

HOSPITAL COST REPORT INFORMATION SYSTEM
PPS III MINIMUM DATA SET

FOR COST REPORTING PERIODS BEGINNING ON OR
AFTER OCTOBER 1, 1985 AND BEFORE OCTOBER 1, 1986

pr 2142

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HOSPITAL COST REPORT DATA FROM HCFA FORM 2552-85
FOR COST REPORTING PERIODS BEGINNING ON OR
AFTER OCTOBER 1, 1985 AND BEFORE OCTOBER 1, 1986

IDENTIFYING AND INFORMATIONAL DATA

SOURCES: FORM HCFA 2552-85 WORKSHEET S-2 AND HCFA RECORDS

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F1 Provider Number--Hospital	1a	2	6	X	1-6
F2 Provider Number--Subprovider I	1b	2	6	X	7-12
F3 Provider Number--Subprovider II	1c	2	6	X	13-18
F4 Provider Number--Subprovider III	1c-01	2	6	X	19-24
F5 Provider Number--Subprovider IV	1c-02	2	6	X	25-30
F6 Provider Number--Subprovider V	1c-03	2	6	X	31-36
F7 Provider Number--Swing Bed SNF	1d	2	6	X	37-42
F8 Provider Number--Swing Bed ICF	1e	2	6	X	43-48
F9 Provider Number--Hospital Based SNF	1f	2	6	X	49-54
F10 Provider Number--Hospital Based ICF	1g	2	6	X	55-60
F11 Provider Number--Hospital Based Other Long Term Care Facility	1h	2	6	X	61-66
F12 Provider Number--Hospital Based HHA	1i	2	6	X	67-72
F13 Provider Number--Hospital Based CORF	1j	2	6	X	73-78
F14 Provider Number--Hospital Based ASC	1k	2	6	X	79-84
F15 Provider Number--Hospital Based Hospice	1l	2	6	X	85-90
F16 Hospital Name	1a	1	37	X	91-127
MAN Manual Cost Report Indicator (M=Manual)			1	X	128
F17 Hospital Payment System (P=PPS, T=TEFRA, O=Other)	1a	5	1	X	129
F18 Subprovider I Payment System (P=PPS, T=TEFRA, O=Other)	1b	5	1	X	130
F19 Subprovider II Payment System (P=PPS, T=TEFRA, O=Other)	1c	5	1	X	131
F20 Subprovider III Payment System (P=PPS, T=TEFRA, O=Other)	1c-01	5	1	X	132
F21 Subprovider IV Payment System (P=PPS, T=TEFRA, O=Other)	1c-02	5	1	X	133
F22 Subprovider V Payment System (P=PPS, T=TEFRA, O=Other)	1c-03	5	1	X	134
F23 Cost Reporting Period Beginning Date (YYDDD)	2	2	5	X	135-139
F24 Cost Reporting Period Ending Date (YYDDD)	2	3	5	X	140-144
F25 Number of Months in the Cost Reporting Period	X	X	2	S9	145-146
F26 Type of Control (See Table I)	3	1	2	S9	147-148
F27 Type of Hospital (See Table II)	4	1	1	S9	149
F28 Funded Depreciation (Y/N)	6g	1	1	S9	150
F29 Capital Reduction Rate (See Note 1)			6	S9V9(6)	151-156
F30 FIPS State Code (See Table III)			2	X	157-158
F31 FIPS County Code			3	X	159-161
F32 SSA State Code (See Table IV)			2	X	162-163
F33 MSA/NECMA Code			4	X	164-167
F34 Fiscal Intermediary Number			5	X	168-172
F35 Cost Report Status (See Table V)			1	X	173
F36 All Inclusive Rate Provider (Y/N)			1	X	174
F37 No or Low Medicare Utilization Report (Y/N) (See Note 2)			1	X	175
F38 Census Division (See Table VI)			1	X	176
F39 HCFA Region (See Table VII)			2	X	177-178

STATISTICAL AND SUMMARY UTILIZATION DATA
SOURCE: FORM HCFA 2552-85 WORKSHEET S-3

Name	Line(s)	Column(s)	Field Size	Usage	Location
F40 General Service Beds Available (See Note 3)	1A	1	9	S9	179-187
F41 Intensive Care Beds Available	2	1	9	S9	188-196
F42 Coronary Care Beds Available	3	1	9	S9	197-205
F43 Other Special Care Unit Beds Available	4-6	1	9	S9	206-214
F44 Total Beds Available in the Hospital (Excl. Nursery)	X	1	9	S9	215-223
F45 Total Beds Available in the Hospital	8	1	9	S9	224-232
F46 Total Beds Available in the Facility	18	1	9	S9	233-241
F47 General Service Bed Days Available (See Note 4)	1A	2	9	S9	242-250
F48 Intensive Care Bed Days Available	2	2	9	S9	251-259
F49 Coronary Care Bed Days Available	3	2	9	S9	260-268
F50 Other Special Care Unit Bed Days Available	4-6	2	9	S9	269-277
F51 Total Bed Days Available in the Hospital (Excl. Nurs.)	X	2	9	S9	278-286
F52 Total Bed Days Available in the Hospital	8	2	9	S9	287-295
F53 Total Bed Days Available in the Facility	18	2	9	S9	296-304
F54 Medicare Routine Days (Excl. Swing Bed)	1A	4	9	S9	305-313
F55 Medicare Swing Bed Days	1B	4	9	S9	314-322
F56 Medicare Intensive Care Unit Days	2	4	9	S9	323-331
F57 Medicare Coronary Care Unit Days	3	4	9	S9	332-340
F58 Medicare Other Special Care Unit Days	4-6	4	9	S9	341-349
F59 Medicare Inpatient Days--Hospital Total	8	4	9	S9	350-358
F60 Medicare Inpatient Days--Facility Total	18	4	9	S9	359-367
F61 Medicaid Routine Days (Excl. Swing Bed)	1A	5	9	S9	368-376
F62 Medicaid Intensive Care Unit Days	2	5	9	S9	377-385
F63 Medicaid Coronary Care Unit Days	3	5	9	S9	386-394
F64 Medicaid Other Special Care Unit Days	4-6	5	9	S9	395-403
F65 Medicaid Inpatient Days--Hospital Total	8	5	9	S9	404-412
F66 Medicaid Inpatient Days--Facility Total	18	5	9	S9	413-421
F67 Total Routine Days (Excl. Swing Bed)	1A	6	9	S9	422-430
F68 Total Swing Bed Days	1B	6	9	S9	431-439
F69 Total Intensive Care Unit Days	2	6	9	S9	440-448
F70 Total Coronary Care Unit Days	3	6	9	S9	449-457
F71 Total Other Special Care Unit Days	4-6	6	9	S9	458-466
F72 Inpatient Days, All Patients--Hospital Total	8	6	9	S9	467-475
F73 Inpatient Days, All Patients--Facility Total	18	6	9	S9	476-484
F74 Full-Time Interns and Residents--Hospital Total	8	7	11	S9(7)V9(4)	485-495
F75 Full-Time Interns and Residents--Facility Total	18	7	11	S9(7)V9(4)	496-506
F76 Net Full-Time Interns and Residents--Hospital Total	8	9	11	S9(7)V9(4)	507-517
F77 Net Full-Time Interns and Residents--Facility Total	18	9	11	S9(7)V9(4)	518-528
F78 Average Number of Employees--Hospital Total	8	10	11	S9(7)V9(4)	529-539
F79 Average Number of Employees--Facility Total	18	10	11	S9(7)V9(4)	540-550
F80 Average Number of Nonpaid Workers--Hospital Total	8	11	11	S9(7)V9(4)	551-561
F81 Average Number of Nonpaid Workers--Facility Total	18	11	11	S9(7)V9(4)	562-572
F82 Medicare Discharges--Hospital Total	8	13	9	S9	573-581
F83 Medicare Discharges--Facility Total	18	13	9	S9	582-590
F84 Medicaid Discharges--Hospital Total	8	14	9	S9	591-599
F85 Medicaid Discharges--Facility Total	18	14	9	S9	600-608
F86 Medicare Discharges (Medicaid Elig.)--Hospital Total	8	15	9	S9	609-617
F87 Medicare Discharges (Medicaid Elig.)--Facility Total	18	15	9	S9	618-626
F88 Total Discharges, All Patients--Hospital Total	8	16	9	S9	627-635
F89 Total Discharges, All Patients--Facility Total	18	16	9	S9	636-644

TOTAL COSTS
SOURCE: FORM HCFA 2552-85 WORKSHEET A

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F90 Depreciation--Buildings and Fixtures, Before Reclassification or Adjustment	1	2	9	S9	645-653
F91 Depreciation--Movable Equipment, Before Reclassification or Adjustment	2	2	9	S9	654-662
F92 Direct Salaries--All General Service Cost Centers	3-24	1	9	S9	663-671
F93 Direct Salaries--Intern-Resident Service (Approved)	21	1	9	S9	672-680
F94 Direct Salaries--All Hospital Inpatient Cost Centers	25-30	1	9	S9	681-689
F95 Direct Salaries--All Other Inpatient Cost Centers	31-36	1	9	S9	690-698
F96 Direct Salaries--All Ancillary Service Cost Centers	37-59	1	9	S9	699-707
F97 Direct Salaries--All Outpatient Service Cost Centers	60-62	1	9	S9	708-716
F98 Direct Salaries--All Other Reimbursable Cost Centers	63-82	1	9	S9	717-725
F99 Direct Salaries--All Special Purpose Cost Centers	83-94	1	9	S9	726-734
F100 Direct Salaries--All Nonreimbursable Cost Centers	96-100	1	9	S9	735-743
F101 Direct Salaries--Total	101	1	9	S9	744-752
F102 Other Dir. Cost--All General Service Cost Centers	1-24	2	9	S9	753-761
F103 Other Dir. Cost--Intern-Resident Service (Approved)	21	2	9	S9	762-770
F104 Other Dir. Cost--All Hospital Inpatient Cost Centers	25-30	2	9	S9	771-779
F105 Other Dir. Cost--All Other Inpatient Cost Centers	31-36	2	9	S9	780-788
F106 Other Dir. Cost--All Ancillary Service Cost Centers	37-59	2	9	S9	789-797
F107 Other Dir. Cost--All Outpatient Service Cost Centers	60-62	2	9	S9	798-806
F108 Other Dir. Cost--All Other Reimbursable Cost Centers	63-82	2	9	S9	807-815
F109 Other Dir. Cost--All Special Purpose Cost Centers	83-94	2	9	S9	816-824
F110 Other Dir. Cost--All Nonreimbursable Cost Centers	96-100	2	9	S9	825-833
F111 Other Dir. Cost--Total	101	2	9	S9	834-842

PROVIDER-BASED PHYSICIAN ADJUSTMENTS
SOURCE: FORM HCFA 2552-85 SUPPLEMENTAL WORKSHEET A-8-2

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F112 Physicians' Remuneration--Total	Total	3	9	S9	843-851
F113 Physicians' Remuneration--Professional Component	Total	4	9	S9	852-860
F114 Physicians' Remuneration--Provider Component	Total	5	9	S9	861-869
F115 Number of Physicians' Hours--Provider Component	Total	7	9	S9	870-878
F116 Physician Cost of Malpractice Insurance--Total	Total	14	9	S9	879-887
F117 Physician Cost of Malpractice Insurance--Provider's Share	Total	15	9	S9	888-896
F118 RCE Disallowance--Total	Total	17	9	S9	897-905
F119 Adjustment for Physicians' Professional Services and Cost in Excess of RCE Limits	Total	18	9	S9	906-914

REIMBURSABLE COSTS, BEFORE COST ALLOCATION
SOURCE: FORM HCFA 2552-85 WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F120 Capital Related Costs--Buildings and Fixtures, After Reclassification and Adjustment--Inpatient	3-33,37-59	1	9	S9	915-923
F121 Capital Related Costs--Buildings and Fixtures, After Reclassification and Adjustment--Total	103	1	9	S9	924-932
F122 Capital Related Costs--Movable Equipment, After Reclassification and Adjustment--Inpatient	3-33,37-59	2	9	S9	933-941
F123 Capital Related Costs--Movable Equipment, After Reclassification and Adjustment--Total	103	2	9	S9	942-950
F124 Nursing School Costs	20	0	9	S9	951-959
F125 Intern-Resident Service (Approved Programs)-Combined	21	0	9	S9	960-968
F126 Intern-Resident Service (Approved Programs)-Salary and Salary Related Fringe Benefits	21A	0	9	S9	969-977
F127 Intern-Resident Service (Approved Programs)-Other	21B	0	9	S9	978-986
F128 Paramedical Education Costs	22-24	0	9	S9	987-995
F129 All General Service Cost Centers	1-24	0	9	S9	996-1004
F130 All Hospital Inpatient Cost Centers	25-30	0	9	S9	1005-1013
F131 All Other Inpatient Cost Centers	31-36	0	9	S9	1014-1022
F132 All Ancillary Service Cost Centers	37-59	0	9	S9	1023-1031
F133 All Outpatient Service Cost Centers	60-62	0	9	S9	1032-1040
F134 All Other Reimbursable Cost Centers	63-82	0	9	S9	1041-1049
F135 All Special Purpose Cost Centers	83-94	0	9	S9	1050-1058
F136 All Nonreimbursable Cost Centers	96-100	0	9	S9	1059-1067
F137 Negative Cost Center	102	0	9	S9	1068-1076
F138 Total Reimbursable Costs	103	0	9	S9	1077-1085

MEDICAL EDUCATION COSTS, AFTER COST ALLOCATION
SOURCE: FORM HCFA 2552-85 WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F139 Total Nonphysician Anesthetist Costs	103	19	9	S9	1086-1094
F140 Total Nursing School Costs	103	20	9	S9	1095-1103
F141 Total Paramedical Education Costs	103	22-24	9	S9	1104-1112
INTERNS & RESIDENTS IN APPROVED PROGRAMS					
F142 Adults and Pediatrics (General Routine Care)	25	21	9	S9	1113-1121
F143 Intensive Care Unit	26	21	9	S9	1122-1130
F144 Coronary Care Unit	27	21	9	S9	1131-1139
F145 All Other Special Care Units	28-30	21	9	S9	1140-1148
F146 Subprovider-Total	31-32	21	9	S9	1149-1157
F147 Nursery	33	21	9	S9	1158-1166
F148 Skilled Nursing Facility	34	21	9	S9	1167-1175
F149 Intermediate Care Facility	35	21	9	S9	1176-1184
F150 Other Long Term Care Facility	36	21	9	S9	1185-1193
F151 Operating Room	37	21	9	S9	1194-1202
F152 Recovery Room	38	21	9	S9	1203-1211
F153 Delivery Room and Labor Room	39	21	9	S9	1212-1220
F154 Anesthesiology	40	21	9	S9	1221-1229

MEDICAL EDUCATION COSTS, AFTER COST ALLOCATION (CONTINUED)

SOURCE: FORM HCFA 2552-85 WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F155 Radiology--Diagnostic	41	21	9	S9	1230-1238
F156 Radiology--Therapeutic	42	21	9	S9	1239-1247
F157 Radioisotope	43	21	9	S9	1248-1256
F158 Laboratory	44	21	9	S9	1257-1265
F159 Whole Blood and Packed Red Blood Cells	46	21	9	S9	1266-1274
F160 Blood Storing, Processing and Transfusion	47	21	9	S9	1275-1283
F161 Intravenous Therapy	48	21	9	S9	1284-1292
F162 Respiratory Therapy	49	21	9	S9	1293-1301
F163 Physical Therapy	50	21	9	S9	1302-1310
F164 Occupational Therapy	51	21	9	S9	1311-1319
F165 Speech Pathology	52	21	9	S9	1320-1328
F166 Electrocardiology	53	21	9	S9	1329-1337
F167 Electroencephalography	54	21	9	S9	1338-1346
F168 Medical Supplies Charged to Patients	55	21	9	S9	1347-1355
F169 Drugs Charged to Patients	56	21	9	S9	1356-1364
F170 Renal Dialysis	57	21	9	S9	1365-1373
F171 All Other Inpatient Ancillary Cost Centers	58-59	21	9	S9	1374-1382
F172 Outpatient Clinic	60	21	9	S9	1383-1391
F173 Emergency	61	21	9	S9	1392-1400
F174 All Other Outpatient Service Cost Centers	62	21	9	S9	1401-1409
F175 Other Reimbursable Cost Centers	63-82	21	9	S9	1410-1418
F176 Special Purpose Cost Centers	83-85,91-94	21	9	S9	1419-1427
F177 Nonreimbursable Cost Centers	96-100	21	9	S9	1428-1436
F178 Cross Foot Adjustment	101	21	9	S9	1437-1445
F179 Negative Cost Center	102	21	9	S9	1446-1454
F180 Total Interns & Residents Costs (Approved Programs)	103	21	9	S9	1455-1463

TOTAL CAPITAL - RELATED COSTS AVAILABLE FOR PASS-THROUGH

SOURCE: FORM HCFA 2552-85 WORKSHEET B, PART II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F181 Directly Assigned Capital Related Costs--Inpatient	3-33,37-59	0	9	S9	1464-1472
F182 Directly Assigned Capital Related Costs--Total	103	0	9	S9	1473-1481
F183 Adults and Pediatrics (General Routine Care)	25	25	9	S9	1482-1490
F184 Intensive Care Unit	26	25	9	S9	1491-1499
F185 Coronary Care Unit	27	25	9	S9	1500-1508
F186 All Other Special Care Units	28-30	25	9	S9	1509-1517
F187 Subprovider-Total	31-32	25	9	S9	1518-1526
F188 Nursery	33	25	9	S9	1527-1535
F189 Skilled Nursing Facility	34	25	9	S9	1536-1544
F190 Intermediate Care Facility	35	25	9	S9	1545-1553
F191 Other Long Term Care Facility	36	25	9	S9	1554-1562
F192 Operating Room	37	25	9	S9	1563-1571
F193 Recovery Room	38	25	9	S9	1572-1580
F194 Delivery Room and Labor Room	39	25	9	S9	1581-1589
F195 Anesthesiology	40	25	9	S9	1590-1598
F196 Radiology--Diagnostic	41	25	9	S9	1599-1607
F197 Radiology--Therapeutic	42	25	9	S9	1608-1616
F198 Radioisotope	43	25	9	S9	1617-1625

TOTAL CAPITAL - RELATED COSTS AVAILABLE FOR PASS-THROUGH (CONTINUED)

SOURCE: FORM HCFA 2552-85 WORKSHEET B, PART II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F199 Laboratory	44	25	9	S9	1626-1634
F200 Whole Blood and Packed Red Blood Cells	46	25	9	S9	1635-1643
F201 Blood Storing, Processing and Transfusion	47	25	9	S9	1644-1652
F202 Intravenous Therapy	48	25	9	S9	1653-1661
F203 Respiratory Therapy	49	25	9	S9	1662-1670
F204 Physical Therapy	50	25	9	S9	1671-1679
F205 Occupational Therapy	51	25	9	S9	1680-1688
F206 Speech Pathology	52	25	9	S9	1689-1697
F207 Electrocardiology	53	25	9	S9	1698-1706
F208 Electroencephalography	54	25	9	S9	1707-1715
F209 Medical Supplies Charged to Patients	55	25	9	S9	1716-1724
F210 Drugs Charged to Patients	56	25	9	S9	1725-1733
F211 Renal Dialysis	57	25	9	S9	1734-1742
F212 All Other Inpatient Ancillary Cost Centers	58-59	25	9	S9	1743-1751
F213 Outpatient Clinic	60	25	9	S9	1752-1760
F214 Emergency	61	25	9	S9	1761-1769
F215 All Other Outpatient Service Cost Centers	62	25	9	S9	1770-1778
F216 All Other Reimbursable Cost Centers	63-82	25	9	S9	1779-1787
F217 All Special Purpose Cost Centers	83-85,91-94	25	9	S9	1788-1796
F218 All Nonreimbursable Cost Centers	96-100	25	9	S9	1797-1805
F219 CrossFoot Adjustment	101	25	9	S9	1806-1814
F220 Negative Cost Center	102	25	9	S9	1815-1823
F221 Total Capital - Related Costs	103	25	9	S9	1824-1832

TOTAL COSTS AFTER COST ALLOCATION

SOURCES: FORM HCFA 2552-85 WORKSHEET C AND WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F222 Adults and Pediatrics (General Routine Care)	25	1	9	S9	1833-1841
F223 Intensive Care Unit	26	1	9	S9	1842-1850
F224 Coronary Care Unit	27	1	9	S9	1851-1859
F225 All Other Special Care Units	28-30	1	9	S9	1860-1868
F226 Subprovider-Total	31-32	1	9	S9	1869-1877
F227 Nursery	33	1	9	S9	1878-1886
F228 Skilled Nursing Facility	34	1	9	S9	1887-1895
F229 Intermediate Care Facility	35	1	9	S9	1896-1904
F230 Other Long Term Care Facility	36	1	9	S9	1905-1913
F231 Operating Room	37	1	9	S9	1914-1922
F232 Recovery Room	38	1	9	S9	1923-1931
F233 Delivery Room and Labor Room	39	1	9	S9	1932-1940
F234 Anesthesiology	40	1	9	S9	1941-1949
F235 Radiology--Diagnostic	41	1	9	S9	1950-1958
F236 Radiology--Therapeutic	42	1	9	S9	1959-1967
F237 Radioisotope	43	1	9	S9	1968-1976
F238 Laboratory	44	1	9	S9	1977-1985
F239 PBP Clinic Lab Services-Program Only	45	1	9	S9	1986-1994
F240 Whole Blood and Packed Red Blood Cells	46	1	9	S9	1995-2003

TOTAL COSTS AFTER COST ALLOCATION (CONTINUED)
 SOURCES: FORM HCFA 2552-85 WORKSHEET C AND WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F241 Blood Storing, Processing and Transfusion	47	1	9	S9	2004-2012
F242 Intravenous Therapy	48	1	9	S9	2013-2021
F243 Respiratory Therapy	49	1	9	S9	2022-2030
F244 Respiratory Therapy Limit Adjustment	49	2	9	S9	2031-2039
F245 Physical Therapy	50	1	9	S9	2040-2048
F246 Physical Therapy Limit Adjustment	50	2	9	S9	2049-2057
F247 Occupational Therapy	51	1	9	S9	2058-2066
F248 Speech Pathology	52	1	9	S9	2067-2075
F249 Electrocardiology	53	1	9	S9	2076-2084
F250 Electroencephalography	54	1	9	S9	2085-2093
F251 Medical Supplies Charged to Patients	55	1	9	S9	2094-2102
F252 Drugs Charged to Patients	56	1	9	S9	2103-2111
F253 Renal Dialysis	57	1	9	S9	2112-2120
F254 All Other Inpatient Ancillary Cost Centers	58-59	1	9	S9	2121-2129
F255 Outpatient Clinic	60	1	9	S9	2130-2138
F256 Emergency	61	1	9	S9	2139-2147
F257 All Other Outpatient Service Cost Centers	62	1	9	S9	2148-2156
F258 All Other Reimbursable Cost Centers	63-68	1	9	S9	2157-2165
F259 Total Facility Reimbursable Costs After Stepdown	101	1	9	S9	2166-2174
F260 All Special Purpose Cost Centers	83-85,91-94	25	9	S9	2175-2183
F261 All Nonreimbursable Cost Centers	96-100	25	9	S9	2184-2192
F262 Negative Cost Center	102	25	9	S9	2193-2201
F263 Total Facility Costs	103	25	9	S9	2202-2210

TOTAL FACILITY ANCILLARY CHARGES
 SOURCE: FORM HCFA 2552-85 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F264 Operating Room	37	6	9	S9	2211-2219
F265 Recovery Room	38	6	9	S9	2220-2228
F266 Delivery Room and Labor Room	39	6	9	S9	2229-2237
F267 Anesthesiology	40	6	9	S9	2238-2246
F268 Radiology--Diagnostic	41	6	9	S9	2247-2255
F269 Radiology--Therapeutic	42	6	9	S9	2256-2264
F270 Radioisotope	43	6	9	S9	2265-2273
F271 Laboratory	44	6	9	S9	2274-2282
F272 PBP Clinic Lab Services-Program Only	45	6	9	S9	2283-2291
F273 Whole Blood and Packed Red Blood Cells	46	6	9	S9	2292-2300
F274 Blood Storing, Processing and Transfusion	47	6	9	S9	2301-2309
F275 Intravenous Therapy	48	6	9	S9	2310-2318
F276 Respiratory Therapy	49	6	9	S9	2319-2327
F277 Physical Therapy	50	6	9	S9	2328-2336
F278 Occupational Therapy	51	6	9	S9	2337-2345
F279 Speech Pathology	52	6	9	S9	2346-2354
F280 Electrocardiology	53	6	9	S9	2355-2363
F281 Electroencephalography	54	6	9	S9	2364-2372

TOTAL FACILITY ANCILLARY CHARGES (CONTINUED)

SOURCE: FORM HCFA 2552-85 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F282 Medical Supplies Charged to Patients	55	6	9	S9	2373-2381
F283 Drugs Charged to Patients	56	6	9	S9	2382-2391
F284 Renal Dialysis	57	6	9	S9	2392-2399
F285 All Other Inpatient Ancillary Cost Centers	58-59	6	9	S9	2400-2408
F286 Outpatient Clinic	60	6	9	S9	2409-2417
F287 Emergency	61	6	9	S9	2418-2426
F288 All Other Outpatient Service Cost Centers	62	6	9	S9	2427-2435
F289 All Other Reimbursable Cost Centers	63-68	6	9	S9	2436-2444
F290 Total Charges - All Cost Centers	101	6	9	S9	2445-2453

MEDICARE PART A INPATIENT HOSPITAL ANCILLARY CHARGES

SOURCE: FORM HCFA 2552-85 SUPPLEMENTAL WORKSHEET D-4

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F291 Operating Room	37	2	9	S9	2454-2462
F292 Recovery Room	38	2	9	S9	2463-2471
F293 Delivery Room and Labor Room	39	2	9	S9	2472-2480
F294 Anesthesiology	40	2	9	S9	2481-2489
F295 Radiology--Diagnostic	41	2	9	S9	2490-2498
F296 Radiology--Therapeutic	42	2	9	S9	2499-2507
F297 Radioisotope	43	2	9	S9	2508-2516
F298 Laboratory	44	2	9	S9	2517-2525
F299 PBP Clinic Lab Services-Program Only	45	2	9	S9	2526-2534
F300 Whole Blood and Packed Red Blood Cells	46	2	9	S9	2535-2543
F301 Blood Storing, Processing and Transfusion	47	2	9	S9	2544-2552
F302 Intravenous Therapy	48	2	9	S9	2553-2561
F303 Respiratory Therapy	49	2	9	S9	2562-2570
F304 Physical Therapy	50	2	9	S9	2571-2579
F305 Occupational Therapy	51	2	9	S9	2580-2588
F306 Speech Pathology	52	2	9	S9	2589-2597
F307 Electrocardiology	53	2	9	S9	2598-2606
F308 Electroencephalography	54	2	9	S9	2607-2615
F309 Medical Supplies Charged to Patients	55	2	9	S9	2616-2624
F310 Drugs Charged to Patients	56	2	9	S9	2625-2633
F311 Renal Dialysis	57	2	9	S9	2634-2642
F312 All Other Inpatient Ancillary Cost Centers	58-59	2	9	S9	2643-2651
F313 Outpatient Clinic	60	2	9	S9	2652-2660
F314 Emergency	61	2	9	S9	2661-2669
F315 All Other Outpatient Service Cost Centers	62	2	9	S9	2670-2678
F316 All Other Reimbursable Cost Centers	63-68	2	9	S9	2679-2687
F317 Total Medicare Inpatient Hospital Charges	101	2	9	S9	2688-2696

MEDICARE PART A INPATIENT HOSPITAL ANCILLARY COSTS
SOURCE: FORM HCFA 2552-85 SUPPLEMENTAL WORKSHEET D-4

Field	Line(s)	Column(s)	Field	Usage	Location
Name			Size		
F318 Operating Room	37	3	9	S9	2697-2705
F319 Recovery Room	38	3	9	S9	2706-2714
F320 Delivery Room and Labor Room	39	3	9	S9	2715-2723
F321 Anesthesiology	40	3	9	S9	2724-2732
F322 Radiology--Diagnostic	41	3	9	S9	2733-2741
F323 Radiology--Therapeutic	42	3	9	S9	2742-2750
F324 Radioisotope	43	3	9	S9	2751-2759
F325 Laboratory	44	3	9	S9	2760-2768
F326 PBP Clinic Lab Services-Program Only	45	3	9	S9	2769-2777
F327 Whole Blood and Packed Red Blood Cells	46	3	9	S9	2778-2786
F328 Blood Storing, Processing and Transfusion	47	3	9	S9	2787-2795
F329 Intravenous Therapy	48	3	9	S9	2796-2804
F330 Respiratory Therapy	49	3	9	S9	2805-2813
F331 Physical Therapy	50	3	9	S9	2814-2822
F332 Occupational Therapy	51	3	9	S9	2823-2831
F333 Speech Pathology	52	3	9	S9	2832-2840
F334 Electrocardiology	53	3	9	S9	2841-2849
F335 Electroencephalography	54	3	9	S9	2850-2858
F336 Medical Supplies Charged to Patients	55	3	9	S9	2859-2867
F337 Drugs Charged to Patients	56	3	9	S9	2868-2876
F338 Renal Dialysis	57	3	9	S9	2877-2885
F339 All Other Inpatient Ancillary Cost Centers	58-59	3	9	S9	2886-2894
F340 Outpatient Clinic	60	3	9	S9	2895-2903
F341 Emergency	61	3	9	S9	2904-2912
F342 All Other Outpatient Service Cost Centers	62	3	9	S9	2913-2921
F343 All Other Reimbursable Cost Centers	63-68	3	9	S9	2922-2930
F344 Total Inpatient Ancillary Costs	101	3	9	S9	2931-2939

MEDICARE INPATIENT HOSPITAL CAPITAL - RELATED PASS THROUGH COSTS
SOURCE: FORM HCFA 2552-85 WORKSHEET D, PARTS I AND II

Field	Line(s)	Column(s)	Field	Usage	Location
Name			Size		
F345 Adults and Pediatrics (General Routine Care)	25	X	9	S9	2940-2948
F346 Intensive Care Unit	26	X	9	S9	2949-2957
F347 Coronary Care Unit	27	X	9	S9	2958-2966
F348 All Other Special Care Units	28-30	X	9	S9	2967-2975
F349 Subprovider-Total	31-32	X	9	S9	2976-2984
F350 Nursery	33	X	9	S9	2985-2993
F351 Operating Room	37	X	9	S9	2994-3002
F352 Recovery Room	38	X	9	S9	3003-3011
F353 Delivery Room and Labor Room	39	X	9	S9	3012-3020
F354 Anesthesiology	40	X	9	S9	3021-3029
F355 Radiology--Diagnostic	41	X	9	S9	3030-3038
F356 Radiology--Therapeutic	42	X	9	S9	3039-3047
F357 Radioisotope	43	X	9	S9	3048-3056

MEDICARE INPATIENT HOSPITAL CAPITAL - RELATED PASS THROUGH COSTS (CONTINUED)

SOURCES: FORM HCFA 2552-85 WORKSHEET D, PARTS I AND II

Name	Line(s)	Column(s)	Field Size	Usage	Location
F358 Laboratory	44	X	9	S9	3057-3065
F359 Whole Blood and Packed Red Blood Cells	46	X	9	S9	3066-3074
F360 Blood Storing, Processing and Transfusion	47	X	9	S9	3075-3083
F361 Intravenous Therapy	48	X	9	S9	3084-3092
F362 Respiratory Therapy	49	X	9	S9	3093-3101
F363 Physical Therapy	50	X	9	S9	3102-3110
F364 Occupational Therapy	51	X	9	S9	3111-3119
F365 Speech Pathology	52	X	9	S9	3120-3128
F366 Electrocardiology	53	X	9	S9	3129-3137
F367 Electroencephalography	54	X	9	S9	3138-3146
F368 Medical Supplies Charged to Patients	55	X	9	S9	3147-3155
F369 Drugs Charged to Patients	56	X	9	S9	3156-3164
F370 Renal Dialysis	57	X	9	S9	3165-3173
F371 All Other Inpatient Ancillary Cost Centers	58-59	X	9	S9	3174-3182
F372 Outpatient Clinic	60	X	9	S9	3183-3191
F373 Emergency	61	X	9	S9	3192-3200
F374 All Other Outpatient Service Cost Centers	62	X	9	S9	3201-3209
F375 All Other Reimbursable Cost Centers	63-68	X	9	S9	3210-3218
F376 Total Medicare Capital Pass-Through Costs	X	X	9	S9	3219-3227

DIRECT MEDICAL EDUCATION COSTS AVAILABLE FOR PASS-THROUGH

SOURCES: FORM HCFA 2552-85 WORKSHEET D, PARTS I AND II

Name	Line(s)	Column(s)	Field Size	Usage	Location
F377 Adults and Pediatrics (General Routine Care)	25	3	9	S9	3228-3236
F378 Intensive Care Unit	26	3	9	S9	3237-3245
F379 Coronary Care Unit	27	3	9	S9	3246-3254
F380 All Other Special Care Units	28-30	3	9	S9	3255-3263
F381 Subprovider-Total	31-32	3	9	S9	3264-3272
F382 Nursery	33	3	9	S9	3273-3281
F383 Operating Room	37	3	9	S9	3282-3290
F384 Recovery Room	38	3	9	S9	3291-3299
F385 Delivery Room and Labor Room	39	3	9	S9	3300-3308
F386 Anesthesiology	40	3	9	S9	3309-3317
F387 Radiology--Diagnostic	41	3	9	S9	3318-3326
F388 Radiology--Therapeutic	42	3	9	S9	3327-3335
F389 Radioisotope	43	3	9	S9	3336-3344
F390 Laboratory	44	3	9	S9	3345-3353
F391 Whole Blood and Packed Red Blood Cells	46	3	9	S9	3354-3362
F392 Blood Storing, Processing and Transfusion	47	3	9	S9	3363-3371
F393 Intravenous Therapy	48	3	9	S9	3372-3380
F394 Respiratory Therapy	49	3	9	S9	3381-3389
F395 Physical Therapy	50	3	9	S9	3390-3398
F396 Occupational Therapy	51	3	9	S9	3399-3407
F397 Speech Pathology	52	3	9	S9	3408-3416
F398 Electrocardiology	53	3	9	S9	3417-3425

DIRECT MEDICAL EDUCATION COSTS AVAILABLE FOR PASS-THROUGH (CONTINUED)

SOURCES: FORM HCFA 2552-85 WORKSHEET D, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F399 Electroencephalography	54	3	9	S9	3426-3434
F400 Medical Supplies Charged to Patients	55	3	9	S9	3435-3443
F401 Drugs Charged to Patients	56	3	9	S9	3444-3452
F402 Renal Dialysis	57	3	9	S9	3453-3461
F403 All Other Inpatient Ancillary Cost Centers	58-59	3	9	S9	3462-3470
F404 Outpatient Clinic	60	3	9	S9	3471-3479
F405 Emergency	61	3	9	S9	3480-3488
F406 All Other Outpatient Service Cost Centers	62	3	9	S9	3498-3497
F407 All Other Reimbursable Cost Centers	63-68	3	9	S9	3498-3506
F408 Total Medical Education Costs	X	3	9	S9	3507-3515

MEDICARE INPATIENT HOSPITAL DIRECT MEDICAL EDUCATION PASS THROUGH COSTS

SOURCES: FORM HCFA 2552-85 WORKSHEET D, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F409 Adults and Pediatrics (General Routine Care)	25	X	9	S9	3516-3524
F410 Intensive Care Unit	26	X	9	S9	3525-3533
F411 Coronary Care Unit	27	X	9	S9	3534-3542
F412 All Other Special Care Units	28-30	X	9	S9	3543-3551
F413 Subprovider-Total	31-32	X	9	S9	3552-3560
F414 Nursery	33	X	9	S9	3561-3569
F415 Operating Room	37	X	9	S9	3570-3578
F416 Recovery Room	38	X	9	S9	3579-3587
F417 Delivery Room and Labor Room	39	X	9	S9	3588-3596
F418 Anesthesiology	40	X	9	S9	3597-3605
F419 Radiology--Diagnostic	41	X	9	S9	3606-3614
F420 Radiology--Therapeutic	42	X	9	S9	3615-3623
F421 Radioisotope	43	X	9	S9	3624-3632
F422 Laboratory	44	X	9	S9	3633-3641
F423 Whole Blood and Packed Red Blood Cells	46	X	9	S9	3642-3650
F424 Blood Storing, Processing and Transfusion	47	X	9	S9	3651-3629
F425 Intravenous Therapy	48	X	9	S9	3660-3668
F426 Respiratory Therapy	49	X	9	S9	3669-3677
F427 Physical Therapy	50	X	9	S9	3678-3686
F428 Occupational Therapy	51	X	9	S9	3687-3695
F429 Speech Pathology	52	X	9	S9	3696-3704
F430 Electrocardiology	53	X	9	S9	3705-3713
F431 Electroencephalography	54	X	9	S9	3714-3722
F432 Medical Supplies Charged to Patients	55	X	9	S9	3723-3731
F433 Drugs Charged to Patients	56	X	9	S9	3732-3740
F434 Renal Dialysis	57	X	9	S9	3741-3749
F435 All Other Inpatient Ancillary Cost Centers	58-59	X	9	S9	3750-3758
F436 Outpatient Clinic	60	X	9	S9	3759-3767
F437 Emergency	61	X	9	S9	3768-3776
F438 All Other Outpatient Service Cost Centers	62	X	9	S9	3777-3785
F439 All Other Reimbursable Cost Centers	63-68	X	9	S9	3786-3794
F440 Total Hospital Medical Education Pass-Through	X	X	9	S9	3795-3803

MEDICARE OUTPATIENT HOSPITAL CHARGES AND COSTS
SOURCE: FORM HCFA 2552-85 WORKSHEET D, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F441 Outpatient Clinic Charges	60	2	9	S9	3804-3812
F442 Emergency Room Charges	61	2	9	S9	3813-3821
F443 All Other Outpatient Department Charges	62	2	9	S9	3822-3830
F444 Total Outpatient Charges	101	2	9	S9	3831-3839
F445 Outpatient Clinic Costs	60	3	9	S9	3840-3848
F446 Emergency Room Costs	61	3	9	S9	3849-3857
F447 All Other Outpatient Department Costs	62	3	9	S9	3858-3866
F448 Total Outpatient Costs	101	3	9	S9	3867-3875

SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE
SOURCE: FORM 2552-85 WORKSHEET D-1, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F449 Total Swing-Bed Cost	26	1	9	S9	3876-3884
F450 General Inpatient Routine Service Cost Net of Swing-Bed Cost	27	1	9	S9	3885-3893
F451 General Inpatient Routine Service Cost, Net of Swing-Bed Cost and Private Room Differential	37	1	9	S9	3894-3902
F452 General Inpatient Routine Service Cost--Total Medicare Cost	41	1	9	S9	3903-3911
F453 Intensive Care Unit--Total Medicare Cost	43	e	9	S9	3912-3920
F454 Coronary Care Unit--Total Medicare Cost	44	e	9	S9	3921-3929
F455 All Other Special Care Units--Total Medicare Cost	45-47	e	9	S9	3930-3938
F456 Medicare Inpatient Ancillary Cost, Before Limitation	48	1	9	S9	3939-3947
F457 Medicare Malpractice Costs	49	1	9	S9	3948-3956
F458 Total Medicare Inpatient Operating Costs, Including Pass-Through Costs	50	1	9	S9	3956-3965
F459 TEFRA Target Amount per Discharge	56	1	11	S9(7)V9(4)	3966-3976
F460 Incentive/Penalty Payment	59	1	9	S9	3977-3985

KIDNEY ACQUISITION COSTS

SOURCE: FORM 2552-85 SUPPLEMENTAL WORKSHEET D-6, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F461 Malpractice Insurance Costs	49	1	9	S9	3986-3994
F462 Direct Kidney Acquisition Costs	50	1	9	S9	3995-4003
F463 Revenue for Kidneys Sold	53	1	9	S9	4004-4012

MALPRACTICE LOSSES AND PREMIUMS

SOURCE: FORM 2552-85 WORKSHEET D-8, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F464 Title V Paid Losses (Current and 4 Preceding Years)	6	1	9	S9	4013-4021
F465 Title XVIII Paid Losses (Current and 4 Preceding Years)	6	2	9	S9	4022-4030
F466 Title XIX Paid Losses (Current and 4 Preceding Years)	6	3	9	S9	4031-4039
F467 All Other Paid Losses (Current and 4 Preceding Years)	6	4	9	S9	4040-4048
F468 Total Paid Losses (Current and 4 Preceding Years)	6	5	9	S9	4049-4057
F469 Reimbursable Hospital Malpractice Insurance Premiums and/or Fund Contributions	16	1	9	S9	4058-4066

MEDICARE PART A SETTLEMENT SUMMARY

SOURCES: FORMS 2552-85 WORKSHEET E, PART A AND
SUPPLEMENTAL WORKSHEET E-3, PARTS I AND II, COLUMN 1

Field Name	Line(s) (See Note 5)			Field Size	Usage	Location
	E, Part A	E-3, Part I	E-3, Part II			
F470 DRG Payments--Other Than Outliers	1A	*	*	9	S9	4067-4075
F471 DRG Outlier Payments	1B	*	*	9	S9	4076-4084
F472 Inpatient Hospital Services	*	1	1	9	S9	4085-4093
F473 Routine Service Pass Through Costs	2	*	*	9	S9	4094-4102
F474 Ancillary Service Pass Through Costs	3	*	*	9	S9	4103-4111
F475 Kidney Acquisition (Certified Centers Only)	4	2	2	9	S9	4112-4120
F476 Cost of Teaching Physicians	5	3	3	9	S9	4121-4129
F477 Indirect Medical Education Adjustment	6	*	*	9	S9	4130-4138
F478 Indirect Medical Education Adjustment	6A	*	*	9	S9	4139-4147
F479 Disproportionate Share Adjustment	6B	*	*	9	S9	4148-4156
F480 Additional Payment for High ESRD Use	7A	*	*	9	S9	4157-4165
F481 Outside Suppliers	7B	*	*	9	S9	4166-4174
F482 Return on Equity Capital	8	8	8	9	S9	4175-4183
F483 Primary Payor Payments	10	5	5	9	S9	4184-4192
F484 Total Amount Payable for Medicare Beneficiaries	11	9	23	9	S9	4193-4201
F485 Deductibles	12A	10	24	9	S9	4202-4210
F486 Coinsurance	12B	12	27	9	S9	4211-4219
F487 Reimbursable Bad Debts, Net of Recoveries	13	14	29	9	S9	4220-4228
F488 Amount Due Provider, Before Sequestration	18A	20A	36A	9	S9	4229-4237
F489 Sequestration Adjustment (See Note 6)	18B	20B	36B	9	S9	4238-4246
F490 Interim Payments	19	21	37	9	S9	4247-4255
F491 Protested Amounts	21	23	39	9	S9	4256-4264

MEDICARE PART B SETTLEMENT SUMMARY
SOURCE: FORMS 2552-85 WORKSHEET E, PART B

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F492 Medical and Other Services	1	1	9	S9	4265-4273
F493 Interns and Residents Costs	2	1	9	S9	4274-4282
F494 Kidney Acquisition Costs--Certified Transplant Centers Only	3	1	9	S9	4283-4291
F495 Malpractice Insurance Costs	4	1	9	S9	4292-4300
F496 Cost of Teaching Physicians	5	1	9	S9	4301-4309
F497 Total Part B Reimbursable Costs Before Deductibles, Coinsurance and Return on Equity Capital	7	1	9	S9	4310-4318
F498 Return on Equity Capital	8	1	9	S9	4319-4327
F499 Total Reasonable Cost	9	1	9	S9	4328-4336
F500 Deductibles and Coinsurance	22	1	9	S9	4337-4345
F501 Primary Payor Payments	23	1	9	S9	4346-4354
F502 Bad Debts for Composite Rate ESRD Services	25A	1	9	S9	4355-4363
F503 All Other Bad Debts, Net of Recoveries	25B	1	9	S9	4364-4372
F504 Amount Due Provider, Before Sequestration	33A	1	9	S9	4373-4381
F505 Sequestration Adjustment (See Note 6)	33B	1	9	S9	4382-4390
F506 Interim Payments	34	1	9	S9	4391-4399
F507 Protested Amounts	36	1	9	S9	4400-4408

FINANCIAL DATA
SOURCE: FORM 2552-85 WORKSHEET G

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F508 Total Current Assets	11	1-4	9	S9	4409-4417
F509 Total Fixed Assets	27	1-4	9	S9	4418-4426
F510 Total Other Assets	32	1-4	9	S9	4427-4435
F511 Total Assets	33	1-4	9	S9	4436-4444
F512 Total Current Liabilities	42	1-4	9	S9	4445-4453
F513 Total Long Term Liabilities	49	1-4	9	S9	4454-4462
F514 Total Liabilities	50	1-4	9	S9	4463-4471
F515 Total Fund Balances	58	1-4	9	S9	4472-4480

PATIENT REVENUES
SOURCE: FORM 2552-85 WORKSHEET G-2, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F516 Hospital Inpatient Routine Service Revenue	1	1	9	S9	4481-4489
F517 Total Facility Inpatient Revenue	9	1	9	S9	4490-4498
F518 Hospital Special Care Revenue	15	1	9	S9	4499-4507
F519 Inpatient Ancillary Revenue	17	1	9	S9	4508-4516
F520 Revenue from Outpatient Services Rendered in an Inpatient Setting	18	1	9	S9	4517-4525
F521 Revenue from Inpatient Services Rendered in an Outpatient Setting	17	2	9	S9	4526-4534
F522 Outpatient Services Revenue	18	2	9	S9	4535-4543
F523 Total Facility Inpatient Revenue	25	1	9	S9	4544-4552
F524 Total Facility Outpatient Revenue	25	2	9	S9	4553-4561

FACILITY REVENUES AND EXPENSES
SOURCE: FORM 2552-85 WORKSHEET G-3

Name	Line(s)	Column(s)	Field Size	Usage	Location
F525 Total Patient Revenues	1	2	9	S9	4562-4570
F526 Allowances and Discounts on Patients' Accounts	2	2	9	S9	4571-4579
F527 Net Patient Revenues	3	2	9	S9	4580-4588
F528 Total Operating Expenses	4	2	9	S9	4589-4597
F529 Other Income - Contributions, Donations, Bequests, etc.	7	1	9	S9	4598-4606
F530 Income From Investments	8	1	9	S9	4607-4615
F531 Total Nonpatient Revenue, Including Fields 529 and 530, above	26	2	9	S9	4616-4624
F532 Total Other Expenses	31	2	9	S9	4625-4633
F533 Net Income or (Loss)	32	2	9	S9	4634-4642
F534 Creation Date - The date the HCRIS information was extracted from the cost report			5	X	4643-4647

TABLES

Table I: Type of Control

- 1 = Voluntary Nonprofit, Church
- 2 = Voluntary Nonprofit, Other
- 3 = Proprietary, Individual
- 4 = Proprietary, Corporation
- 5 = Proprietary, Partnership
- 6 = Proprietary, Other
- 7 = Governmental, Federal
- 8 = Governmental, City-County
- 9 = Governmental, County
- 10 = Governmental, State
- 11 = Governmental, Hospital District
- 12 = Governmental, City
- 13 = Governmental, Other

Table II: Type of Hospital

- 1 = General Short Term
- 2 = General Long Term
- 3 = Cancer
- 4 = Psychiatric
- 5 = Rehabilitation
- 6 = Alcohol Rehabilitation
- 7 = Other

TABLES (CONTINUED)

Table III: FIPS State Codes

01 = Alabama	02 = Alaska	04 = Arizona
05 = Arkansas	06 = California	08 = Colorado
09 = Connecticut	10 = Delaware	11 = Washington, D. C.
12 = Florida	13 = Georgia	15 = Hawaii
16 = Idaho	17 = Illinois	18 = Indiana
19 = Iowa	20 = Kansas	21 = Kentucky
22 = Louisiana	23 = Maine	24 = Maryland
25 = Massachusetts	26 = Michigan	27 = Minnesota
28 = Mississippi	29 = Missouri	30 = Montana
31 = Nebraska	32 = Nevada	33 = New Hampshire
34 = New Jersey	35 = New Mexico	36 = New York
37 = North Carolina	38 = North Dakota	39 = Ohio
40 = Oklahoma	41 = Oregon	42 = Pennsylvania
44 = Rhode Island	45 = South Carolina	46 = South Dakota
47 = Tennessee	48 = Texas	49 = Utah
50 = Vermont	51 = Virginia	53 = Washington
54 = West Virginia	55 = Wisconsin	56 = Wyoming
99 = Other		

Table IV: SSA State Codes (the first two digits of the Medicare Provider Number)

01 = Alabama	02 = Alaska	03 = Arizona
04 = Arkansas	05 = California	06 = Colorado
07 = Connecticut	08 = Delaware	09 = Washington, D. C.
10 = Florida	11 = Georgia	12 = Hawaii
13 = Idaho	14 = Illinois	15 = Indiana
16 = Iowa	17 = Kansas	18 = Kentucky
19 = Louisiana	20 = Maine	21 = Maryland
22 = Massachusetts	23 = Michigan	24 = Minnesota
25 = Mississippi	26 = Missouri	27 = Montana
28 = Nebraska	29 = Nevada	30 = New Hampshire
31 = New Jersey	32 = New Mexico	33 = New York
34 = North Carolina	35 = North Dakota	36 = Ohio
37 = Oklahoma	38 = Oregon	39 = Pennsylvania
40 = Puerto Rico	41 = Rhode Island	42 = South Carolina
43 = South Dakota	44 = Tennessee	45 = Texas
46 = Utah	47 = Vermont	49 = Virginia
50 = Washington	51 = West Virginia	52 = Wisconsin
53 = Wyoming	99 = Other	

TABLES (CONTINUED)

Table V: Cost Report Status

N = As Submitted
J = Settled without Audit
E = Settled with Audit
A = Reopened
O = Audited but not Settled

Table VI: Census Divisions

0 = National
1 = New England
2 = Middle Atlantic
3 = South Atlantic
4 = East North Central
5 = East South Central
6 = West North Central
7 = West South Central
8 = Mountain
9 = Pacific

Table VII: HCFA Regions

1 = Boston
2 = New York
3 = Philadelphia
4 = Atlanta
5 = Chicago
6 = Dallas
7 = Kansas
8 = Denver
9 = San Francisco
10 = Seattle

EXPLANATORY NOTES

- Secton 3903 of the Omnibus Budget Reconciliation Act (OBRA) of 1986 requires that all capital related costs, including return on equity capital, of inpatient services of PPS hospitals be reduced by 3.5, 7 and 10 per cent during Federal fiscal years 1987, 1988 and 1989, respectively. This data element is total reduction factor applicable to the entire cost reporting period.
2. Cost reports filed by providers which have not furnished any services to Medicare beneficiaries file only a cover sheet and certification. Providers with low Medicare utilization may file an abbreviated cost report which consists of a cover sheet with statistical information and financial statements.
 3. Beds Available are those available for use by patients at the end of the cost reporting period.
 4. Bed Days Available is computed by multiplying the number of beds (excluding newborn) available throughout the cost reporting period by the number of days in the cost reporting period.
 5. E, Part A pertains only to PPS hospitals. E-3, Part I pertains only to hospitals subject to the TEFRA limits. E-3, Part II pertains to hospitals reimbursed under cost, i.e. not subject to either PPS or TEFRA.
 6. The Sequestration Adjustment is a 1% reduction of Medicare reimbursement pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985 (Gramm-Rudman). It applies to services rendered after February 28, 1986 and before October 1, 1986.