

HOSPITAL COST REPORT INFORMATION SYSTEM
TEFRA MINIMUM DATA SET

FOR COST REPORTING PERIODS BEGINNING ON OR
AFTER OCTOBER 1, 1982 AND BEFORE OCTOBER 1, 1983

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HOSPITAL COST DATA FROM HCFA FORM 2552-83
FOR COST REPORTING PERIODS BEGINNING ON OR
AFTER OCTOBER 1, 1982 AND BEFORE OCTOBER 1, 1983

IDENTIFYING AND INFORMATIONAL DATA

SOURCES: FORM HCFA-2552-83 WORKSHEET S-1, PART II AND HCFA RECORDS

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F1 Provider Number--Hospital	1a	1	6	X	1-6
F2 Provider Number--Subprovider I	1b	1	6	X	7-12
F3 Provider Number--Subprovider II	1c	1	6	X	13-18
F4 Provider Number--Swing Bed SNF	1d	1	6	X	19-24
F5 Provider Number--Swing Bed ICF	1e	1	6	X	25-30
F6 Provider Number--Hospital Based SNF	1f	1	6	X	31-36
F7 Provider Number--Hospital Based ICF	1g	1	6	X	37-42
F8 Provider Number--Hospital Based Other Long Term Care Facility	1h	1	6	X	43-48
F9 Provider Number--Hospital Based HHA	1i	1	6	X	49-54
F10 Provider Number--Hospital Based CORF	1j	1	6	X	55-60
F11 Cost Reporting Period Beginning Date (YYMMDD)	2	1	6	S9	61-66
F12 Cost Reporting Period Ending Date (YYMMDD)	2	2	6	S9	67-72
F13 Type of Control (See Table I for Key)	3		1	S9	73
F14 Type of Hospital (See Table II for Key)	4a		1	S9	74
F15 Management/Support Services Purchased (1=Yes, 0=No)	6a		1	S9	75
F16 Total Depreciation Reported on Cost Report	7a4		9	S9	76-84
F17 Funded Depreciation (1=Yes, 0=No)	7b		1	S9	85
F18 State and County Code(FIPS)			5	X	86-90
F19 SMSA Code (SSA)			3	X	91-93
F20 MSA/NECMA Code (FIPS)			4	X	94-97
F21 Fiscal Intermediary Number			5	X	98-102
F22 Cost Report Status (See Table III for Key)			1	X	103
F23 All Inclusive Rate Provider (1=Yes, 0=No)			1	X	104

STATISTICAL DATA

SOURCE: FORM HCFA-2552-83 WORKSHEET S-2, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F24 General Service Beds Available, End of Period	2	1	9	S9	105-113
F25 General Service Bed Days Available (Excl. Newborn)	3	1	9	S9	114-122
F26 General Service Total Inpatient Days (Excl. Newborn, Incl. Private Room)	6	1	9	S9	123-131
F27 General Service Total Title XVIII Days (Excl. Kidney Acq., Incl. Private Room)	11	1	9	S9	132-140
F28 General Service Total Title XVIII Days	13	1	9	S9	141-149
F29 General Service Total Title XVIII Part B Inpatient Days	15	1	9	S9	150-158

STATISTICAL DATA (CONTINUED)
SOURCE: FORM HCFA-2552-83 WORKSHEET S-2, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F30 General Service Total Title XVIII Inpatient Days with Part A Benefits Exhausted	16	1	9	S9	159-167
F31 Swing Bed SNF Total Inpatient Days (Excl. Newborn, Incl. Private Room)	6	2	9	S9	168-176
F32 Swing Bed SNF Total Title XVIII Days (Excl. Kidney Acq., Incl. Private Room)	11	2	9	S9	177-185
F33 Swing Bed SNF Total Title XVIII Days	13	2	9	S9	186-194
F34 Swing Bed SNF Total Title XVIII Inpatient Days with Part A Benefits Exhausted	16	2	9	S9	195-203
F35 Swing Bed ICF Total Inpatient Days (Excl. Newborn, Incl. Private Room)	6	3	9	S9	204-212
F36 Intensive Care Beds Available, End of Period	2	5	9	S9	213-221
F37 Intensive Care Bed Days Available (Excl. Newborn)	3	5	9	S9	222-230
F38 Intensive Care Total Inpatient Days (Excl. Newborn, Incl. Private Room)	6	5	9	S9	231-239
F39 Intensive Care Total Title XVIII Days (Excl. Kidney Acq., Incl. Private Room)	11	5	9	S9	240-248
F40 Intensive Care Total Title XVIII Days	13	5	9	S9	249-257
F41 Intensive Care Total Title XVIII Part B Inpatient Days	15	5	9	S9	258-266
F42 Intensive Care Total Title XVIII Inpatient Days with Part A Benefits Exhausted	16	5	9	S9	267-275
F43 Coronary Care Beds Available, End of Period	2	6	9	S9	276-284
F44 Coronary Care Bed Days Available (Excl. Newborn)	3	6	9	S9	285-293
F45 Coronary Care Total Inpatient Days (Excl. Newborn, Incl. Private Room)	6	6	9	S9	294-302
F46 Coronary Care Total Title XVIII Days (Excl. Kidney Acq., Incl. Private Room)	11	6	9	S9	303-311
F47 Coronary Care Total Title XVIII Days	13	6	9	S9	312-320
F48 Coronary Care Total Title XVIII Part B Inpatient Days	15	6	9	S9	321-329
F49 Coronary Care Total Title XVIII Inpatient Days with Part A Benefits Exhausted	16	6	9	S9	330-338
F50 Other Spec Care Beds Available, End of Period	2	7 + 8	9	S9	339-347
F51 Other Spec Care Bed Days Available (Excl. Newborn)	3	7 + 8	9	S9	348-356
F52 Other Spec Care Total Inpatient Days (Excl. Newborn, Incl. Private Room)	6	7 + 8	9	S9	357-365
F53 Other Spec Care Total Title XVIII Days (Excl. Kidney Acq., Incl. Private Room)	11	7 + 8	9	S9	366-374
F54 Other Spec Care Total Title XVIII Days	13	7 + 8	9	S9	375-383
F55 Other Spec Care Total Title XVIII Part B Inpatient Days	15	7 + 8	9	S9	384-392
F56 Other Spec Care Total Title XVIII Inpatient Days with Part A Benefits Exhausted	16	7 + 8	9	S9	393-401
F57 Hospital Bed Days Available (Excl. Newborn)	3	X	9	S9	402-410

STATISTICAL DATA (CONTINUED)

SOURCE: FORM HCFA-2552-83 WORKSHEETS S-2 AND S-3, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F58 Total Facility Bed Days Available	X	X	9	S9	411-419
F59 Average Number of Full-Time Equivalent Employees	1	5	9	S9(7)V99	420-428
F60 Average Number of Nonpaid Workers (FTE's)	2	5	9	S9(7)V99	429-437
F61 Number of Full-Time Equivalent Interns and Residents: Hospital	3	5	9	S9(7)V99	438-446
F62 Number of Full-Time Equivalent Interns and Residents: Facility	3	5	9	S9(7)V99	447-455
F63 Renal Dialysis Treatments--Medicare Hospital	4	2	9	S9	456-464
F64 Renal Dialysis Treatments--Medicaid Hospital	4	3	9	S9	465-473
F65 Renal Dialysis Treatments--Total Hospital	4	5	9	S9	474-482
F66 Medicare Admissions (Excl. Newborn)	5	2	9	S9	483-491
F67 Medicaid Admissions (Excl. Newborn)	5	3	9	S9	492-500
F68 Total Admissions (Excl. Newborn)	5	5	9	S9	501-509
F69 Medicare Discharges (Incl. Deaths, Excl. Newborn):Hosp.	6	2	9	S9	510-518
F70 Medicare Discharges (Incl. Deaths, Excl. Newborn):Total	X	X	9	S9	519-527
F71 Medicaid Discharges (Incl. Deaths, Excl. Newborn)	6	3	9	S9	528-536
F72 Discharges (Incl. Deaths, Excl. Newborn): Hospital	6	5	9	S9	537-545
F73 Discharges (Incl. Deaths, Excl. Newborn): Facility	X	5	9	S9	546-554
F74 Average Length of Stay Medicare Patients Only	7	2	9	S9(7)V99	555-563
F75 Average Length of Stay Medicaid Patients Only	7	3	9	S9(7)V99	564-572
F76 Average Length of Stay All Patients	7	5	9	S9(7)V99	573-581
F77 Total Inpatient Days: Facility	X	X	9	S9	582-590
F78 Total Swing Bed Days	6	2 + 3	9	S9	591-599
F79 Total Inpatient Days: Hospital	6	X	9	S9	600-608
F80 Medicare Inpatient Days: Hospital	11	X	9	S9	609-617
F81 Occupancy Rate: Hospital General Service	7	1	9	S9(7)V99	618-626
F82 Occupancy Rate: Hospital Intensive Care	7	5	9	S9(7)V99	627-635
F83 Occupancy Rate: Hospital Coronary Care	7	6	9	S9(7)V99	636-644

TOTAL OPERATING COSTS

SOURCE: FORM HCFA-2552-83 WORKSHEET A

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F84 Depreciation--Buildings and Fixtures, Before Reclassification or Adjustment	2	2	9	S9	645-653
F85 Depreciation--Movable Equipment, Before Reclassification or Adjustment	3	2	9	S9	654-662
F86 Depreciation--Buildings and Fixtures, After Reclassification and Adjustment	2	7	9	S9	663-671
F87 Depreciation--Movable Equipment, After Reclassification and Adjustment	3	7	9	S9	672-680
F88 Direct Salaries--All General Service Cost Centers	4-20	1	9	S9	681-689
F89 Direct Salaries--All Ancillary Service Cost Centers	22-44	1	9	S9	690-698
F90 Direct Salaries--All Hospital Inpatient Cost Centers	46-50	1	9	S9	699-707
F91 Direct Salaries--All Other Inpatient Cost Centers	50A-53A	1	9	S9	708-716
F92 Direct Salaries--All Outpatient Service Cost Centers	55-57	1	9	S9	717-725
F93 Direct Salaries--All Other Reimbursable Cost Centers	59-76	1	9	S9	726-734
F94 Direct Salaries--All Nonreimbursable Cost Centers	79-83	1	9	S9	735-743
F95 Total Direct Salaries--All Reimbursable Cost Centers	77	1	9	S9	744-752
F96 Total Direct Salaries	84	1	9	S9	753-761

TOTAL OPERATING COSTS (CONTINUED)
SOURCE: FORM HCFA-2552-83 WORKSHEET A

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F97 Other Direct Cost--All General Service Cost Centers	2-20	2	9	S9	762-770
F98 Other Direct Cost--All Ancillary Service Cost Centers	22-44	2	9	S9	771-779
F99 Other Direct Cost--Hospital Inpatient Cost Centers	46-50	2	9	S9	780-788
F100 Other Direct Cost--Other Inpatient Cost Centers	50A-53A	2	9	S9	789-797
F101 Other Direct Cos Outpatient Service Cost Centers	55-57	2	9	S9	798-806
F102 Other Direct Cost--Other Reimbursable Cost Centers	59-76	2	9	S9	807-815
F103 Other Direct Cost--All Reimbursable Cost Centers	77	2	9	S9	816-824
F104 Other Direct Cost--All Nonreimbursable Cost Centers	79-83	2	9	S9	825-833
F105 Total Other Direct Costs	84	2	9	S9	834-842

SUMMARY OF CHANGES IN CAPITAL ASSET BALANCES
SOURCE: FORM HCFA-2552-83 WORKSHEET A-7

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F106 Beginning Balance--Land	1a	1	9	S9	843-851
F107 Purchases--Land	1a	2	9	S9	852-860
F108 Donations--Land	1a	3	9	S9	861-869
F109 Disposals and Retirements--Land	1a	5	9	S9	870-878
F110 Beginning Balance--Land Improvements	1b	1	9	S9	879-887
F111 Purchases--Land Improvements	1b	2	9	S9	888-896
F112 Donations--Land Improvements	1b	3	9	S9	897-905
F113 Disposals and Retirements--Land Improvements	1b	5	9	S9	906-914
F114 Beginning Balance--Buildings and Fixtures	1c	1	9	S9	915-923
F115 Purchases--Buildings and Fixtures	1c	2	9	S9	924-932
F116 Donations--Buildings and Fixtures	1c	3	9	S9	933-941
F117 Disposals and Retirements--Buildings and Fixtures	1c	5	9	S9	942-950
F118 Beginning Balance--Building Improvements	1d	1	9	S9	951-959
F119 Purchases--Building Improvements	1d	2	9	S9	960-968
F120 Donations--Building Improvements	1d	3	9	S9	969-977
F121 Disposals and Retirements--Building Improvements	1d	5	9	S9	978-986
F122 Beginning Balance--Fixed Equipment	1e	1	9	S9	987-995
F123 Purchases--Fixed Equipment	1e	2	9	S9	996-1004
F124 Donations--Fixed Equipment	1e	3	9	S9	1005-1013
F125 Disposals and Retirements--Fixed Equipment	1e	5	9	S9	1014-1022
F126 Beginning Balance--Movable Equipment	1f	1	9	S9	1023-1031
F127 Purchases--Movable Equipment	1f	2	9	S9	1032-1040
F128 Donations--Movable Equipment	1f	3	9	S9	1041-1049
F129 Disposals and Retirements--Movable Equipment	1f	5	9	S9	1050-1058
F130 Total Beginning Balances--Capital Assets	1g	1	9	S9	1059-1067
F131 Total Purchases--Capital Assets	1g	2	9	S9	1068-1076
F132 Total Donations--Capital Assets	1g	3	9	S9	1077-1085
F133 Total Disposals and Retirements--Capital Assets	1g	5	9	S9	1086-1094

REIMBURSABLE OPERATING COSTS

SOURCE: FORM HCFA-2552-83 WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F134 All General Service Cost Centers	2-20	1	9	S9	1095-1103
F135 All Ancillary Service Cost Centers	22-44	1	9	S9	1104-1112
F136 Nursing School & Interns & Residents (in approved programs) Costs Allocated to Routine	46	X	9	S9	1113-1121
F137 All Hospital Inpatient Cost Centers	46-50	1	9	S9	1122-1130
F138 All Other Inpatient Cost Centers	50A-53A	1	9	S9	1131-1139
F139 All Outpatient Service Cost Centers	55-57	1	9	S9	1140-1148
F140 All Other Reimbursable Cost Centers	59-71	1	9	S9	1149-1157
F141 Total Direct Cost, Net of Nonreimbursable Direct Cost	72	1	9	S9	1158-1166
F142 All Nonreimbursable Cost Centers	74-78	1	9	S9	1167-1175
F143 Negative Cost Centers	78AB	1	9	S9	1176-1184
F144 Total Direct Costs	79	1	9	S9	1185-1193
F145 Total Direct Medicare Education Costs, Net of Nonreimbursable Costs	72	X	9	S9	1194-1202
F146 Nursing School	79	18	9	S9	1203-1211
F147 Intern-Residents Service (in an Approved Program)	79	19	9	S9	1212-1220
F148 Total Direct Medical Education Costs	79	X	9	S9	1221-1229
F149 Operating Room	22	21	9	S9	1230-1238
F150 Recovery Room	23	21	9	S9	1239-1247
F151 Delivery Room and Labor Room	24	21	9	S9	1248-1256
F152 Anesthesiology	25	21	9	S9	1257-1265
F153 Radiology--Diagnostic	26	21	9	S9	1266-1274
F154 Radiology--Therapeutic	27	21	9	S9	1275-1283
F155 Radioisotope	28	21	9	S9	1284-1292
F156 Laboratory	29	21	9	S9	1293-1301
F157 Whole Blood and Packed Red Blood Cells	30	21	9	S9	1302-1310
F158 Blood Storing, Processing and Transfusion	31	21	9	S9	1311-1319
F159 Intravenous Therapy	32	21	9	S9	1320-1328
F160 Oxygen (Inhalation) Therapy	33	21	9	S9	1329-1337
F161 Physical Therapy	34	21	9	S9	1338-1346
F162 Occupational Therapy	35	21	9	S9	1347-1355
F163 Speech Pathology	36	21	9	S9	1356-1364
F164 Electrocardiology	37	21	9	S9	1365-1373
F165 Electroencephalography	38	21	9	S9	1374-1382
F166 Medical Supplies Charged to Patients	39	21	9	S9	1383-1391
F167 Drugs Charged to Patients	40	21	9	S9	1392-1400
F168 Renal Dialysis	41	21	9	S9	1401-1409
F169 Kidney Acquisition	42	21	9	S9	1410-1418
F170 All Other Inpatient Ancillary Cost Centers	43-44	21	9	S9	1419-1427
F171 Adults and Pediatrics (General Routine Care)	46	21	9	S9	1428-1436
F172 Intensive Care Unit	47	21	9	S9	1437-1445
F173 Coronary Care Unit	48	21	9	S9	1446-1454
F174 All Other Special Care Units	49-50	21	9	S9	1455-1463
F175 Subprovider I	50A	21	9	S9	1464-1472
F176 Subprovider II	50B	21	9	S9	1473-1481
F177 Nursery	51	21	9	S9	1482-1490
F178 Skilled Nursing Facility	52	21	9	S9	1491-1499
F179 Intermediate Care Facility	53	21	9	S9	1500-1508

REIMBURSABLE OPERATING COSTS (CONTINUED)
SOURCE: FORM HCFA-2552-83 WORKSHEET B, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F180 Other Long Term Care Facility	53A	21	9	S9	1509-1517
F181 Outpatient Clinic	55	21	9	S9	1518-1526
F182 Emergency	56	21	9	S9	1527-1535
F183 All Other Outpatient Service Cost Centers	57	21	9	S9	1536-1544
F184 Total Other Reimbursable Cost Centers	59-71	21	9	S9	1545-1553
F185 Total Reimbursable Costs, after cost finding, Net of Nonreimbursable Costs	72	21	9	S9	1554-1562
F186 All Nonreimbursable Cost Centers	74-78	21	9	S9	1563-1571
F187 Negative Cost Center(s)	78AB	21	9	S9	1572-1580
F188 Total Hospital/Health Care Complex Costs	79	21	9	S9	1581-1589

TOTAL CAPITAL - RELATED COSTS
SOURCE: FORM HCFA-2552-83 WORKSHEET B, PART II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F189 Operating Room	22	21	9	S9	1590-1598
F190 Recovery Room	23	21	9	S9	1599-1607
F191 Delivery Room and Labor Room	24	21	9	S9	1608-1616
F192 Anesthesiology	25	21	9	S9	1617-1625
F193 Radiology--Diagnostic	26	21	9	S9	1626-1634
F194 Radiology--Therapeutic	27	21	9	S9	1635-1643
F195 Radioisotope	28	21	9	S9	1644-1652
F196 Laboratory	29	21	9	S9	1653-1661
F197 Whole Blood and Packed Red Blood Cells	30	21	9	S9	1662-1670
F198 Blood Storing, Processing and Transfusion	31	21	9	S9	1671-1679
F199 Intravenous Therapy	32	21	9	S9	1680-1688
F200 Oxygen (Inhalation) Therapy	33	21	9	S9	1689-1697
F201 Physical Therapy	34	21	9	S9	1698-1706
F202 Occupational Therapy	35	21	9	S9	1707-1715
F203 Speech Pathology	36	21	9	S9	1716-1724
F204 Electrocardiology	37	21	9	S9	1725-1733
F205 Speech Pathology	38	21	9	S9	1734-1742
F206 Medical Supplies Charged to Patients	39	21	9	S9	1743-1751
F207 Drugs Charged to Patients	40	21	9	S9	1752-1760
F208 Renal Dialysis	41	21	9	S9	1761-1769
F209 Kidney Acquisition	42	21	9	S9	1770-1778
F210 All Other Inpatient Ancillary Cost Centers	43-44	21	9	S9	1779-1787
F211 Adults and Pediatrics (General Routine Care)	46	21	9	S9	1788-1796
F212 Intensive Care Unit	47	21	9	S9	1797-1805
F213 Coronary Care Unit	48	21	9	S9	1806-1814
F214 All Other Special Care Units	49-50	21	9	S9	1815-1823
F215 Subprovider I	50A	21	9	S9	1824-1832
F216 Subprovider II	50B	21	9	S9	1833-1841
F217 Nursery	51	21	9	S9	1842-1850
F218 Skilled Nursing Facility	52	21	9	S9	1851-1859
F219 Intermediate Care Facility	53	21	9	S9	1860-1868
F220 Other Long Term Care Facility	53A	21	9	S9	1869-1877

TOTAL CAPITAL - RELATED COSTS (CONTINUED)
SOURCE: FORM HCFA-2552-83 WORKSHEET B, PART II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F221 Outpatient Clinic	55	21	9	S9	1878-1886
F222 Emergency	56	21	9	S9	1887-1895
F223 All Other Outpatient Service Cost Centers	57	21	9	S9	1896-1904
F224 Total Capital Related Costs Net of Nonreimbursables	72	21	9	S9	1905-1913
F225 Combined Cross Foot and Negative Cost Center(s) Adjustments	X	21	9	S9	1914-1922
F226 All Other Reimbursable Cost Centers	59-71	21	9	S9	1923-1931
F227 All Nonreimbursable Cost Center Capital Cost	74-78	21	9	S9	1932-1940
F228 Total Hospital/Health Care Complex Costs	79	21	9	S9	1941-1949

TOTAL OPERATING COSTS

SOURCE: FORM 2552-83

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F229 Total Operating Costs (as defined under TEFRA)	X	X	9	S9	1950-1958
F230 Total Operating Costs Net of Nonreimbursable Costs	X	X	9	S9	1959-1967

TOTAL HOSPITAL ANCILLARY COSTS

SOURCE: FORM 2552-83 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F231 Operating Room	2a	3	9	S9	1968-1976
F232 Recovery Room	3a	3	9	S9	1977-1985
F233 Delivery Room and Labor Room	4a	3	9	S9	1986-1994
F234 Anesthesiology	5a	3	9	S9	1995-2003
F235 Radiology--Diagnostic	6a	3	9	S9	2004-2012
F236 Radiology--Therapeutic	7a	3	9	S9	2013-2021
F237 Radioisotope	8a	3	9	S9	2022-2030
F238 Laboratory	9a	3	9	S9	2031-2039
F239 Whole Blood and Packed Red Blood Cells	10a	3	9	S9	2040-2048
F240 Blood Storing, Processing and Transfusion	11a	3	9	S9	2049-2057
F241 Intravenous Therapy	12a	3	9	S9	2058-2066
F242 Oxygen (Inhalation) Therapy	13a	3	9	S9	2067-2075
F243 Physical Therapy	14a	3	9	S9	2076-2084
F244 Occupational Therapy	15a	3	9	S9	2085-2093
F245 Speech Pathology	16a	3	9	S9	2094-2102
F246 Electrocardiology	17a	3	9	S9	2103-2111
F247 Electroencephalography	18a	3	9	S9	2112-2120
F248 Medical Supplies Charged to Patients	19a	3	9	S9	2121-2129
F249 Drugs Charged to Patients	20a	3	9	S9	2130-2138
F250 Renal Dialysis	21a	3	9	S9	2139-2147
F251 All Other Inpatient Ancillary Costs	22a-23a	3	9	S9	2148-2156
F252 Outpatient Clinic	25a	3	9	S9	2157-2165
F253 Emergency	26a	3	9	S9	2166-2174
F254 All Other Outpatient Service Costs	27a	3	9	S9	2175-2183
F255 Home Program Dialysis--Other	29a	3	9	S9	2184-2192
F256 Total Hospital Ancillary Costs	30a	3	9	S9	2193-2201

TOTAL HOSPITAL ANCILLARY CHARGES
SOURCE: FORM 2552-83 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F257 Operating Room	2b	3	9	S9	2202-2210
F258 Recovery Room	3b	3	9	S9	2211-2219
F259 Delivery Room and Labor Room	4b	3	9	S9	2220-2228
F260 Anesthesiology	5b	3	9	S9	2229-2237
F261 Radiology--Diagnostic	6b	3	9	S9	2238-2246
F262 Radiology--Therapeutic	7b	3	9	S9	2247-2255
F263 Radioisotope	8b	3	9	S9	2256-2264
F264 Laboratory	9b	3	9	S9	2265-2273
F265 Whole Blood and Packed Red Blood Cells	10b	3	9	S9	2274-2282
F266 Blood Storing, Processing and Transfusion	11b	3	9	S9	2283-2291
F267 Intravenous Therapy	12b	3	9	S9	2292-2300
F268 Oxygen (Inhalation) Therapy	13b	3	9	S9	2301-2309
F269 Physical Therapy	14b	3	9	S9	2310-2318
F270 Occupational Therapy	15b	3	9	S9	2319-2327
F271 Speech Pathology	16b	3	9	S9	2328-2336
F272 Electrocardiology	17b	3	9	S9	2337-2345
F273 Electroencephalography	18b	3	9	S9	2346-2354
F274 Medical Supplies Charged to Patients	19b	3	9	S9	2355-2363
F275 Drugs Charged to Patients	20b	3	9	S9	2364-2372
F276 Renal Dialysis	21b	3	9	S9	2373-2381
F77 All Other Inpatient Ancillary Charges	22b-23b	3	9	S9	2382-2390
F278 Outpatient Clinic	25b	3	9	S9	2391-2399
F279 Emergency	26b	3	9	S9	2400-2408
F280 All Other Outpatient Service Charges	27b	3	9	S9	2409-2417
F281 Home Program Dialysis--Other	29b	3	9	S9	2418-2426
F282 Total Hospital Ancillary Charges	30b	3	9	S9	2427-2435

TOTAL OUTPATIENT ANCILLARY COSTS
SOURCE: FORM 2552-83 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F283 Operating Room	2a	10	9	S9	2436-2444
F284 Recovery Room	3a	10	9	S9	2445-2453
F285 Delivery Room and Labor Room	4a	10	9	S9	2454-2462
F286 Anesthesiology	5a	10	9	S9	2463-2471
F287 Radiology--Diagnostic	6a	10	9	S9	2472-2480
F288 Radiology--Therapeutic	7a	10	9	S9	2481-2489
F289 Radioisotope	8a	10	9	S9	2490-2498
F290 Laboratory	9a	10	9	S9	2499-2507
F291 Whole Blood and Packed Red Blood Cells	10a	10	9	S9	2508-2516
F292 Blood Storing, Processing and Transfusion	11a	10	9	S9	2517-2525
F293 Intravenous Therapy	12a	10	9	S9	2526-2534
F294 Oxygen (Inhalation) Therapy	13a	10	9	S9	2535-2543
F295 Physical Therapy	14a	10	9	S9	2544-2552
F296 Occupational Therapy	15a	10	9	S9	2553-2561
F297 Speech Pathology	16a	10	9	S9	2562-2570
F298 Electrocardiology	17a	10	9	S9	2571-2579

TOTAL OUTPATIENT ANCILLARY COSTS (CONTINUED)
SOURCE: FORM 2552-83 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F299 Electroencephalography	18a	10	9	S9	2580-2588
F300 Medical Supplies Charged to Patients	19a	10	9	S9	2589-2597
F301 Drugs Charged to Patients	20a	10	9	S9	2598-2606
F302 Renal Dialysis	21a	10	9	S9	2607-2615
F303 All Other Inpatient Ancillary Costs	22a-23a	10	9	S9	2616-2624
F304 Outpatient Clinic	25a	10	9	S9	2625-2633
F305 Emergency	26a	10	9	S9	2634-2642
F306 All Other Outpatient Service Costs	27a	10	9	S9	2643-2651
F307 Home Program Dialysis--Other	29a	10	9	S9	2652-2660
F308 Total Outpatient Ancillary Costs	30a	10	9	S9	2661-2669

TOTAL OUTPATIENT ANCILLARY CHARGES
SOURCE: FORM 2552-83 WORKSHEET C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F309 Operating Room	2b	10	9	S9	2670-2678
F310 Recovery Room	3b	10	9	S9	2679-2687
F311 Delivery Room and Labor Room	4b	10	9	S9	2688-2696
F312 Anesthesiology	5b	10	9	S9	2697-2705
F313 Radiology--Diagnostic	6b	10	9	S9	2706-2714
F314 Radiology--Therapeutic	7b	10	9	S9	2715-2723
F315 Radioisotope	8b	10	9	S9	2724-2732
F316 Laboratory	9b	10	9	S9	2733-2741
F317 Whole Blood and Packed Red Blood Cells	10b	10	9	S9	2742-2750
F318 Blood Storing, Processing and Transfusion	11b	10	9	S9	2751-2759
F319 Intravenous Therapy	12b	10	9	S9	2760-2768
F320 Oxygen (Inhalation) Therapy	13b	10	9	S9	2769-2777
F321 Physical Therapy	14b	10	9	S9	2778-2786
F322 Occupational Therapy	15b	10	9	S9	2787-2795
F323 Speech Pathology	16b	10	9	S9	2796-2804
F324 Electrocardiology	17b	10	9	S9	2805-2813
F325 Electroencephalography	18b	10	9	S9	2814-2822
F326 Medical Supplies Charged to Patients	19b	10	9	S9	2823-2831
F327 Drugs Charged to Patients	20b	10	9	S9	2832-2840
F328 Renal Dialysis	21b	10	9	S9	2841-2849
F329 All Other Inpatient Ancillary Cost Centers	22b-23b	10	9	S9	2850-2858
F330 Outpatient Clinic	25b	10	9	S9	2859-2867
F331 Emergency	26b	10	9	S9	2868-2876
F332 All Other Outpatient Service Charges	27b	10	9	S9	2877-2885
F333 Home Program Dialysis--Other	29b	10	9	S9	2886-2894
F334 Total Outpatient Ancillary Charges	30b	10	9	S9	2895-2903

AGGREGATE PASS-THROUGH COSTS
SOURCE: FORM 2552-83 WORKSHEET D, PARTS II AND III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F335 Total Capital Costs Applicable to Ancillary Services	28	4	9	S9	2904-2912
F336 Total Medical Education Costs Applicable to Ancillary Services	28	4	9	S9	2913-2921

APPORTIONMENT OF OPERATING COSTS TO MEDICARE
SOURCE: FORM 2552-83 WORKSHEET D-1, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F337 Total Part A Hospital Inpatient Ancillary Charges	28	2	9	S9	2922-2930
F338 Total Part B Hospital Inpatient Ancillary Charges	28	3	9	S9	2931-2939
F339 Medicaid Rate for SNF type services	12	0	9	S9	2940-2948
F340 Medicaid Rate for ICF type services	13	0	9	S9	2949-2957
F341 Total Operating Costs--Intensive Care Unit	29	e	9	S9	2958-2966
F342 Total Operating Costs--Coronary Care Unit	30	e	9	S9	2967-2975
F343 Total Operating Costs--All Other Special Care Units	31-32	e	9	S9	2976-2984
F344 Medicare Inpatient Ancillary Cost, Before Limitation	33	1	9	S9	2985-2993
F345 Aggregate Charges to Beneficiaries for Excess Costs	35	1	9	S9	2994-3002
F346 Capital-Related Cost Allocated to Routine	37	1	9	S9	3003-3011
F347 Approved Medical Education Cost Allocated to Routine	38	1	9	S9	3012-3020
F348 Capital-Related and Medical Education Costs Applicable to Swing Beds	40	1	9	S9	3021-3029
F349 Capital-Related and Medical Education Costs Allocated to Routine, Net of That Applicable to Swing Beds	41	1	9	S9	3030-3038
F350 Capital-Related Cost Allocated to Special Care Units	43	1	9	S9	3039-3047
F351 Approved Medical Education Cost Allocated to Special Care Units	44	1	9	S9	3048-3056
F352 Capital-Related Cost Allocated to Nursery	47	1	9	S9	3057-3065
F353 Approved Medical Education Cost Allocated to Nursery	48	1	9	S9	3066-3074
F354 Medicare Excludable Cost Applicable to Routine	51	1	9	S9	3075-3083
F355 Medicare Excludable Cost Applicable to Intensive Care Units	52	1	9	S9	3084-3092
F356 Medicare Excludable Cost Applicable to Inpatient Ancillary Services	54	1	9	S9	3093-3101
F357 Total Medicare Excludable Costs	55	1	9	S9	3102-3110
F358 Total Medicare Inpatient Operating Costs, Excl. Capital-Related and Medical Education Costs	56	1	9	S9	3111-3119
F359 Base Year Target Amount Per Discharge	58	0	9	S9(7)V99	3120-3128
F360 Incentive/Penalty Reimbursement	60	1	9	S9	3129-3137

APPORTIONMENT OF MALPRACTICE INSURANCE COSTS TO MEDICARE
SOURCE: FORM 2552-83 WORKSHEET D-8, PARTS I AND II

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F361 Title V Paid Losses (Current and 4 Preceding Years)	6	1	9	S9	3138-3146
F362 Title XVIII Paid Losses (Current and 4 Preceding Years)	6	2	9	S9	3147-3155
F363 Title XIX Paid Losses (Current and 4 Preceding Years)	6	3	9	S9	3156-3164
F364 All Other Paid Losses (Current and 4 Preceding Years)	6	4	9	S9	3165-3173
F365 Applicable National Loss Ratio for Medicare	7b	1	9	S9	3174-3182
F366 Reimbursable Hospital Malpractice Insurance Premiums	13	1	9	S9	3183-3191

NET COST OF COVERED HOSPITAL SERVICES
SOURCE: FORM 2552-83 WORKSHEET E, PARTS I, II AND III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F367 Part B Inpatient Ancillary Services	1	2	9	S9	3192-3200
F368 Part A Outpatient Services	2	1	9	S9	3201-3209
F369 Part B Outpatient Services	2	2	9	S9	3210-3218
F370 Inpatient Operating Services	3	1	9	S9	3219-3227
F371 Part A Intern and Resident Services	4	1	9	S9	3228-3236
F372 Part B Intern and Resident Services	4	2	9	S9	3237-3245
F373 Part A Utilization Review--PBP Compensation	5	1	9	S9	3246-3254
F374 Part A Hospital Based Pathologists' Remuneration--SNF	6	1	9	S9	3255-3263
F375 Part A Ambulance Services	7	1	9	S9	3264-3272
F376 Supplemental Kidney Acquisition Costs	8	1	9	S9	3273-3281
F377 Part A Cost of Services Under Arrangement	9	1	9	S9	3282-3290
F378 Part B Hospital Based Pathologists' Remuneration--SNF	6	2	9	S9	3291-3299
F379 Part B Ambulance Services	7	2	9	S9	3300-3308
F380 Part B Cost of Services Under Arrangement	9	2	9	S9	3309-3317
F381 Part A Malpractice Insurance Costs	10	1	9	S9	3318-3326
F382 Part B Malpractice Insurance Costs	10	2	9	S9	3327-3335
F383 Part A Teaching Physician Costs	11	1	9	S9	3336-3344
F384 Part B Teaching Physician Costs	11	2	9	S9	3345-3353
F385 Cost of Pneumococcal Vaccine from D-10	12	2	9	S9	3354-3362
F386 Total Part A Reimbursable Costs Before Deductibles, Coinsurance and Return on Equity Capital	13	1	9	S9	3363-3371
F387 Total Part B Reimbursable Costs Before Deductibles, Coinsurance and Return on Equity Capital	13	2	9	S9	3372-3380
F388 Part A Deductibles & Coinsurance Billed	20	1	9	S9	3381-3389
F389 Part A Bad Debts for Uncollectible Deductibles & Coinsurance, Net of Recoveries	21	1	9	S9	3390-3398
F390 Part B Deductibles Billed	49	2	9	S9	3399-3407
F391 Part B Coinsurance Billed	54	2	9	S9	3408-3416
F392 Part B Reimbursable Bad Debts, Net of Recoveries	56	2	9	S9	3417-3425
F393 Part A Reimbursable Return on Equity Capital	24	1	9	S9	3426-3434
F394 Part B Reimbursable Return on Equity Capital	24	2	9	S9	3435-3443
F395 Gains and Losses on Disposals	69	1	9	S9	3444-3452
F396 Recovery of Excess Depreciation (Medicare Inpatient)	70	1	9	S9	3453-3461
F397 Total Part A Cost Reimbursable to Provider	72	1	9	S9	3462-3470
F398 Total Part B Cost Reimbursable to Provider	72	2	9	S9	3471-3479

FINANCIAL DATA FROM PROPRIETARY PROVIDERS
SOURCE: FORM 2552-83 SUPPLEMENTAL WORKSHEET F, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F399 Total Current Assets	10	2	9	S9	3480-3488
F400 Total Fixed Assets	26	2	9	S9	3489-3497
F401 Total Other Assets	32	2	9	S9	3498-3506
F402 Total Assets	33	2	9	S9	3507-3515
F403 Total Current Liabilities	41	6	9	S9	3516-3524
F404 Total Long Term Liabilities	49	6	9	S9	3525-3533
F405 Total Liabilities	50	6	9	S9	3534-3542
F406 Total Capital	52	6	9	S9	3543-3551

FINANCIAL DATA

SOURCE: FORM 2552-83 WORKSHEET G

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F407 Total Current Assets	11	1-4	9	S9	3552-3560
F408 Total Fixed Assets	27	1-4	9	S9	3561-3569
F409 Total Other Assets	32	1-4	9	S9	3570-3578
F410 Total Assets	33	1-4	9	S9	3579-3587
F411 Total Current Liabilities	42	1-4	9	S9	3588-3596
F412 Total Long Term Liabilities	49	1-4	9	S9	3597-3605
F413 Total Liabilities	50	1-4	9	S9	3606-3614
F414 Total Fund Balances	58	1-4	9	S9	3615-3623

PATIENT REVENUES

SOURCE: FORM 2552-83 WORKSHEET G-2, PART I

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F415 Hospital Inpatient Routine Service Revenue	2	1	9	S9	3624-3632
F416 Total Facility Inpatient Revenue	10	1	9	S9	3633-3641
F417 Hospital Special Care Revenue	16	1	9	S9	3642-3650
F418 Inpatient Ancillary Revenue	18	1	9	S9	3651-3659
F419 Outpatient Ancillary Revenue	18	2	9	S9	3660-3668
F420 Revenue from Inpatient Services Rendered in an Outpatient Setting	19	1	9	S9	3669-3677
F421 Outpatient Services Revenue	19	2	9	S9	3678-3686
F422 Total Facility Inpatient Revenue	24	1	9	S9	3687-3695
F423 Total Facility Outpatient Revenue	24	2	9	S9	3696-3704

FACILITY REVENUES AND EXPENSES

SOURCE: FORM 2552-83 WORKSHEET G-3

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F424 Allowances and Discounts on Patients' Accounts	2	1	9	S9	3705-3713
F425 Net Patient Revenues	3	1	9	S9	3714-3722
F426 Total Operating Expenses	4	1	9	S9	3723-3731
F427 Other Income - Contributions, Donations, Bequests, etc.	7	1	9	S9	3732-3740
F428 Income From Investments	8	1	9	S9	3741-3749
F429 Total Nonpatient Revenue, Including Fields 368 and 369, above	26	1	9	S9	3750-3758
F430 Total Other Expenses	31	1	9	S9	3759-3767
F431 Net Income or (Loss)	32	1	9	S9	3768-3776

PASS THROUGH COST SUMMARY DATA
SOURCE: FORM 2552-83

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F432 Medicare Inpatient Capital Related Costs (Excluding Return on Equity)-Routine Services	X	X	9	S9	3777-3785
F433 Medicare Inpatient Capital Related Costs (Excluding Return on Equity)-Special Care Units	X	X	9	S9	3786-3794
F434 Medicare Inpatient Capital Related Costs (Excluding Return on Equity)-Total	X	X	9	S9	3795-3803
F435 Medicare Inpatient Direct Medical Education Cost (Excluding Paramedical Education)-Routine	X	X	9	S9	3804-3812
F436 Medicare Inpatient Direct Medical Education Cost (Excluding Paramedical Education)-Special Care	X	X	9	S9	3813-3821
F437 Medicare Inpatient Direct Medical Education Cost (Excluding Paramedical Education)	X	X	9	S9	3822-3830
NAME Hospital Name			35	X	3831-3865
F438 Directly Assigned Capital Related Costs-Total Facility (Worksheet B, Part II)	79	1	9	S9	3866-3874
F439 Directly Assigned Capital Related Costs-Total Hospital (Worksheet B, Part II)	4-50, 51	1	9	S9	3875-3883
F440 Capital Related Costs, Buildings & Fixtures-Total Facility, Excluding Directly Assigned Capital Costs (Worksheet B, Part I)	79	2	9	S9	3884-3892
F441 Capital Related Costs, Buildings & Fixtures-Total Hospital, Excluding Directly Assigned Capital Costs (Worksheet B, Part I)	4-50, 51	2	9	S9	3893-3901
F442 Capital Related Costs, Movable Equipment-Total Facility, Excluding Directly Assigned Capital Costs (Worksheet B, Part I)	79	3	9	S9	3902-3910
F443 Capital Related Costs, Buildings & Fixtures-Total Hospital, Excluding Directly Assigned Capital Costs (Worksheet B, Part I)	4-50, 51	3	9	S9	3911-3919
F444 Total Capital Related Costs to be Allocated (Sum of F438, F440 and F442)	X	X	9	S9	3920-3928
F445 Total Hospital (Excluding Outpatient and Other Reimbursables) Capital Related Costs to be Allocated (Sum of F439, F441 and F443)	X	X	9	S9	3929-3937

NOTES

1. The field names above are abbreviated; for those using SAS, F = FIELD.
2. Variables derived from multiple fields are identified by an "X" in the Line and Column.

TABLES TO THE TEFRA MINIMUM DATA SET

Table I: Type of Control

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

Table II: Type of Hospital

- 1 = General Short Term
- 2 = General Long Term
- 3 = Tuberculosis
- 4 = Specialty Short Term
- 5 = Specialty Long Term
- 6 = Chronic Disease
- 7 = Psychiatric
- 8 = Other

Table III: Cost Report Status

- 1 = As Submitted
- 2 = Settled without Audit
- 3 = Settled with Audit
- 4 = Reopened