DR							1
2								2
2	Model 4 BPCI Capital DR	G outlier payments						2
3	Total inpatient days divided	d by number of days	in the cost reporting per	riod (see instructions)				3
4	Number of interns & reside	ents (see instructions)					4
5	Indirect medical education	percentage (see instr	ructions)					5
6	Indirect medical education	adjustment (multiply	line 5 by the sum of lin	es 1 and 1.01)				6
7	Percentage of SSI recipient	patient days to Medi	icare Part A patient days	s (Worksheet E, Part A	line 30) (see instruct	tions)		7
8	Percentage of Medicaid par	tient days to total day	vs (see instructions)					8
9	Sum of lines 7 and 8							9
10	Allowable disproportionate	e share percentage (se	ee instructions)					10
11	Disproportionate share adju	ustment (line 10 <i>time</i> .	s the sum of lines 1 and	d 1.01)				11
12	Total prospective capital pa	ayments (sum of lines	s 1, 1.01, 2, 2.01, 6 and	d 11)				12
PAR	Γ II - PAYMENT UNDER	REASONABLE CO	OST					
1	Program inpatient routine of	capital cost (see instr	uctions)					1
2	Program inpatient ancillary	capital cost (see ins	tructions)					2
3	Total inpatient program cap	pital cost (line 1 plus	line 2)					3
4	Capital cost payment factor	r (see instructions)						4
5	Total inpatient program cap	pital cost (line 3 x lin	e 4)					5
PAR	FIII - COMPUTATION O	F EXCEPTION PA	YMENTS					
1	Program inpatient capital c	osts (see instructions	s)					1
2	Program inpatient capital c	osts for extraordinary	circumstances (see ins	structions)				2
3	Net program inpatient capi	tal costs (line 1 minu	s line 2)					3
4	11							4
5	<u> </u>	n to payments (line 3	x line 4)					5
6	ž ,	•						6
7	· ·			stances (line 2 x line 6	5)			7
- 8	 							8
9	, , , , , , , , , , , , , , , , , , , ,							9
10	•			-	ne 9)			10
11	Carryover of accumulated		= -	payment				11
	(from prior year Workshee			a: 10 1 " 1"			+	
12	Net comparison of capital						+	12
13							+	13
14	Carryover of accumulated							14
1.5	for the following period (if							1.5
15				s)				15
16 17	7 1 2							16 17
1/	• Carrent year exception offs	see annount 1500 HISH						

	CATION OF ALLOWABLE COSTS FOR AORDINARY CIRCUMSTANCES				PROVIDER CC	N:	PERIOD: FROM TO		WORKSHEET I PART I	L-1,
		EXTRA- ORDINARY		PITAL ED COSTS						
	Cost Center Descriptions	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	
		0	1	2	2A	4	5	6	7	1
	GENERAL SERVICE COST CENTERS									
1	Capital Related Costs-Buildings and Fixtures									1
2	Capital Related Costs-Movable Equipment									2
4	Employee Benefits <i>Department</i>						1			4
5	Administrative and General							1		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 Ed. Program (specify)									23
	INPATIENT ROUTINE SERVICE COST CENTERS									0
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									42
43	Nursery				<u> </u>	<u> </u>			<u> </u>	43

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

FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4065.1)

Rev. 4

	TION OF ALLOWABLE COSTS FOR RDINARY CIRCUMSTANCES				PROVIDER CC	N:	PERIOD: FROM TO		WORKSHEET I PART I (Cont.)	L-1,
		EXTRA- ORDINARY CAPITAL		PITAL ED COSTS	SUBTOTAL	EMPLOYEE	ADMINIS-	MAIN-		
	Cost Center Descriptions	RELATED	BLDGS. &	MOVABLE	(sum of	BENEFITS	TRATIVE &	TENANCE &	OPERATION	
		COSTS	FIXTURES	EQUIPMENT	cols. 0-2)	DEPARTMENT	GENERAL	REPAIRS	OF PLANT	
		0	1	2	2A	4	5	6	7	
ANG	CILLARY SERVICE COST CENTERS									4—
50 Ope	erating Room									50
51 Rec	covery Room									51
52 Lab	or Room and Delivery Room									52
53 Ane	esthesiology									53
54 Rad	liology-Diagnostic									54
55 Rad	liology-Therapeutic									55
56 Rad	lioisotope									56
57 Con	nputed Tomography (CT) Scan									57
58 Mag	gnetic Resonance Imaging (MRI)									58
59 Care	diac Catherization									59
60 Lab	oratory									60
61 PBI	P Clinical Laboratory Service-Program Only									61
62 Wh	ole Blood & Packed Red Blood Cells									62
63 Blo	od Storing, Processing, & Trans.									63
64 Intra	avenous Therapy									64
65 Res	piratory Therapy									65
66 Phy	sical Therapy									66
67 Occ	cupational Therapy									67
68 Spe	ech Pathology									68
69 Elec	ctrocardiology									69
70 Elec	ctroencephalography									70
71 Med	dical Supplies Charged to Patients									71
72 Imp	plantable Devices Charged to Patients									72
73 Dru	gs Charged to Patients									73
74 Ren	nal Dialysis									74
75 ASC	C (Non-Distinct Part)									75
76 Oth	er Ancillary (specify)									76
OUT	IPATIENT SERVICE COST CENTERS									0
88 Rur	ral Health Clinic (RHC)									88
89 Fed	erally Qualified Health Center (FQHC)									89
90 Clin	•									90
	ergency									91
92 Obs	servation Beds									92

93 Other Outpatient (specify)			93
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 $FORM\ CMS-2552-10\ (09-2013)\ (INSTRUCTIONS\ FOR\ THIS\ WORKSHEET\ ARE\ PUBLISHED\ IN\ CMS\ PUB.\ 15-2,\ SECTION\ 4065.1)$

40-648 Rev. 4

	OCATION OF ALLOWABLE COSTS FOR RAORDINARY CIRCUMSTANCES				PROVIDER CC	N:	PERIOD: FROM TO		WORKSHEET I PART I (Cont.)	J-1,
		EXTRA- ORDINARY		PITAL ED COSTS						
	Cost Center Descriptions	CAPITAL RELATED	BLDGS. &	MOVABLE	SUBTOTAL (sum of	EMPLOYEE BENEFITS	ADMINIS- TRATIVE &	MAIN- TENANCE &	OPERATION	
	Cost Center Descriptions	COSTS	FIXTURES	EQUIPMENT	cols. 0-4)	DEPARTMENT	GENERAL	REPAIRS	OF PLANT	
		0	1	2	2A	4	5	6	7	1
	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
	SPECIAL PURPOSE COST CENTERS									0
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
	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 1-117)									118
	NONREIMBURSABLE COST CENTERS									0
	Gift, Flower, Coffee Shop, & Canteen									190
	Research									191
192	'									192
193	Nonpaid Workers									193
	Other Nonreimbursable (specify)									194
	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	Total (sum of line 118 and lines190-201)									202
203	Total Statistical Basis									203
204	Unit Cost Multiplier									204

	CATION OF ALLOWABLE COSTS FOR AORDINARY CIRCUMSTANCES		I		1		PROVIDER O	CCN:	PERIOD: FROM TO		WORKSHEE PART I (Cont	
	Cost Center Descriptions	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		8	9	10	11	12	13	14	15	16	17	1
	GENERAL SERVICE COST CENTERS											
1	Capital Related Costs-Buildings and Fixtures											1
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											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 Ed. Program (specify)											23
0	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											41
42	Subprovider											42
43	Nursery											43

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

FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4065.1)

40-650 Rev. 4

	CATION OF ALLOWABLE COSTS FOR AORDINARY CIRCUMSTANCES						PROVIDER O	CCN:	PERIOD: FROM TO		WORKSHEE PART I (Cont	T L-1,
	Cost Center Descriptions	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		8	9	10	11	12	13	14	15	16	17	
	ANCILLARY SERVICE COST CENTERS											
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 Catherization											59
60	Laboratory											60
61	PBP Clinical Laboratory Service-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
	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
	OUTPATIENT SERVICE COST CENTERS											
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 (specify)						93

 $FORM\ CMS-2552-10\ (10-2012)\ (INSTRUCTIONS\ FOR\ THIS\ WORKSHEET\ ARE\ PUBLISHED\ IN\ CMS\ PUB.\ 15-2,\ SECTION\ 4065.1)$

Rev. 3

	OCATION OF ALLOWABLE COSTS FOR RAORDINARY CIRCUMSTANCES	I		I			PROVIDER C	CCN:	PERIOD: FROM TO		WORKSHEE PART I (Cont	
	Cost Center Descriptions	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICE	
		8	9	10	11	12	13	14	15	16	17	-
	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
	SPECIAL PURPOSE COST CENTERS											_
105												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 1-117)											118
	NONDER ADUDGA DUE COOT CENTEDO											
100	NONREIMBURSABLE COST CENTERS											100
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 lines190-201)											202
203	Total Statistical Basis	+										203
204	Unit Cost Multiplier						1	1	1			204

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES					PROVIDER CC	N:	PERIOD: FROM TO		WORKSHEET PART I (Cont.)	
Cost Center Descriptions	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & 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	
GENERAL SERVICE COST CENTERS										4
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 Ed. Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										0
30 Adults and Pediatrics (General Routine Care)										30
31 Intensive Care Unit									<u> </u>	31
32 Coronary Care Unit									<u> </u>	32
33 Burn Intensive Care Unit									<u> </u>	33
34 Surgical Intensive Care Unit										34
35 Other Special Care Unit (specify)										35
40 Subprovider IPF									<u> </u>	40
41 Subprovider IRF										41
42 Subprovider										42
43 Nursery								<u> </u>	<u> </u>	43

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

FORM CMS-2552-10 (09-2013) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4065.1)

Rev. 4

	OCATION OF ALLOWABLE COSTS FOR AORDINARY CIRCUMSTANCES					PROVIDER CCN:		PERIOD: FROM		WORKSHEET L-1, PART I (Cont.)	
	Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	TOSUBTOTAL	INTERN & 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
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 Catherization										59
60	Laboratory										60
61	PBP Clinical Laboratory Service-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											76
	OUTPATIENT SERVICE COST CENTERS										0
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic										90
91	Emergency										91
92	Observation Beds										92

0.3	Other Outpatient (specify)					
	Other Outpatient (specify)					

 $FORM\ CMS-2552-10\ (09-2013)\ (INSTRUCTIONS\ FOR\ THIS\ WORKSHEET\ ARE\ PUBLISHED\ IN\ CMS\ PUB.\ 15-2,\ SECTION\ 4065.1)$

40-654 Rev. 4

	OCATION OF ALLOWABLE COSTS FOR AAORDINARY CIRCUMSTANCES					PROVIDER CC	N: -	PERIOD: FROM TO		WORKSHEET L-1, PART I (Cont.)	
	Cost Center Descriptions	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL 26	
	OTHER REIMBURSABLE COST CENTERS	18	19	20	21	22	23	24	25	26	
04											94
	Home Program Dialysis										95
95											
	Durable Medical Equipment Sold										96 97
98	Other Reimbursable (specify)										98
99											99
	Outpatient Rehabilitation Provider (specify) Intern-Resident Service (not appvd. tchng. prgm.)										100
	Home Health Agency										100
101	SPECIAL PURPOSE COST CENTERS										0
105	Kidney Acquisition										105
	Heart Acquisition										105
	Liver Acquisition										107
	Lung Acquisition										107
	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 1-117)										118
	(**************************************	I.							I.		
	NONREIMBURSABLE COST CENTERS										0
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 lines190-201)										202
203	Total Statistical Basis										203
204	Unit Cost Multiplier										204

4090 (Con	FORM CMS-2552-10 10-1:	2

	OGRAM INPATIENT ROUTINE EXTRAORDINARY CIRCUMSTA		PROVIDER CCN:			PERIOD: FROM	WORKSHEET L-1, PART II		
CAFITAL COSTS FOR E	EATRAORDINART CIRCUMSTA	INCES				TO		FAKIII	
Check	[] Title V					1.0		I	
applicable	[] Title XVIII, Part	A							
box:	[] Title XIX								
		Capital Cost		Reduced					
		for Extraordinary		Capital Cost					
		Circumstances		for Extraordinary				Inpatient Program	
		(from Wkst. L-1,	Swing Bed	Circumstances	Total	Per Diem	Inpatient	Capital Cost	
Cost Center Descri	iption	Part I, col. 26)	Adjustment	(col. 1 - col. 2)	Patient Days	(col. 3 ÷ col. 4)	Program Days	(col. 5 x col. 6)	
(A)		1	2	3	4	5	6	7	
INPATIENT ROU COST CENTERS									
- COST CLIVILAD	,								
30 Adults & Pediatric	cs (General Routine Care)								30
31 Intensive Care Uni	uit								31
32 Coronary Care Un	nit								32
33 Burn Intensive Ca	ure Unit								33
34 Surgical Intensive	Care Unit								34
35 Other Special Care	e Unit (specify)								35
40 Subprovider IPF									40
41 Subprovider IRF									41
42 Subprovider (Other	er)								42
43 Nursery									43
200 Total (sum of lines	rs 30-199)								200

⁽A) Worksheet A line numbers

10-12 F	FORM CMS-2552-10	4090 (Cont.)
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		NPATIENT ANCILLARY SERVIO DINARY CIRCUMSTANCES	CE			PROVIDER CCN: COMPONENT CCN:	PERIOD: FROM TO	WORKSHEET L-1, PART III	
Check	ole	[] Hospital [] Subprovider	[] Title V [] Title XVIII, Part	A		1			
(A)	Cost Center Description		[[] Title AIX	Capital Cost for Extraordinary Circumstances (from Wkst. L-1, Part I, col. 26)	Total Charges (from Wkst. C, Part I, col. 6)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges 4	Program Extraordinary Capital Cost (col. 3 x col. 4)	
	ANCILLARY SERVICE COS	ST CENTERS							
	Operating Room Recovery Room								50
52	Labor Room and Delivery Ro	oom							52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
56	Radioisotope								56
	Computed Tomography (CT)	Scan							57
58	Magnetic Resonance Imaging	(MRI)							58
59	Cardiac Catherization								59
60	Laboratory								60
61	PBP Clinical Laboratory Serv	vice-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
	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76

4090 (C	ont.)	FORM CMS-2552-10	10-1	12

	` '								
COMI	PUTATION OF PROGRAM I	NPATIENT ANCILLARY SERVICE				PROVIDER CCN:	PERIOD:	WORKSHEET L-1,	
CAPIT	ΓAL COSTS FOR EXTRAORI	DINARY CIRCUMSTANCES					FROM	PART III (CONT.)	
						COMPONENT CCN:	то		
Check		[] Hospital	[] Title V						
applical	ble	[] Subprovider	[] Title XVIII, Part A						
boxes:			[] Title XIX						
				Capital Cost for					
				Extraordinary				Program	
				Circumstances	Total Charges	Ratio of Cost		Extraordinary	
Cost Center Description			(from Wkst. L-1,	(from Wkst. C,	to Charges	Inpatient	Capital Cost		
				Part I, col. 26)	Part I, col. 6)	(col. 1 ÷ col. 2)	Program Charges	(col. 3 x col. 4)	ĺ
(A)				1	2	3	4	5	
	OUTPATIENT SERVICE CO	OST CENTERS							
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Co	enter (FQHC)							89
90	Clinic								90
91	Emergency								91
92	Observation Beds								92
93	Other Outpatient (specify)								93
	OTHER REIMBURSABLE C	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
200	Total (sum of lines 50 through	1 199)	·						200

⁽A) Worksheet A line numbers