

**IDENTIFYING INFORMATION**  
**SOURCES: FORM HCFA 2552-92, WORKSHEET S-2, AND HCFA RECORDS**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 1	Provider Number - Hospital	2	2	6	X	1 - 6
F 2	Provider Number - Subprovider	3	2	6	X	7 - 12
F 3	Provider Number - Subprovider II	3.01	2	6	X	13 - 18
F 4	Provider Number - Subprovider III	3.02	2	6	X	19 - 24
F 5	Provider Number - Subprovider IV	3.03	2	6	X	25 - 30
F 6	Provider Number - Subprovider V	3.04	2	6	X	31 - 36
F 7	Provider Number - Swing Bed SNF	4	2	6	X	37 - 42
F 8	Provider Number - Swing Bed NF	5	2	6	X	43 - 48
F 9	Provider Number - Hospital-Based SNF	6	2	6	X	49 - 54
F 10	Provider Number - Hospital-Based NF	7	2	6	X	55 - 60
F 11	Provider Number - Hospital-Based OLTC	8	2	6	X	61 - 66
F 12	Provider Number - Hospital-Based HHA	9	2	6	X	67 - 72
F 13	Provider Number - Hospital-Based CORF	10	2	6	X	73 - 78
F 14	Provider Number - Hospital-Based ASC	11	2	6	X	79 - 84
F 15	Provider Number - Hospital-Based Hospice	12	2	6	X	85 - 90
F 16	Hospital Name	2	1	36	X	91 - 126
F MAN	Manual Cost Report Indicator (M=Manual)			1	X	127 - 127
F 17	Hospital Title XVIII Payment System (P=PPS, T=TEFRA, O=OTHER)	2	5	1	X	128 - 128
F 18	Subprovider I Title XVIII Payment System (P=PPS, T=TEFFA, O=OTHER)	3	5	1	X	129 - 129
F 19	Subprovider II Title XVIII Payment System (P=PPS, T=TEFFA, O=OTHER)	3.01	5	1	X	130 - 130
F 20	Subprovider III Title XVIII Payment System (P=PPS, T=TEFFA, O=OTHER)	3.02	5	1	X	131 - 131
F 21	Subprovider IV Title XVIII Payment System (P=PPS, T=TEFFA, O=OTHER)	3.03	5	1	X	132 - 132
F 22	Subprovider V Title XVIII Payment System (P=PPS, T=TEFFA, O=OTHER)	3.04	5	1	X	133 - 133
F 23	Cost Reporting Period Begin Date (CCYYMMDD)	13	1	8	9	134 - 141
F 24	Cost Reporting Period End Date (CCYYMMDD)	13	2	8	9	142 - 149
F 25	Number of Months in Reporting Period (See Note 1)	X	X	2	9	150 - 151
F 26	Type of Control (See Table I)	14	1	2	9	152 - 153
F 27	Type of Hospital (See Table II)	15	1	1	9	154 - 154
F 27A	Medicare Certified Kidney Transplant Center? (Y/N)			1	X	155 - 155
F 27B	Medicare Certified Heart Transplant Center? (Y/N)			1	X	156 - 156
F 27C	Medicare Certified Liver Transplant Center? (Y/N)			1	X	157 - 157
F 27D	Sole Community Hospital? (Y/N)	23	1	1	X	158 - 158
F 27E	Eye and Ear Specialty Hospital? (Y/N)	21	1	1	X	159 - 159
F 27F	Rural Primary Care Hospital? (Y/N)	26	1	1	X	160 - 160
F 27G	RESERVED FOR FUTURE USE			10	X	161 - 170
F 28	Funded Depreciation? (Y/N)			1	X	171 - 171
F 29	Inpatient Capital Reduction Rate (See Note 2)			6	SV9(6)	172 - 177
F 30	Outpatient Capital Reduction Rate (See Note 3)			6	SV9(6)	178 - 183
F 31	File Creation Date (See Note 4) (CCYYMMDD)			8	9	184 - 191
F 31A	System Identification (See Note 4)			5	X	192 - 196
F 32	SSA State Code (See Table III)			2	9	197 - 198
F 33	MSA/NECMA Code			4	X	199 - 202
F 34	Fiscal Intermediary Number			5	X	203 - 207
F 35	Cost Report Status (See Table IV)			1	X	208 - 208
F 36	All Inclusive Rate Provider ? (Y/N)	30	1	1	X	209 - 209
F 37	Medicare Utilization Indicator (L, N, or F) (See Note 5)	29	1	1	X	210 - 210
F 38	Census Division (See Table V)			1	X	211 - 211
F 39	HCFA Region (See Table VI)			2	X	212 - 213

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 40	General Service Beds Available (See Note 6)	1.01	1	11	S9	214 - 224
F 41	Intensive Care Unit Beds Available	2	1	11	S9	225 - 235
F 42	Coronary Care Unit Beds Available	3	1	11	S9	236 - 246
F 43	Other Special Care Unit Beds Available	4-6	1	11	S9	247 - 257
F 44	Total Beds Available in Hospital (Excl. Nursery)	X	1	11	S9	258 - 268
F 45	Total Beds Available in the Hospital	8	1	11	S9	269 - 279
F 46	Total Beds Available in Facility	18	1	11	S9	280 - 290
F 47	General Service Bed Days Available (See Note 7)	1.01	2	11	S9	291 - 301
F 48	Intensive Care Bed Days Available	2	2	11	S9	302 - 312
F 49	Coronary Care Bed Days Available	3	2	11	S9	313 - 323
F 50	Other Special Care Unit Bed Days Available	4-6	2	11	S9	324 - 334
F 51	Total Bed Days Available in Hospital (Excl. Nursery)	X	2	11	S9	335 - 345
F 52	Total Bed Days Available in the Hospital	8	2	11	S9	346 - 356
F 53	Total Bed Days Available in the Facility	18	2	11	S9	357 - 367
F 54	Medicare Routine Days (Excl. Swing Bed)	1.01	4	11	S9	368 - 378
F 55	Medicare Swing Bed SNF Days	1.02	4	11	S9	379 - 389
F 56	Medicare Intensive Care Unit Days	2	4	11	S9	390 - 400
F 57	Medicare Coronary Care Unit Days	3	4	11	S9	401 - 411
F 58	Medicare Other Special Care Unit Days	4-6	4	11	S9	412 - 422
F 59	Medicare Inpatient Days- Total Hospital	8	4	11	S9	423 - 433
F 60	Medicare Inpatient Days - Total Facility	18	4	11	S9	434 - 444
F 61	Medicaid Routine Days (Excl. Swing Bed)	1.01	5	11	S9	445 - 455
F 62	Medicaid Intensive Care Unit Days	2	5	11	S9	456 - 466
F 63	Medicaid Coronary Care Unit Days	3	5	11	S9	467 - 477
F 64	Medicaid Other Special Care Unit Days	4-6	5	11	S9	478 - 488
F 65	Medicaid Inpatient Days- Total Hospital	8	5	11	S9	489 - 499
F 66	Medicaid Inpatient Days - Total Facility	18	5	11	S9	500 - 510
F 67	Total Routine Days (Excl. Swing Bed)	1.01	6	11	S9	511 - 521
F 68	Total Swing Bed SNF Days	1.02	6	11	S9	522 - 532
F 69	Total Intensive Care Unit Days	2	6	11	S9	533 - 543
F 70	Total Coronary Care Unit Days	3	6	11	S9	544 - 554
F 71	Total Other Special Care Unit Days	4-6	6	11	S9	555 - 565
F 72	Inpatient Days, All Patients--Hospital Total	8	6	11	S9	566 - 576
F 73	Inpatient Days, All Patients--Facility Total	18	6	11	S9	577 - 587
F 74	Full-Time Interns & Residents - Total Hospital	8	7	11	S9(9)V9(2)	588 - 598
F 75	Full-Time Interns & Residents - Total Facility	18	7	11	S9(9)V9(2)	599 - 609
F 76	Net Full-Time Interns & Residents - Total Hospital	8	9	11	S9(9)V9(2)	610 - 620
F 77	Net Full-Time Interns & Residents - Total Facility	18	9	11	S9(9)V9(2)	621 - 631
F 78	Average Number of Employees - Total Hospital	8	10	11	S9(9)V9(2)	632 - 642
F 79	Average Number of Employees - Total Facility	18	10	11	S9(9)V9(2)	643 - 653
F 80	Average Number of Nonpaid Workers - Total Hospital	8	11	11	S9(9)V9(2)	654 - 664
F 81	Average Number of Nonpaid Workers - Total Facility	18	11	11	S9(9)V9(2)	665 - 675
F 82	Medicare Discharges - Total Hospital (Including Swing Bed SNF)	8	13	11	S9	676 - 686
F 82A	Medicare Discharges-- Swing Bed SNF	1.02	13	11	S9	687 - 697
F 82B	Medicare Discharges--Total Hospital (Excluding Swing Bed SNF)	X	13	11	S9	698 - 708
F 83	Medicare Discharges--Total Facility	18	13	11	S9	709 - 719

**STATISTICAL AND SUMMARY UTILIZATION DATA**  
SOURCE: FORM HCFA 2552-92, WORKSHEET S-3

NAME	DESCRIPTION	Minimum Line(s)	COL(S)	SIZE	USAGE	LOCATION
F 84	Medicaid Discharges--Hospital Total (Including Swing Bed NF)	8	14	11	S9	720 - 730
F 84A	Medicaid Discharges--Swing Bed NF	1.03	14	11	S9	731 - 741
F 84B	RESERVED FOR FUTURE USE			11		742 - 752
F 84C	Medicaid Discharges--Hospital Total (Excluding Swing Bed SNF)	X	14	11	S9	753 - 763
F 85	Medicaid Discharges--Total Facility	18	14	11	S9	764 - 774
F 86	Medicare Discharges (Medicaid Elig.) Total Hospital	8	16	11	S9	775 - 785
F 86A	Medicare Discharges (Medicaid Elig.) Swing Bed SNF	1.02	16	11	S9	786 - 796
F 87	Medicare Discharges (Medicaid Elig.) Total Facility	18	16	11	S9	797 - 807
F 88	Total Discharges--Hospital Total (Including Swing Bed SNF and Swing Bed NF)	8	15	11	S9	808 - 818
F 88A	Total Discharges, All Patients, Swing Bed SNF	1.02	15	11	S9	819 - 829
F 88B	Total Discharges, All Patients, Swing Bed NF	1.03	15	11	S9	830 - 840
F 88C	Total Discharges--Hospital total (Excluding Swing Bed SNF and Swing Bed NF)	X	15	11	S9	841 - 851
F 89	Total Discharges, All Patients--Facility Total	18	15	11	S9	852 - 862

**TOTAL FACILITY COSTS**  
SOURCE: FORM HCFA 2552-92, WORKSHEET A

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 90	Old and New Capital Related Costs-Buildings and Fixtures, Before Reclassification or Adjustment	1 + 3	2	11	S9	863 - 873
F 91	Old and New Capital Related Costs-Movable Equipment, Before Reclassification or Adjustment	2 + 4	2	11	S9	874 - 884
F 92	Direct Salaries--All General Service Cost Centers	3-24	1	11	S9	885 - 895
F 93	Direct Salaries and Fringe Benefits of the Intern & Resident Service (in Approved Programs)	22	1	11	S9	896 - 906
F 94	Direct Salaries--All Hospital Inpatient Cost Centers	25-30	1	11	S9	907 - 917
F 95	Direct Salaries--All Other Inpatient Cost Centers	31, 33-36	1	11	S9	918 - 928
F 96	Direct Salaries--All Ancillary Service Cost Centers	37-59	1	11	S9	929 - 939
F 97	Direct Salaries--All Outpatient Service Cost Centers	60-63	1	11	S9	940 - 950
F 98	Direct Salaries--All Other Reimbursable Cost Centers	64-68, 70-82	1	11	S9	951 - 961
F 99	Direct Salaries--All Special Purpose Cost Centers	83-94	1	11	S9	962 - 972
F 100	Direct Salaries--All NonReimbursable Cost Centers	96-100	1	11	S9	973 - 983
F 101	Direct Salaries--Total	101	1	11	S9	984 - 994
F 102	Other Direct Cost--All General Service Cost Centers	1-24	1	11	S9	995 - 1005
F 103	Other Direct Cost of the Intern and Resident Service (in Approved Program)	22	2	11	S9	1006 - 1016
F 104	Other Direct Cost--All Hospital Inpatient Cost Centers	22-30	2	11	S9	1017 - 1027
F 105	Other Direct Cost--All Other Inpatient Cost Centers	31, 33-36	2	11	S9	1028 - 1038
F 106	Other Direct Cost--All Ancillary Service Cost Centers	37-59	2	11	S9	1039 - 1049
F 107	Other Direct Cost--All Outpatient Service Cost Centers	60-63	2	11	S9	1050 - 1060
F 108	Other Direct Cost--All Other Reimbursable Cost Centers	64-68, 70-82	2	11	S9	1061 - 1071
F 109	Other Direct Cost--All Special Purpose Cost Centers	83-94	2	11	S9	1072 - 1082
F 110	Other Direct Cost--All NonReimbursable Cost Centers	96-100	2	11	S9	1083 - 1093
F 111	Other Direct Cost--Total	101	2	11	S9	1094 - 1104

**PROVIDER BASED PHYSICIAN REIMBURSEMENT DATA**  
SOURCE: FORM HCFA 2552-92, SUPPLEMENTAL WORKSHEET A-8-2

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 112	Physicians' Remuneration--Total	101	3	11	S9	1105 - 1115

F 113	Physicians' Remuneration--Professional Component	Minimum Data Set	4	11	S9	1116 - 1126	08/22/96
F 114	Physicians' Remuneration--Provider Component	101	5	11	S9	1127 - 1137	
F 115	Number of Physicians' Hours-Provider Component	101	7	11	S9	1138 - 1148	
F 116	Physician Cost of Malpractice Insurance--Total	101	14	11	S9	1149 - 1159	
F 117	Physician Cost of Malpractice Insurance--Provider's Share	101	15	11	S9	1160 - 1170	
F 118	RCE Disallowance--Total	101	17	11	S9	1171 - 1181	
F 119	Adjustment for Physicians' Professional Services and Cost in Excess of RCE Limits	101	18	11	S9	1182 - 1192	

**REIMBURSABLE COSTS, BEFORE COST ALLOCATION  
SOURCE: FORM HCFA 2552-92, WORKSHEET B, PART**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 120	Old and New Capital Related Costs--Buildings and Fixtures After Reclassification and Adjustment--Inpatient	5-33, 37-59	1 + 3	11	S9	1193 - 1203
F 121	Old and New Capital Related Costs--Buildings and Fixtures After Reclassification and Adjustment--Total	103	1 + 3	11	S9	1204 - 1214
F 122	Old and New Capital Related Costs-Movable Equipment After Reclassification and Adjustment--Inpatient	5-33, 37-59	2 + 4	11	S9	1215 - 1225
F 123	Old and New Capital Related Costs-Movable Equipment After Reclassification and Adjustment--Total	103	2 + 4	11	S9	1226 - 1236
F 124	Nursing School Costs	21	0	11	S9	1237 - 1247
F 125	Interns- Resident Service (Appvd Programs) Combined	22 + 23	0	11	S9	1248 - 1258
F 126	Intern-Resident Service (Appvd Programs) Salary and Salary Related Fringe Benefits	22	0	11	S9	1259 - 1269
F 127	Intern-Resident Service (Approved Programs) Other	23	0	11	S9	1270 - 1280
F 128	Paramedical Education Costs	24	0	11	S9	1281 - 1291
F 129	All General Service Cost Centers	1-24	0	11	S9	1292 - 1302
F 130	All Hospital Inpatient Cost Centers	25-30	0	11	S9	1303 - 1313
F 131	All Other Inpatient Cost Centers	31, 33-36	0	11	S9	1314 - 1324
F 132	All Ancillary Service Cost Centers	37-59	0	11	S9	1325 - 1335
F 133	All Outpatient Service Cost Centers	60-63	0	11	S9	1336 - 1346
F 134	All Other Reimbursable Cost Centers	64-68, 70-82	0	11	S9	1347 - 1357
F 135	All Special Purpose Cost Centers	83-94	0	11	S9	1358 - 1368
F 136	All NonReimbursable Cost Centers	96-100	0	11	S9	1369 - 1379
F 137	Negative Cost Center	102	0	11	S9	1380 - 1390
F 138	Total Reimbursable Costs	103	0	11	S9	1391 - 1401

**MEDICAL EDUCATION COSTS, INCLUDING ALLOCATED OVERHEAD - FACILITY  
SOURCE: HCFA FORM 2552-92, WORKSHEET B, PART I**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 139	Total Nonphysician Anesthetist Cost	103	20	11	S9	1402 - 1412
F 140	Total Nursing School Costs	103	21	11	S9	1413 - 1423
F 141	Total Paramedical Education Cost	103	24	11	S9	1424 - 1434

**COST OF INTERNS & RESIDENTS IN APPROVED PROGRAMS, INCLUDING ALLOCATED OVERHEAD**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET B, PART**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 142	Adults & Pediatrics - (General Routine Care)	25	22 + 23	11	S9	1435 - 1445
F 143	Intensive Care Unit	26	22 + 23	11	S9	1446 - 1456
F 144	Coronary Care Unit	27	22 + 23	11	S9	1457 - 1467
F 145	Other Special Care Units	28-30	22 + 23	11	S9	1468 - 1478
F 146	Subprovider -Total	31	22 + 23	11	S9	1479 - 1489
F 147	Nursery	33	22 + 23	11	S9	1490 - 1500
F 148	Skilled Nursing Facility	34	22 + 23	11	S9	1501 - 1511
F 149	Nursing Facility	35	22 + 23	11	S9	1512 - 1522
F 150	Other Long Term Care Facility	36	22 + 23	11	S9	1523 - 1533
F 151	Operating Room	37	22 + 23	11	S9	1534 - 1544
F 152	Recovery Room	38	22 + 23	11	S9	1545 - 1555
F 153	Delivery Room and Labor Room	39	22 + 23	11	S9	1556 - 1566
F 154	Anesthesiology	40	22 + 23	11	S9	1567 - 1577
F 155	Radiology - Diagnostic	41	22 + 23	11	S9	1578 - 1588
F 156	Radiology - Therapeutic	42	22 + 23	11	S9	1589 - 1599
F 157	Radioisotope	43	22 + 23	11	S9	1600 - 1610
F 158	Laboratory	44	22 + 23	11	S9	1611 - 1621
F 159	Whole Blood & Packed Red Blood Cells	46	22 + 23	11	S9	1622 - 1632
F 160	Blood Storing, Processing, & Trans.	47	22 + 23	11	S9	1633 - 1643
F 161	Intravenous Therapy	48	22 + 23	11	S9	1644 - 1654
F 162	Respiratory Therapy	49	22 + 23	11	S9	1655 - 1665
F 163	Physical Therapy	50	22 + 23	11	S9	1666 - 1676
F 164	Occupational Therapy	51	22 + 23	11	S9	1677 - 1687
F 165	Speech Pathology	52	22 + 23	11	S9	1688 - 1698
F 166	Electrocardiology	53	22 + 23	11	S9	1699 - 1709
F 167	Electroencephalography	54	22 + 23	11	S9	1710 - 1720
F 168	Medical Supplies Charged to Patients	55	22 + 23	11	S9	1721 - 1731
F 169	Drugs Charged to Patients	56	22 + 23	11	S9	1732 - 1742
F 170	Renal Dialysis	57	22 + 23	11	S9	1743 - 1753
F 171	All Other Inpatient Ancillary Cost Centers	58-59	22 + 23	11	S9	1754 - 1764
F 172	Outpatient Clinic	60	22 + 23	11	S9	1765 - 1775
F 173	Emergency	61	22 + 23	11	S9	1776 - 1786
F 174	All Other Outpatient Service Cost Centers (Including Observation Beds) (See Note 8)	62 + 63	22 + 23	11	S9	1787 - 1797
F 175	Other Reimbursable Cost Centers	64-68, 70-82	22 + 23	11	S9	1798 - 1808
F 176	Special Purpose Cost Centers	83-86, 92-94	22 + 23	11	S9	1809 - 1819
F 177	NonReimbursable Cost Centers	96-100	22 + 23	11	S9	1820 - 1830
F 178	Cross Foot Adjustment	101	22 + 23	11	S9	1831 - 1841
F 179	Negative Cost Center	102	22 + 23	11	S9	1842 - 1852
F 180	Total Interns & Residents Costs (Approved Programs)	103	22 + 23	11	S9	1853 - 1863

**CAPITAL RELATED COSTS**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET B, PARTS II AND III**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 181	Directly Assigned Old and New Capital Related Costs - Inpatient	5-33, 37-59	27	11	S9	1864 - 1874
F 182	Directly Assigned Old and New Capital Related Costs - Total	103	27	11	S9	1875 - 1885
F 183	Adults & Pediatrics - (General Routine Care)	25	27	11	S9	1886 - 1896
F 184	Intensive Care Unit	26	27	11	S9	1897 - 1907

FIELD	DESCRIPTION	LINE(S)	COL(S)	FIELD	USAGE	LOCATION
F 185	Coronary Care Unit	27	11	S9		1908 - 1918
F 186	Other Special Care Units	28-30	27	S9		1919 - 1929
F 187	Subprovider -Total	31	27	S9		1930 - 1940
F 188	Nursery	33	27	S9		1941 - 1951
F 189	Skilled Nursing Facility	34	27	S9		1952 - 1962
F 190	Nursing Facility	35	27	S9		1963 - 1973
F 191	Other Long Term Care Facility	36	27	S9		1974 - 1984
F 192	Operating Room	37	27	S9		1985 - 1995
F 193	Recovery Room	38	27	S9		1996 - 2006
F 194	Delivery Room and Labor Room	39	27	S9		2007 - 2017
F 195	Anesthesiology	40	27	S9		2018 - 2028
F 196	Radiology - Diagnostic	41	27	S9		2029 - 2039
F 197	Radiology - Therapeutic	42	27	S9		2040 - 2050
F 198	Radioisotope	43	27	S9		2051 - 2061
F 199	Laboratory	44	27	S9		2062 - 2072
F 200	Whole Blood & Packed Red Blood Cells	46	27	S9		2073 - 2083
F 201	Blood Storing, Processing, & Trans.	47	27	S9		2084 - 2094
F 202	Intravenous Therapy	48	27	S9		2095 - 2105
F 203	Respiratory Therapy	49	27	S9		2106 - 2116
F 204	Physical Therapy	50	27	S9		2117 - 2127
F 205	Occupational Therapy	51	27	S9		2128 - 2138
F 206	Speech Pathology	52	27	S9		2139 - 2149
F 207	Electrocardiology	53	27	S9		2150 - 2160
F 208	Electroencephalography	54	27	S9		2161 - 2171
F 209	Medical Supplies Charged to Patients	55	27	S9		2172 - 2182
F 210	Drugs Charged to Patients	56	27	S9		2183 - 2193
F 211	Renal Dialysis	57	27	S9		2194 - 2204
F 212	All Other Inpatient Ancillary Cost Centers	58-59	27	S9		2205 - 2215
F 213	Outpatient Clinic	60	27	S9		2216 - 2226
F 214	Emergency	61	27	S9		2227 - 2237
F 215	All Other Outpatient Service Cost Centers (Including Observation Beds)	62-63	27	S9		2238 - 2248
F 216	Other Reimbursable Cost Centers	64-68, 70-82	27	S9		2249 - 2259
F 217	Special Purpose Cost Centers	83-96, 92-94	27	S9		2260 - 2270
F 218	NonReimbursable Cost Centers	96-100	27	S9		2271 - 2281
F 219	Cross Foot Adjustment	101	27	S9		2282 - 2292
F 220	Negative Cost Center	102	27	S9		2293 - 2303
F 221	Total Capital Related Costs	103	27	S9		2304 - 2314

**TOTAL COSTS, AFTER COST ALLOCATION (See Note 9)**

**SOURCES: FORM HCFA 2552-92, WORKSHEET B, PART I, COLUMN 27 AND WORKSHEET C, PART I, COLUMN 2**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 222	Adults & Pediatrics (General Routine Care)	25	27	11	S9	2315 - 2325
F 223	Intensive Care Unit	26	27	11	S9	2326 - 2336
F 224	Coronary Care Unit	27	27	11	S9	2337 - 2347
F 225	All Other Special Care Units	28-30	27	11	S9	2348 - 2358
F 226	Subprovider--Total	31	27	11	S9	2359 - 2369
F 227	Nursery	33	27	11	S9	2370 - 2380
F 228	Skilled Nursing Facility	34	27	11	S9	2381 - 2391
F 229	Nursing Facility	35	27	11	S9	2392 - 2402
F 230	Other Long Term Care Facility	36	27	11	S9	2403 - 2413
F 231	Operating Room	37	27	11	S9	2414 - 2424
F 232	Recovery Room	38	27	11	S9	2425 - 2435

F 233	Delivery Room and Labor Room	Minimum Data Set	27	11	S9	2436 - 2446	08/22/96
F 234	Anesthesiology		40	27	11	S9	2447 - 2457
F 235	Radiology - Diagnostic		41	27	11	S9	2458 - 2468
F 236	Radiology - Therapeutic		42	27	11	S9	2469 - 2479
F 237	Radioisotope		43	27	11	S9	2480 - 2490
F 238	Laboratory		44	27	11	S9	2491 - 2501
F 239	PBP Clinic Lab Services--Program Only		45	27	11	S9	2502 - 2512
F 240	Whole Blood & Packed Red Blood Cells		46	27	11	S9	2513 - 2523
F 241	Blood Storing, Processing, & Trans.		47	27	11	S9	2524 - 2534
F 242	Intravenous Therapy		48	27	11	S9	2535 - 2545
F 243	Respiratory Therapy		49	27	11	S9	2546 - 2556
F 244	Respiratory Therapy Limit Adjustment (Worksheet C)		49	27	11	S9	2557 - 2567
F 245	Physical Therapy		50	27	11	S9	2568 - 2578
F 246	Physical Therapy Limit Adjustment (Worksheet C)		50	27	11	S9	2579 - 2589
F 247	Occupational Therapy		51	27	11	S9	2590 - 2600
F 248	Speech Pathology		52	27	11	S9	2601 - 2611
F 249	Electrocardiology		53	27	11	S9	2612 - 2622
F 250	Electroencephalography		54	27	11	S9	2623 - 2633
F 251	Medical Supplies Charged to Patients		55	27	11	S9	2634 - 2644
F 252	Drugs Charged to Patients		56	27	11	S9	2645 - 2655
F 253	Renal Dialysis		57	27	11	S9	2656 - 2666
F 254	All Other Inpatient Ancillary Cost Centers		58-59	27	11	S9	2667 - 2677
F 255	Outpatient Clinic		60	27	11	S9	2678 - 2688
F 256	Emergency		61	27	11	S9	2689 - 2699
F 257	All Other Outpatient Service Cost Centers (Including Observation Beds)		62 + 63	27	11	S9	2700 - 2710
F 258	All Other Reimbursable Cost Centers		64-68, 70-82	27	11	S9	2711 - 2721
F 259	Total Facility Reimbursable Costs After Step Down		25-68	27	11	S9	2722 - 2732
F 260	All Special Purpose Cost Centers		83-96, 92-94	27	11	S9	2733 - 2743
F 260	All NonReimbursable Cost Centers		96-100	27	11	S9	2744 - 2754
F 262	Negative Cost Center		102	27	11	S9	2755 - 2765
F 263	Total Facility Costs		103	27	11	S9	2766 - 2776

**TOTAL FACILITY ANCILLARY CHARGES**  
SOURCE: FORM HCFA 2552-92, WORKSHEET C, PART I

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 263A	Adults & Pediatrics (General Routine Care)	25	6	11	S9	2777 - 2787
F 263B	Intensive Care Unit	26	6	11	S9	2788 - 2798
F 263C	Coronary Care Unit	27	6	11	S9	2799 - 2809
F 263D	All Other Special Care Units	28-30	6	11	S9	2810 - 2820
F 263E	Subprovider--Total	31	6	11	S9	2821 - 2831
F 263F	Nursery	33	6	11	S9	2832 - 2842
F 263G	Skilled Nursing Facility	34	6	11	S9	2843 - 2853
F 263H	Nursing Facility	35	6	11	S9	2854 - 2864
F 263I	Other Long Term Care Facility	36	6	11	S9	2865 - 2875
F 264	Operating Room	37	6	11	S9	2876 - 2886
F 265	Recovery Room	38	6	11	S9	2887 - 2897
F 266	Delivery Room and Labor Room	39	6	11	S9	2898 - 2908
F 267	Anesthesiology	40	6	11	S9	2909 - 2919
F 268	Radiology - Diagnostic	41	6	11	S9	2920 - 2930

F 269	Radiology - Therapeutic	Minimum Data Set	6	11	S9	2931 - 2941	08/22/96
F 270	Radioisotope	43	6	11	S9	2942 - 2952	
F 271	Laboratory	44	6	11	S9	2953 - 2963	
F 272	PBP Clinic Lab Services--Program Only	45	6	11	S9	2964 - 2974	
F 273	Whole Blood & Packed Red Blood Cells	46	6	11	S9	2975 - 2985	
F 274	Blood Storing, Processing, & Trans.	47	6	11	S9	2986 - 2996	
F 275	Intravenous Therapy	48	6	11	S9	2997 - 3007	
F 276	Respiratory Therapy	49	6	11	S9	3008 - 3018	
F 277	Physical Therapy	50	6	11	S9	3019 - 3029	
F 278	Occupational Therapy	51	6	11	S9	3030 - 3040	
F 279	Speech Pathology	52	6	11	S9	3041 - 3051	
F 280	Electrocardiology	53	6	11	S9	3052 - 3062	
F 281	Electroencephalography	54	6	11	S9	3063 - 3073	
F 282	Medical Supplies Charged to Patients	55	6	11	S9	3074 - 3084	
F 283	Drugs Charged to Patients	56	6	11	S9	3085 - 3095	
F 284	Renal Dialysis	57	6	11	S9	3096 - 3106	
F 285	All Other Inpatient Ancillary Cost Centers	58-59	6	11	S9	3107 - 3117	
F 286	Outpatient Clinic	60	6	11	S9	3118 - 3128	
F 287	Emergency	61	6	11	S9	3129 - 3139	
F 288	All Other Outpatient Service Cos Centers (Including Observation Beds)	62-63	6	11	S9	3140 - 3150	
F 289	All Other Reimbursable Cost Centers	64-68	6	11	S9	3151 - 3161	
F 290	Total Charges - All Cost Centers	101	6	11	S9	3162 - 3172	

**MEDICARE PART A HOSPITAL INPATIENT ANCILLARY CHARGES**  
SOURCE: HCFA FORM 2552-92, WORKSHEET D-4

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 291	Operating Room	37	2	11	S9	3173 - 3183
F 292	Recovery Room	38	2	11	S9	3184 - 3194
F 293	Delivery Room and Labor Room	39	2	11	S9	3195 - 3205
F 294	Anesthesiology	40	2	11	S9	3206 - 3216
F 295	Radiology - Diagnostic	41	2	11	S9	3217 - 3227
F 296	Radiology - Therapeutic	42	2	11	S9	3228 - 3238
F 297	Radioisotope	43	2	11	S9	3239 - 3249
F 298	Laboratory	44	2	11	S9	3250 - 3260
F 299	PBP Clinic Lab Services--Program Only	45	2	11	S9	3261 - 3271
F 300	Whole Blood & Packed Red Blood Cells	46	2	11	S9	3272 - 3282
F 301	Blood Storing, Processing, & Trans.	47	2	11	S9	3283 - 3293
F 302	Intravenous Therapy	48	2	11	S9	3294 - 3304
F 303	Respiratory Therapy	49	2	11	S9	3305 - 3315
F 304	Physical Therapy	50	2	11	S9	3316 - 3326
F 305	Occupational Therapy	51	2	11	S9	3327 - 3337

**MEDICARE PART A HOSPITAL INPATIENT ANCILLARY CHARGES (CONTINUED)**  
SOURCE: FORM HCFA 2552-92, WORKSHEET D-4

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 306	Speech Pathology	52	2	11	S9	3338 - 3348
F 307	Electrocardiology	53	2	11	S9	3349 - 3359
F 308	Electroencephalography	54	2	11	S9	3360 - 3370
F 309	Medical Supplies Charged to Patients	55	2	11	S9	3371 - 3381
F 310	Drugs Charged to Patients	56	2	11	S9	3382 - 3392
F 311	Renal Dialysis	57	2	11	S9	3393 - 3403
F 312	All Other Inpatient Ancillary Cost Centers	58-59	2	11	S9	3404 - 3414
F 313	Outpatient Clinic	60	2	11	S9	3415 - 3425
F 314	Emergency	61	2	11	S9	3426 - 3436
F 315	All Other Outpatient Service Cost Centers (Including Observation Beds)	62-63	2	11	S9	3437 - 3447
F 316	All Other Reimbursable Cost Centers	64-68	2	11	S9	3448 - 3458
F 317	Total Medicare Inpatient Hospital Charges	101	2	11	S9	3459 - 3469

**MEDICARE PART A HOSPITAL INPATIENT ANCILLARY COSTS (See Note 9)**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET D-4**

08/22/96

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 318	Operating Room	37	3	11	S9	3470 - 3480
F 319	Recovery Room	38	3	11	S9	3481 - 3491
F 320	Delivery Room and Labor Room	39	3	11	S9	3492 - 3502
F 321	Anesthesiology	40	3	11	S9	3503 - 3513
F 322	Radiology - Diagnostic	41	3	11	S9	3514 - 3524
F 323	Radiology - Therapeutic	42	3	11	S9	3525 - 3535
F 324	Radioisotope	43	3	11	S9	3536 - 3546
F 325	Laboratory	44	3	11	S9	3547 - 3557
F 326	PBP Clinic Lab Services--Program Only	45	3	11	S9	3558 - 3568
F 327	Whole Blood & Packed Red Blood Cells	46	3	11	S9	3569 - 3579
F 328	Blood Storing, Processing, & Trans.	47	3	11	S9	3580 - 3590
F 329	Intravenous Therapy	48	3	11	S9	3591 - 3601
F 330	Respiratory Therapy	49	3	11	S9	3602 - 3612
F 331	Physical Therapy	50	3	11	S9	3613 - 3623
F 332	Occupational Therapy	51	3	11	S9	3624 - 3634
F 333	Speech Pathology	52	3	11	S9	3635 - 3645
F 334	Electrocardiology	53	3	11	S9	3646 - 3656
F 335	Electroencephalography	54	3	11	S9	3657 - 3667
F 336	Medical Supplies Charged to Patients	55	3	11	S9	3668 - 3678
F 337	Drugs Charged to Patients	56	3	11	S9	3679 - 3689
F 338	Renal Dialysis	57	3	11	S9	3690 - 3700
F 339	All Other Inpatient Ancillary Cost Centers	58-59	3	11	S9	3701 - 3711
F 340	Outpatient Clinic	60	3	11	S9	3712 - 3722
F 341	Emergency	61	3	11	S9	3723 - 3733
F 342	All Other Outpatient Service Cost Centers (Including Observation Beds)	62-63	3	11	S9	3734 - 3744
F 343	All Other Reimbursable Cost Centers	64-68	3	11	S9	3745 - 3755
F 344	Total Medicare Inpatient Hospital Ancillary Charges	101	3	11	S9	3756 - 3766

**MEDICARE PART A HOSPITAL INPATIENT CAPITAL-RELATED COSTS (See Note 10)**  
**SOURCES: FORM HCFA 2552-92, WORKSHEET D, PARTS I AND II**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 345	Adults & Pediatrics (General Routine Care)	25	10 + 12	11	S9	3767 - 3777
F 346	Intensive Care Unit	26	10+ 12	11	S9	3778 - 3788
F 347	Coronary Care Unit	27	10 + 12	11	S9	3789 - 3799
F 348	All Other Special Care Units	28-30	10+ 12	11	S9	3800 - 3810
F 349	Subprovider--Total	31	10 + 12	11	S9	3811 - 3821
F 350	Nursery	33	10+ 12	11	S9	3822 - 3832
F 351	Operating Room	37	6 + 8	11	S9	3833 - 3843
F 352	Recovery Room	38	6 + 8	11	S9	3844 - 3854
F 353	Delivery Room and Labor Room	39	6 + 8	11	S9	3855 - 3865
F 354	Anesthesiology	40	6 + 8	11	S9	3866 - 3876
F 355	Radiology - Diagnostic	41	6 + 8	11	S9	3877 - 3887
F 356	Radiology - Therapeutic	42	6 + 8	11	S9	3888 - 3898
F 357	Radioisotope	43	6 + 8	11	S9	3899 - 3909
F 358	Laboratory	44	6 + 8	11	S9	3910 - 3920
F 359	Whole Blood & Packed Red Blood Cells	46	6 + 8	11	S9	3921 - 3931
F 360	Blood Storing, Processing, & Trans.	47	6 + 8	11	S9	3932 - 3942
F 361	Intravenous Therapy	48	6 + 8	11	S9	3943 - 3953
F 362	Respiratory Therapy	49	6 + 8	11	S9	3954 - 3964
F 363	Physical Therapy	50	6 + 8	11	S9	3965 - 3975
F 364	Occupational Therapy	51	6 + 8	11	S9	3976 - 3986

F 365	Speech Pathology	Minimum Data Set	6 + 8	11	S9	3987 - 3997	08/22/96
F 366	Electrocardiology		53 6 + 8	11	S9	3998 - 4008	
F 367	Electroencephalography		54 6 + 8	11	S9	4009 - 4019	
F 368	Medical Supplies Charged to Patients		55 6 + 8	11	S9	4020 - 4030	
F 369	Drugs Charged to Patients		56 6 + 8	11	S9	4031 - 4041	
F 370	Renal Dialysis		57 6 + 8	11	S9	4042 - 4052	
F 371	All Other Inpatient Ancillary Cost Centers		58-59 6 + 8	11	S9	4053 - 4063	
F 372	Outpatient Clinic		60 6 + 8	11	S9	4064 - 4074	
F 373	Emergency		61 6 + 8	11	S9	4075 - 4085	
F 374	All Other Outpatient Service Cost Centers (Including Observation Beds)		62-63 6 + 8	11	S9	4086 - 4096	
F 375	All Other Reimbursable Cost Centers		64-68 6 + 8	11	S9	4097 - 4107	
F 376	Total Medicare Capital Pass-Through Costs		X 6 + 8	11	S9	4108 - 4118	

**OTHER COSTS AVAILABLE FOR HOSPITAL INPATIENT PASS-THROUGH (See Note 9)  
SOURCES: FORM HCFA 2552-92, WORKSHEET D, PARTS III AND IV**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 377	Adults & Pediatrics (General Routine Care)	25	1 + 2	11	S9	4119 - 4129
F 378	Intensive Care Unit	26	1 + 2	11	S9	4130 - 4140
F 379	Coronary Care Unit	27	1 + 2	11	S9	4141 - 4151
F 380	All Other Special Care Units	28-30	1 + 2	11	S9	4152 - 4162
F 381	Subprovider--Total	31	1 + 2	11	S9	4163 - 4173
F 382	Nursery	33	1 + 2	11	S9	4174 - 4184
F 383	Operating Room	37	1 + 2	11	S9	4185 - 4195
F 384	Recovery Room	38	1 + 2	11	S9	4196 - 4206
F 385	Delivery Room and Labor Room	39	1 + 2	11	S9	4207 - 4217
F 386	Anesthesiology	40	1 + 2	11	S9	4218 - 4228

**OTHER COSTS AVAILABLE FOR HOSPITAL INPATIENT PASS-THROUGH (CONTINUED)  
SOURCES: FORM HCFA 2552-92, WORKSHEET D, PARTS III AND IV**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 387	Radiology - Diagnostic	41	1 + 2	11	S9	4229 - 4239
F 388	Radiology - Therapeutic	42	1 + 2	11	S9	4240 - 4250
F 389	Radioisotope	43	1 + 2	11	S9	4251 - 4261
F 390	Laboratory	44	1 + 2	11	S9	4262 - 4272
F 391	Whole Blood & Packed Red Blood Cells	46	1 + 2	11	S9	4273 - 4283
F 392	Blood Storing, Processing, & Trans.	47	1 + 2	11	S9	4284 - 4294
F 393	Intravenous Therapy	48	1 + 2	11	S9	4295 - 4305
F 394	Respiratory Therapy	49	1 + 2	11	S9	4306 - 4316
F 395	Physical Therapy	50	1 + 2	11	S9	4317 - 4327
F 396	Occupational Therapy	51	1 + 2	11	S9	4328 - 4338
F 397	Speech Pathology	52	1 + 2	11	S9	4339 - 4349
F 398	Electrocardiology	53	1 + 2	11	S9	4350 - 4360
F 399	Electroencephalography	54	1 + 2	11	S9	4361 - 4371
F 400	Medical Supplies Charged to Patients	55	1 + 2	11	S9	4372 - 4382
F 401	Drugs Charged to Patients	56	1 + 2	11	S9	4383 - 4393
F 402	Renal Dialysis	57	1 + 2	11	S9	4394 - 4404
F 403	All Other Inpatient Ancillary Cost Centers	58-59	1 + 2	11	S9	4405 - 4415
F 404	Outpatient Clinic	60	1 + 2	11	S9	4416 - 4426
F 405	Emergency	61	1 + 2	11	S9	4427 - 4437
F 406	All Other Outpatient Service Cost Centers	62 + 63	1 + 2	11	S9	4438 - 4448
F 407	All Other Reimbursable Cost Centers	64-68	1 + 2	11	S9	4449 - 4459

F 408 Total Other Costs Available for Hospital Inpatient Pass-Through X 1 + 2 11 S9 4460 - 4470

**MEDICARE PART A HOSPITAL INPATIENT OTHER PASS THROUGH COSTS (See Note 9)  
SOURCES: FORM HCFA 2552-92, WORKSHEET D, PARTS III AND IV**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 409	Adults & Pediatrics (General Routine Care)	25	8	11	S9	4471 - 4481
F 410	Intensive Care Unit	26	8	11	S9	4482 - 4492
F 411	Coronary Care Unit	27	8	11	S9	4493 - 4503
F 412	All Other Special Care Units	28-30	8	11	S9	4504 - 4514
F 413	Subprovider--Total	31	8	11	S9	4515 - 4525
F 414	Nursery	33	8	11	S9	4526 - 4536
F 415	Operating Room	37	8	11	S9	4537 - 4547
F 416	Recovery Room	38	8	11	S9	4548 - 4558
F 417	Delivery Room and Labor Room	39	8	11	S9	4559 - 4569
F 418	Anesthesiology	40	8	11	S9	4570 - 4580
F 419	Radiology - Diagnostic	41	8	11	S9	4581 - 4591
F 420	Radiology - Therapeutic	42	8	11	S9	4592 - 4602
F 421	Radioisotope	43	8	11	S9	4603 - 4613
F 422	Laboratory	44	8	11	S9	4614 - 4624
F 423	Whole Blood & Packed Red Blood Cells	46	8	11	S9	4625 - 4635
F 424	Blood Storing, Processing, & Trans.	47	8	11	S9	4636 - 4646
F 425	Intravenous Therapy	48	8	11	S9	4647 - 4657
F 426	Respiratory Therapy	49	8	11	S9	4658 - 4668
F 427	Physical Therapy	50	8	11	S9	4669 - 4679
F 428	Occupational Therapy	51	8	11	S9	4680 - 4690
F 429	Speech Pathology	52	8	11	S9	4691 - 4701
F 430	Electrocardiology	53	8	11	S9	4702 - 4712

**MEDICARE PART A HOSPITAL INPATIENT OTHER PASS THROUGH COSTS (Continued)  
SOURCES: FORM HCFA 2552-92, WORKSHEET D, PARTS III AND IV**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 431	Electroencephalography	54	7	11	S9	4713 - 4723
F 432	Medical Supplies Charged to Patients	55	7	11	S9	4724 - 4734
F 433	Drugs Charged to Patients	56	7	11	S9	4735 - 4745
F 434	Renal Dialysis	57	7	11	S9	4746 - 4756
F 435	All Other Inpatient Ancillary Cost Centers	58-59	7	11	S9	4757 - 4767
F 436	Outpatient Clinic	60	7	11	S9	4768 - 4778
F 437	Emergency	61	7	11	S9	4779 - 4789
F 438	All Other Outpatient Service Cost Centers	62 + 63	7	11	S9	4790 - 4800
F 439	All Other Reimbursable Cost Centers	64-68	7	11	S9	4801 - 4811
F 440	Total Medicare Part A Hospital Inpatient Other Pass Through Costs (See Note 12)	X	X	11	S9	4812 - 4822

**MEDICARE PART B HOSPITAL ANCILLARY CHARGES AND COSTS  
SOURCE: FORM HCFA 2552-92, WORKSHEET D, PART V**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 441	Outpatient Clinic Charges	60	2-5	11	S9	4823 - 4833
F 442	Emergency Room Charges	61	2-5	11	S9	4834 - 4844
F 443	All Other Outpatient Department Charges	62 + 63	2-5	11	S9	4845 - 4855
F 444	Total Outpatient Charges	101	2-5	11	S9	4856 - 4866

F 445	Outpatient Clinic Costs (See Note 9)	Minimum Data Set	6-9	11	S9	4867 - 4877	08/22/96
F 445A	Outpatient Clinic Capital Reduction Amount (See Note 3)	X	X	11	S9	4878 - 4888	
F 445B	Outpatient Clinic Non-Capital Reduction Amount (See Note 11)	X	X	11	S9	4889 - 4899	
F 446	Emergency Room Costs	61	6-9	11	S9	4900 - 4910	
F 446A	Emergency Room Capital Reduction Amount	X	X	11	S9	4911 - 4921	
F 446B	Emergency Room Non-Capital Reduction Amount	X	X	11	S9	4922 - 4932	
F 447	All Other Outpatient Department Costs	62 + 63	6-9	11	S9	4933 - 4943	
F 447A	All Other Outpatient Department Capital Reduction Amount	X	X	11	S9	4944 - 4954	
F 447B	All Other Outpatient Department Non-Capital Reduction Amount	X	X	11	S9	4955 - 4965	
F 448	Total Outpatient Costs	101	6-9	11	S9	4966 - 4976	
F 448A	Total Outpatient Capital Reduction Amount	X	X	11	S9	4977 - 4987	
F 448B	Total Outpatient Non-Capital Reduction Amount	X	X	11	S9	4988 - 4998	

**SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE (See Note 9)**  
**SOURCES: FORM HCFA 2552-92, WORKSHEET D-1, PARTS I AND II**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 449	Total Swing Bed Cost	26	1	11	S9	4999 - 5009
F 450	General Inpatient Routine Service Cost Net of Swing Bed Cost	27	1	11	S9	5010 - 5020
F 451	General Inpatient Routine Service Cost, Net of Swing Bed Cost and Private Room Differential	37	1	11	S9	5021 - 5031
F 452	General Inpatient Routine Service Cost - Total Medicare Cost	41	1	11	S9	5032 - 5042
F 453	Intensive Care Unit - Total Medicare Cost	43	5	11	S9	5043 - 5053
F 454	Coronary Care Unit - Total Medicare Cost	44	5	11	S9	5054 - 5064
F 455	All Other Special Care Units--Total Medicare Cost	45-47	5	11	S9	5065 - 5075
F 456	Medicare Inpatient Ancillary Cost, Before Limitation	48	1	11	S9	5076 - 5086
F 457	RESERVED FOR FUTURE USE			11	S9	5087 - 5097
F 458	Total Medicare Inpatient Operating Costs, Including Pass Through Costs (See Note 12)	49	1	11	S9	5098 - 5108
F 459	TEFRA Target Amount per Discharge	55	1	11	S9(9)V9(2)	5109 - 5119
F 460	Incentive/Penalty Payment	58	1	11	S9	5120 - 5130

**KIDNEY ACQUISITION COSTS**  
**SOURCE: FORM HCFA 2552-92, SUPPLEMENTAL WORKSHEET D-6, PART III**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
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F 461	RESERVED FOR FUTURE USE			11	S9	5131 - 5141
F 462	Direct Kidney Acquisition Costs	51	1	11	S9	5142 - 5152
F 463	Revenue for Kidneys Sold	58	1	11	S9	5153 - 5163

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 464	RESERVED FOR FUTURE USE			11	S9	5164 - 5174
F 465	RESERVED FOR FUTURE USE			11	S9	5175 - 5185
F 466	RESERVED FOR FUTURE USE			11	S9	5186 - 5196
F 467	RESERVED FOR FUTURE USE			11	S9	5197 - 5207
F 468	RESERVED FOR FUTURE USE			11	S9	5208 - 5218
F 469	RESERVED FOR FUTURE USE			11	S9	5219 - 5229

**MEDICARE PART A SETTLEMENT SUMMARY (See Note 12)**  
**SOURCES: FORM HCFA 2552-92, WORKSHEET E, PART A AND**  
**SUPPLEMENTAL WORKSHEET E-3, PARTS I, II, AND IV, COLUMN 1**

FIELD NAME	DESCRIPTION	E PART A	E PART I	E-3 PART II	FIELD SIZE	USAGE	LOCATION
F 470	DRG Payments - Other Than Outliers	1	*	*	11	S9	5230 - 5240
F 471	DRG Outlier Payments	2	*	*	11	S9	5241 - 5251
F 472	Inpatient Hospital Services	*	1	1	11	S9	5252 - 5262
F 473	Routine Service Pass Through Cost	14	*	*	11	S9	5263 - 5273
F 473A	RESERVED FOR FUTURE USE				11	S9	5274 - 5284
F 473B	Routine Medical Education Pass Through Costs (Included in F473)	X	*	*	11	S9	5285 - 5295
F 473C	Routine Nonphysician Anesthetist Pass Through Costs (Included in F473)	X	*	*	11	S9	5296 - 5306
F 474	Ancillary Service Pass Through Costs	15	*	*	11	S9	5307 - 5317
F 474A	RESERVED FOR FUTURE USE				11	S9	5318 - 5328
F 474B	Ancillary Medical Education Pass Through Costs (Included in F474)	X	*	*	11	S9	5329 - 5339
F 474C	Ancillary Nonphysician Anesthetist Pass Through Costs (Included in F474)	X	*	*	11	S9	5340 - 5350
F 475	Net Organ Acquisition Costs - Certified Transplant Centers Only	12	2	2	11	S9	5351 - 5361
F 476	Cost of Teaching Physicians	13	3	3	11	S9	5362 - 5372
F 477	Indirect Medical Education Adjustment	3	*	*	11	S9	5373 - 5383
*F 478A	Direct Graduate Medical Payment (See Note 12)	11	14	22	11	S9	5384 - 5394
*F 478B	Number of FTE Residents - OB/GYN and						

	Primary Care (From Supplemental Wksht E-3, Part ISV)	Minimum Data Set					
		1	*	*	11	S9(9)V9(2)	5395 - 5405
*F 478C	Number of FTE Residents - All Other (From Supplemental Wksht. E-3, Part IV)	1.01	*	*	11	S9(9)V9(2)	5406 - 5416
*F 478D	Updated per Resident Amount - OB/GYN and Primary Care (From Supplemental Worksheet E-3, Part IV)	2	*	*	11	S9(9)V9(2)	5417 - 5427
*F 478E	Updated per Resident Amount - All Other Primary Care (From Supplemental Worksheet E-3, Part IV)	2.01	*	*	11	S9(9)V9(2)	5428 - 5438
F 479	Disproportionate Share Adjustment	4	*	*	11	S9	5439 - 5449
F 480	Additional Payment for High ESRD Use	5	*	*	11	S9	5450 - 5460
F 481	Hospital Specific Payments (For Sole Community Hospitals and Medicare Dependent Hospitals only)	7	*	*	11	S9	5461 - 5471
F 482A	Payment for Inpatient Capital	9	*	*	11	S9	5472 - 5482
F 482B	Exception Payment for Inpatient Capital	10	*	*	11	S9	5483 - 5493
F 483	Primary Payor Payments	17	5	5	11	S9	5494 - 5504
F 484	Total Amount Payable for Medicare Beneficiaries	18	7	7	11	S9	5505 - 5515
F 485	Deductibles	19	8	24	11	S9	5516 - 5526
F 486	Coinsurance	20	10	27	11	S9	5527 - 5537
F 487	Reimbursable Bad Debts, Net of Recoveries	21	12	29	11	S9	5538 - 5548
F 487A	Other Adjustments	25	17	34	11	S9	5549 - 5559
F 488	Amount Due Provider, Before Sequestration (See Note 9)	27	19	36	11	S9	5560 - 5570
F 489	Sequestration Adjustment (See Note 13)	28	20	37	11	S9	5571 - 5581
F 490	Interim Payments	30	22	39	11	S9	5582 - 5592
F 491	Protested Amounts	32	24	41	11	S9	5593 - 5603

**MEDICARE PART B SETTLEMENT SUMMARY**  
**SOURCES: FORM HCFA 2552-92, WORKSHEET E, PARTS B THROUGH E AND SUPPLEMENTAL WORKSHEET I-4**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 492	Medical and Other Services	1	1	11	S9	5604 - 5614
F 493	Interns and Residents Costs	2	1	11	S9	5615 - 5625
F 494	Organ Acquisition Costs - Certified Transplant Centers Only	3	1	11	S9	5626 - 5636
F 495	RESERVED FOR FUTURE USE			11	S9	5637 - 5647
F 496	Cost of Teaching Physicians	4	1	11	S9	5648 - 5658
F 497	Total Part B Reimbursable Costs Before Deductibles and Coinsurance	5	1	11	S9	5659 - 5669
F 498	RESERVED FOR FUTURE USE			11	S9	5670 - 5680
F 499	Total Reasonable Cost for Services not Subject to Reimbursement on a Fee Schedule	7	1	11	S9	5681 - 5691
F 499A	Outpatient Ambulatory Surgery Reimbursement, Net of Deductibles and Coinsurance From E, Part C (Included in F504, below)	21	1	11	S9	5692 - 5702
F 499B	Outpatient Radiology Services Reimbursement, Net of Deductibles and Coinsurance From E, Part D (Included in F504, below)	21	1	11	S9	5703 - 5713
F 499C	Outpatient Diagnostic Services Reimbursement, Net of Deductibles and Coinsurance From E, Part E (Included in F504, below)	21	1	11	S9	5714 - 5724
F 499D	Outpatient Renal Dialysis Reimbursement, Net of Deductibles and Coinsurance from Supplemental Worksheet I-4 (Excluded from F504, below)	7	1	11	S9	5725 - 5735
F 500	Deductibles and Coinsurance, From E, Parts B - E	X	1	11	S9	5736 - 5746
F 501	Primary Payor Payments	26	1	11	S9	5747 - 5757
F 501A	Direct Graduate Medical Payment (See Note 9)	23	1	11	S9	5758 - 5768
F 501B	ESRD Direct Medial Education Costs (See Note 9)	24	1	11	S9	5769 - 5779

F 502	Bad Debts for Composite Rate ESRD Services	Minimum Data Set	1	11	S9	5780 - 5790	08/22/96
F 503	All Other Bad Debts, Net of Recoveries	29	1	11	S9	5791 - 5801	
F 503A	Other Adjustments	35	1	11	S9	5802 - 5812	
F 504	Amount Due Provider, Before Sequestration (See Note 9) (Excludes F499D)	37	1	11	S9	5813 - 5823	
F 505	Sequestration Adjustment or Payment Reduction (See Note 13)	38	1	11	S9	5824 - 5834	
F 506	Interim Payments	40	1	11	S9	5835 - 5845	
F 507	Protested Amounts	42	1	11	S9	5846 - 5856	

**FINANCIAL DATA - FACILITY**  
**SOURCE: HCFA FORM 2552-92, WORKSHEET G**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 508	Total Current Assets	11	1-4	11	S9	5857 - 5867
F 509	Total Fixed Assets	28	1-4	11	S9	5868 - 5878
F 510	Total Other Assets	33	1-4	11	S9	5879 - 5889
F 511	Total Assets	34	1-4	11	S9	5890 - 5900
F 512	Total Current Liabilities	43	1-4	11	S9	5901 - 5911
F 513	Total Long Term Liabilities	49	1-4	11	S9	5912 - 5922
F 514	Total Liabilities	50	1-4	11	S9	5923 - 5933
F 515	Total Fund Balances	58	1-4	11	S9	5934 - 5944

**PATIENT REVENUES**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET G-2, PART I**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 516	Hospital Inpatient Routine Service Revenue	1	1	11	S9	5945 - 5955
F 517	Total Facility Inpatient Care Service Revenue	11	1	11	S9	5956 - 5966
F 518	Total Intensive Care Service Revenue	15	1	11	S9	5967 - 5977
F 519	Inpatient Ancillary Revenue	17	1	11	S9	5978 - 5988
F 520	Revenue from Outpatient Services Rendered in an Inpatient Setting	18	1	11	S9	5989 - 5999
F 521	Revenue from Inpatient Services Rendered in an Outpatient Setting	17	2	11	S9	6000 - 6010
F 522	Outpatient Services Revenue	18	2	11	S9	6011 - 6021
F 523	Total Facility Inpatient Revenue	25	1	11	S9	6022 - 6032
F 524	Total Facility Outpatient Revenue	25	2	11	S9	6033 - 6043

**FACILITY REVENUES AND EXPENSES**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET G-3**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
F 525	Total Patient Revenues	1	1	11	S9	6044 - 6054
F 526	Contractual Allowances and Discounts on Patients' Accounts	2	1	11	S9	6055 - 6065
F 527	Net Patient Revenues	3	1	11	S9	6066 - 6076
F 528	Total Operating Expenses	4	1	11	S9	6077 - 6087
F 529	Other Income - Contributions, Donations, Bequests, etc.	6	1	11	S9	6088 - 6098
F 530	Income from Investments	7	1	11	S9	6099 - 6109
F 530A	Governmental Appropriations	23	1	11	S9	6110 - 6120
F 531	Total Nonpatient Revenue, Including Fields F529, F530, and F530A, above	25	1	11	S9	6121 - 6131
F 532	Total Other Expenses	30	1	11	S9	6132 - 6142
F 533	Net Income or (Loss)	31	1	11	S9	6143 - 6153

**HOSPITAL FINANCIAL WAGE INDEX INFORMATION (See Note 14)**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART II**  
**FISCAL YEARS BEGINNING PRIOR TO OCTOBER 1, 1994**

<b>FIELD NAME</b>	<b>DESCRIPTION</b>	<b>LINE(S)</b>	<b>COL(S)</b>	<b>FIELD SIZE</b>	<b>USAGE</b>	<b>LOCATION</b>
W 1	Total Salaries	1.01	1	11	S9	6154 - 6164
W 2	On-call Wages or Stand by Fees	1.02	1	11	S9	6165 - 6175
W 3	Unmet Physician Guarantees	1.03	1	11	S9	6176 - 6186
W 4	Home Office Personnel	1.04	1	11	S9	6187 - 6197
W 5	Sum of Lines 1.02 - 1.04 (W2 - W4)	1.05	1	11	S9	6198 - 6208
W 6	Revised Wages - Line 1.01 minus Line 1.05 (W1 minus W5)	1.06	1	11	S9	6209 - 6219
W 7	SNF, NF, and OLTC Salaries	2.01	1	11	S9	6220 - 6230
W 8	Home Program Dialysis Salaries	2.02	1	11	S9	6231 - 6241
W 9	Ambulance Service Salaries	2.03	1	11	S9	6242 - 6252
W 10	Interns and Residents Salaries (not in Approved Programs)	2.04	1	11	S9	6253 - 6263
W 11	HHA Salaries	2.05	1	11	S9	6264 - 6274
W 12	CORF Salaries	2.06	1	11	S9	6275 - 6285
W 13	ASC Salaries	2.07	1	11	S9	6286 - 6296
W 14	Hospice Salaries	2.08	1	11	S9	6297 - 6307
W 15	Non-reimbursable Salaries	2.09	1	11	S9	6308 - 6318
W 16	Other Excluded Salaries	2.10	1	11	S9	6319 - 6329
W 17	Total Excluded Salaries-Sum of Lines 2.01 - 2.10 (sum of W7 - W16)	2.11	1	11	S9	6330 - 6340
W 18	Net Hospital Salaries-Line 1.06 minus Line 2.11 (W6 minus W17)	3	1	11	S9	6341 - 6351
W 19	Contract Labor Costs	4	1	11	S9	6352 - 6362
W 20	Home Office Salaries	5	1	11	S9	6363 - 6373
W 21	Fringe Benefits and Deferred Compensation	6	1	11	S9	6374 - 6384
W 22	Total Adjusted Salary - Sum of Lines 3 - 6 (sum of W18 - W21)	7	1	11	S9	6385 - 6395
W 23	Total Paid Hours	8	1	11	S9	6396 - 6406
W 24	Unadjusted Average Hourly Wage- Line 1.06 Divided by Line 8 (W6 divided by W23)	11	1	11	S9(9)V9(2)	6407 - 6417
W 25	Excluded Hours	10	1	11	S9	6418 - 6428
W 26	Adjusted Hours - Line 8 minus Line 10 (W23 minus W25)	11	1	11	S9	6429 - 6439
W 27	Contract Labor Hours	12	1	11	S9	6440 - 6450
W 28	Home Office Salary Hours	13	1	11	S9	6451 - 6461

W 29	Total Adjusted Hours - Sum of Lines 11, 12, and 13 (sum of W26, W27, and W28)	Minimum Data Set	14	1	11	S9	6462 - 6472	08/22/96
W 30	Adjusted Average Hourly Wage - Line 7 Divided by Line 14 (W22 divided by W29)		15	1	11	S9(9)V9(2)	6473 - 6483	
W 31	Total Hours in General Services		16	1	11	S9	6484 - 6494	

\* SEE PAGES 18A, 18B, AND 18C FOR WAGE INDEX INFORMATION FOR FISCAL YEARS BEGINNING ON OR AFTER 10/01/94.

**CALCULATION OF CAPITAL PAYMENT UNDER PPS (See Note 10)  
SOURCE: SUPPLEMENTAL WORKSHEET L, PARTS I-IV**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
<b><u>Fully Prospective Method:</u></b>						
L 1	Capital Hospital Specific Rate Payments	1	1	11	S9	6495 - 6505
L 2	Capital DRG Other Than Capital Outlier Payments	2	1	11	S9	6506 - 6516
L 3	Capital Outlier Payments	3	1	11	S9	6517 - 6527
L 4	Capital Indirect Medical Education Adjustment Payments	4	1	11	S9	6528 - 6538
L 5	Capital Disproportionate Share Adjustment Payments	5	1	11	S9	6539 - 6549
L 6	Total Prospective Capital Payments	6	1	11	S9	6550 - 6560
<b><u>Hold Harmless Method:</u></b>						
L 7	New Capital	1	1	11	S9	6561 - 6571
L 8	Old Capital	2	1	11	S9	6572 - 6582
L 9	Total Capital	3	1	11	S9	6583 - 6593
L 10	Ratio of New Capital to Old Capital	4	1	11	S9(5)V9(6)	6594 - 6604
L 11	Total Capital Payments Under 100% Federal Rate	5	1	11	S9	6605 - 6615
L 12	Reduction Factor for Hold Harmless Payment	6	1	11	S9(7)V9(4)	6616 - 6626
L 13	Reduced Old Capital Amount	7	1	11	S9	6627 - 6637
L 14	Hold Harmless Payment for New Capital	8	1	11	S9	6638 - 6648
L 15	Subtotal	9	1	11	S9	6649 - 6659
L 16	Payment Under Hold Harmless Method	10	1	11	S9	6660 - 6670
<b><u>Reasonable Cost Method:</u></b>						
L 17	Medicare Inpatient Routine Capital Cost	1	1	11	S9	6671 - 6681
L 18	Medicare Inpatient Ancillary Cost	2	1	11	S9	6682 - 6692
L 19	Total Medicare Inpatient Capital Cost	3	1	11	S9	6693 - 6703
L 20	Capital Cost Payment Factor	4	1	11	S9(7)V9(4)	6704 - 6714
L 21	Total Inpatient Program Capital Cost	5	1	11	S9	6715 - 6725
<b><u>Computation of Exception Payments:</u></b>						
L 22	Medicare Inpatient Capital Costs	1	1	11	S9	6726 - 6736
L 23	Medicare Inpatient Capital Costs for Extraordinary Circumstances	2	1	11	S9	6737 - 6747
L 24	Net Medicare Inpatient Capital Costs	3	1	11	S9	6748 - 6758
L 25	Applicable Exception Percentage	4	1	11	S9	6759 - 6769
L 26	Capital Cost for Comparison to Payments	5	1	11	S9(5)V9(6)	6770 - 6780
L 27	Percentage Adjustment for Extraordinary Circumstances	6	1	11	S9	6781 - 6791
L 28	Adjustment to Capital Minimum Payment Level for Extraordinary Circumstances	7	1	11	S9(7)V9(4)	6792 - 6802

Minimum Data Set

08/22/96

L 29	Capital Minimum Payment Level	8	1	11	S9	6803 - 6813
L 30	Current Year Capital Payments	9	1	11	S9	6814 - 6824
L 31	Current Year Comparison of Capital Minimum Payment Level to Capital Payments	11	1	11	S9	6825 - 6835
L 32	Carryover of Accumulated Capital Minimum Payment Level to Capital Payments	12	1	11	S9	6836 - 6846
L 33	Net Comparison of Capital Minimum Payments Level to Capital Payments	13	1	11	S9	6847 - 6857
L 34	Current Year Exception Payment	14	1	11	S9	6858 - 6868
L 35	Carryover of Accumulated Capital Minimum Payment Level Over Capital Payment for following period	15	1	11	S9	6869 - 6879

**HOSPITAL FINANCIAL WAGE INDEX INFORMATION  
SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART III  
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/01/94**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
W 32	Total Salary	1	3	11	S9	6880 - 6890
W 33	Total Paid Hours	1	4	11	S9	6891 - 6901
W 34	Non-Physician Anesthetist Part A Salaries	2	3	11	S9	6902 - 6912
W 35	Non-Physician Anesthetist Part A Paid Hours	2	4	11	S9	6913 - 6923
W 36	Non-Physician Anesthetist Part B Salaries	3	3	11	S9	6924 - 6934
W 37	Non-Physician Anesthetist Part B Paid Hours	3	4	11	S9	6935 - 6945
W 38	Physician Salaries - Part A	4	3	11	S9	6946 - 6956
W 39	Paid Hours Related to Physician Salaries- Part A	4	4	11	S9	6957 - 6967
W 40	Physician Salaries - Part B	5	3	11	S9	6968 - 6978
W 41	Paid Hours Related to Physician Salaries- Part B	5	4	11	S9	6979 - 6989
W 42	Interns and Residents (in approved program) Salaries	6	3	11	S9	6990 - 7000
W 43	Interns and Residents (in approved Program) Paid Hours	6	4	11	S9	7001 - 7011
W 44	Home Office Personnel Salaries	7	3	11	S9	7012 - 7022
W 45	Home Office Personnel Paid Hours	7	4	11	S9	7023 - 7033
W 46	Sum of Column 3, Lines 2-7 (Sum of W34, W36, W38, W40, W42, and W44) - Salaries	8	3	11	S9	7034 - 7044
W 47	Sum of Column 4, Lines 2-7 (Sum of W35, W37, W39, W41, W43, and W45) - Paid Hours	8	4	11	S9	7045 - 7055
W 48	Revised Wages (Salaries) - Column 3, Line 1 minus Column 3, Line 8 (W32 minus W46)	9	3	11	S9	7056 - 7066
W 49	Paid Hours Related to Revised Wages - (Column 4, Line 1 minus Column 4, Line 8 (W33 minus W47)	9	4	11	S9	7067 - 7077
W 50	SNF, NF, and OLTC Salaries	10	3	11	S9	7078 - 7088
W 51	SNF, NF, and OLTC Paid Hours	10	4	11	S9	7089 - 7099
W 52	Home Program Dialysis Salaries	11	3	11	S9	7100 - 7110
W 53	Home Program Dialysis Paid Hours	11	4	11	S9	7111 - 7121
W 54	Ambulance Services Salaries	12	3	11	S9	7122 - 7132
W 55	Ambulance Services Paid Hours	12	4	11	S9	7133 - 7143
W 56	Interns and Residents - Salaries (Not in Approved Program)	13	3	11	S9	7144 - 7154
W 57	Interns and Residents - Paid Hours (Not in Approved Program)	13	4	11	S9	7155 - 7165
W 58	HHA Salaries	14	3	11	S9	7166 - 7176
W 59	HHA Paid Hours	14	4	11	S9	7177 - 7187

W 60	Outpatient Rehab. Provider Salaries	Minimum Data Set	3	11	S9	7188 - 7198	08/22/96
W 61	Outpatient Rehab. Provider Paid Hours		15	4	11	S9	7199 - 7209
W 62	ASC Salaries		16	3	11	S9	7210 - 7220
W 63	ASC Paid Hours		16	4	11	S9	7221 - 7231
W 64	Hospice Salaries		17	3	11	S9	7232 - 7242
W 65	Hospice Paid Hours		17	4	11	S9	7243 - 7253
W 66	Non-Reimbursable Salaries		18	3	11	S9	7254 - 7264
W 67	Non-Reimbursable Paid Hours		18	4	11	S9	7265 - 7275
W 68	Subprovider: Psych Unit Salaries		19	3	11	S9	7276 - 7286
W 69	Subprovider: Psych Unit Paid Hours		19	4	11	S9	7287 - 7297
W 70	Subprovider: Rehab Unit Salaries		20	3	11	S9	7298 - 7308
W 71	Subprovider: Rehab Unit Paid Hours		20	4	11	S9	7309 - 7319

**HOSPITAL FINANCIAL WAGE INDEX INFORMATION**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART III**  
**EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/01/94**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
W 72	Nursing School Salaries	21	3	11	S9	7320 - 7330
W 73	Nursing School Paid Hours	21	4	11	S9	7331 - 7341
W 74	Paramedical Education Salaries	22	3	11	S9	7342 - 7352
W 75	Paramedical Education Paid Hours	22	4	11	S9	7353 - 7363
W 76	Other Salaries	23	3	11	S9	7364 - 7374
W 77	Other Paid Hours	23	4	11	S9	7375 - 7385
W 78	Total Excluded Salary Sum of Column 3, Lines 10-23 (Sum of W50, W52, W54, W56, W58, W60, W62, W64, W66, W68 W70, W72, W74, and W76)	24	3	11	S9	7386 - 7396
W 79	Total Excluded Paid Hours Sum of Column 4, Lines 10-23 (Sum of W51, W53, W55, W57, W59, W61, W63, W65, W67, W69, W71, W73, W75, and W77)	24	4	11	S9	7397 - 7407
W 80	Salaries Subtotal - Column 3, Line 9 minus Column 3, Line 24 (W48 minus W78)	25	3	11	S9	7408 - 7418
W 81	Paid Hours Subtotal - Column 4, Line 9 minus Column 4, Line 24 (W49 minus W79)	25	4	11	S9	7419 - 7429
W 82	Contract Labor: Patient Related and Management Salaries	26	3	11	S9	7430 - 7440
W 83	Contract Labor: Patient Related and Management Paid Hours	26	4	11	S9	7441 - 7451
W 84	Home Office Salaries and Wage Related Costs - Salaries	27	3	11	S9	7452 - 7462
W 85	Paid Hours Related to Home Office Salaries and Wage Related Costs	27	4	11	S9	7463 - 7473
W 86	Wage Related Costs (Core)	28	3	11	S9	7474 - 7484
W 87	Wage Related Costs (other)	29	4	11	S9	7485 - 7495
W 88	Wage Related Costs (excluded units)	30	3	11	S9	7496 - 7506
W 89	Total Adjusted Wage Related Costs Sum of (Column 3, Line 28 plus Column 3, Line 29) minus (Column 3, Line 30) (Sum of (W86 plus W87) minus W88)	31	4	11	S9	7507 - 7517
W 90	Total Adjusted Salaries - Sum of Column 3, Lines 25, 26, 27, & 31 (Sum of W80, W82, W84, & W89)	32	3	11	S9	7518 - 7528
W 91	Total Adjusted Paid Hours - Sum of Column 4, Lines 25, 26, & 27 (Sum of W81, W83, and W85)	32	4	11	S9	7529 - 7539

W 92	Contract Labor: Physician Services - Part A Salaries	Minimum Data Set	3	11	S9	7540 - 7550	08/22/96
W 93	Contract Labor: Physician Services - Part A Paid Hours		33	4	11	S9	7551 - 7561

**OVERHEAD COST - DIRECT SALARIES/PAID HOURS RELATED TO SALARY**  
**SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART IV**  
**EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/01/94**

FIELD NAME	DESCRIPTION	LINE(S)	COL(S)	FIELD SIZE	USAGE	LOCATION
W 94	Employee Benefits Salaries	1	3	11	S9	7562 - 7572
W 95	Employee Benefits Paid Hours	1	4	11	S9	7573 - 7583
W 96	Administrative and General Salaries	2	3	11	S9	7584 - 7594
W 97	Administrative and General Paid Hours	2	4	11	S9	7595 - 7605
W 98	Maintenance and Repairs Salaries	3	3	11	S9	7606 - 7616
W 99	Maintenance and Repairs Paid Hours	3	4	11	S9	7617 - 7627
W 100	Operation of Plant Salaries	4	3	11	S9	7628 - 7638
W 101	Operation of Plant Paid Hours	4	4	11	S9	7639 - 7649
W 102	Laundry & Linen Salaries	5	3	11	S9	7650 - 7660
W 103	Laundry & Linen Paid Hours	5	4	11	S9	7661 - 7671
W 104	Housekeeping Salaries	6	3	11	S9	7672 - 7682
W 105	Housekeeping Paid Hours	6	4	11	S9	7683 - 7693
W 106	Dietary Salaries	7	3	11	S9	7694 - 7704
W 107	Dietary Paid Hours	7	4	11	S9	7705 - 7715
W 108	Cafeteria Salaries	8	3	11	S9	7716 - 7726
W 109	Cafeteria Paid Hours	8	4	11	S9	7727 - 7737
W 110	Maintenance of Personnel Salaries	9	3	11	S9	7738 - 7748
W 111	Maintenance of Personnel Paid Hours	9	4	11	S9	7749 - 7759
W 112	Nursing Administration Salaries	10	3	11	S9	7760 - 7770
W 113	Nursing Administration Paid Hours	10	4	11	S9	7771 - 7781
W 114	Central Services and Supply Salaries	11	3	11	S9	7782 - 7792
W 115	Central Services and Supply Paid Hours	11	4	11	S9	7793 - 7803
W 116	Pharmacy Salaries	12	3	11	S9	7804 - 7814
W 117	Pharmacy Paid Hours	12	4	11	S9	7815 - 7825
W 118	Medical Records and Medical Records Library Salaries	13	3	11	S9	7826 - 7836
W 119	Medical Records and Medical Records Library Paid Hours	13	4	11	S9	7837 - 7847
W 120	Social Service Salaries	14	3	11	S9	7848 - 7858
W 121	Social Service Paid Hours	14	4	11	S9	7859 - 7869
W 122	Other General Service Salaries	15	3	11	S9	7870 - 7880
W 123	Other General Service Paid Hours	15	4	11	S9	7881 - 7891
W 124	Total General Service Cost Centers' Adjusted Salaries - Sum of Column 3, Lines 1-15 (Sum of W94, 96, W98, W100, W102, W104, W106, W108, W110, W112, W114, W116, W118, W120, and W122)	16	3	11	S9	7892 - 7902
W 125	Total General Service Cost Centers' Paid Hours Sum of Column 4, Lines 1-15 (Sum of W95, W97, W99, W101, W103, W105, W107, W109, W111, W113, W115, W117, W119, W121, and W123)	16	4	11	S9	7903 - 7913