HOSPITAL COST REPORT INFORMATION SYSTEM
EXEMPT HOSPITALS AND EXCLUDED UNITS DATA SET
FOR COST REPORTING PERIODS BEGINNING
ON OR AFTER OCTOBER 1, 1991

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EXEMPT HOSPITALS AND EXCLUDED UNITS DATA SET

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

P = PPS T = TEFRA O = OTHER

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E1	Provider Number--Hospital	2	2	6	X	1-6
E2	Provider Number--Subprovider I	3	2	6	X	7-12
E3	Provider Number--Subprovider II	3.01	2	6	X	13-18
E4	Provider Number--Subprovider III	3.02	2	6	X	19-24
E5	Provider Number--Subprovider IV	3.03	2	6	X	25-30
E6	Hospital Name	2	1	36	X	31-66
E7	Hospital Payment System (P, T, O)	2	5	1	X	67
E8	Subprovider I Payment System (P, T, O)	3	5	1	X	68
E9	Subprovider II Payment System (P, T, O)	3.01	5	1	X	69
E10	Subprovider III Payment System (P, T, O)	3.02	5	1	X	70
E11	Subprovider IV Payment System (P, T, O)	3.03	5	1	X	71
E12	Hospital Certification Date	2	3	6	X	72-77
E13	Subprovider I Certification Date	3	3	6	X	78-83
E14	Subprovider II Certification Date	3.01	3	6	X	84-89
E15	Subprovider III Certification Date	3.02	3	6	X	90-95
E16	Subprovider IV Certification Date	3.03	3	6	X	96-101
E17	Cost Reporting Period Beginning Date (YYDDD)	13	1	5	9	102-106
E18	Cost Reporting Period Ending Date (YYDDD)	13	2	5	9	107-111
E19	Number of Months in the Cost Reporting Period	X	X	2	9	112-113
E20	Fiscal Intermediary Number			5	X	114-118
E21	File Creation Date (See Note 1)			5	X	119-123
E22	System Identification (See Note 1)			5	X	124-128
E23	Cost Report Status (See Table A)			1	X	129
MAN	Manual Cost Report Indicator (M=Manual)			1	X	130
E24	All Inclusive Rate Provider (Y/N)			1	X	131
E25	No or Low Medicare Utilization Report (See Note 2)			1	X	132
E26	Type of Control (See Table B)	14	1	2	9	133-134
E27	Type of Hospital (See Table C)	15	1	1	9	135
E28	Sole Community Hospital (Y/N)	23	1	1	X	136
E29	Rural Primary Care Hospital? (Y/N)	26	1	1	X	137
E30	RESERVED FOR FUTURE USE			4	X	138-141
E31	SSA State Code (See Table D)			2	9	142-143
E32	FIPS County Code			3	X	144-146
E33	MSA/NECMA Code			4	X	147-150
E34	Census Division (See Table E)			1	X	151
E35	HCFA Region (See Table F)			2	X	152-153

UTILIZATION HOSPITAL DATA
SOURCES: FORM 2552-92, WORKSHEET S-3, PART I

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
		1.01	1			
E36	General Service Beds Available (See Note 3)	1.01	2	9	S9	154-162
E37	General Service Bed Days Available (See Note 4)			9	S9	163-171
E38	Total Discharges--Hospital Total (Including Swing Bed SNF and Bed ICF)	8	15	9	S9	172-180

SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE HOSPITAL
SOURCE: FORM 2552-92, WORKSHEET D-1, PARTS I AND II

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E39	Total Routine Inpatient Days, All Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)		1	9	S9	181-189
		2				
E40	Total Routine Inpatient Days, Medicare Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)		1	9	S9	190-198
E41	Total General Inpatient Routine Service Cost	9	1	9	S9	199-207
E42	General Inpatient Routine Service Cost, Net of Swing Bed Cost and Private Room Differential	21	1	9	S9	208-216
E43	General Inpatient Routine Service Cost -- Total Medicare Cost	37	1	9	S9	217-225
E44	Nursery - Total Inpatient Days, All Patients	41	2	9	S9	226-234
E45	Nursery - Medicare Inpatient Days	42	4	9	S9	235-243
E46	Nursery - Total Medicare Cost	42	5	9	S9	244-252
E47	Intensive Care - Total Inpatient Days, All Patients	42	2	9	S9	253-261
E48	Intensive Care - Medicare Inpatient Days	43	4	9	S9	262-270
		43	5	9	S9	271-279
E49	Intensive Care - Total Medicare Cost	43	2	9	S9	280-288
E50	Coronary Care - Total Inpatient Days, All Patients	44	4	9	S9	289-297
E51	Coronary Care - Medicare Inpatient Days	44	5	9	S9	298-306
E52	Coronary Care - Total Medicare cost	44	2	9	S9	307-315
E53	All Other Special Care - Total Inpatient Days	45-47	4	9	S9	316-324
E54	All Other Special Care - Medicare Inpatient Days	45-47	5	9	S9	325-333
E55	All Other Special Care - Total Medicare Cost	45-47	1	9	S9	334-342
E56	Medicare Inpatient Ancillary Cost, Before Limitation	48	1	9	S9	343-351
E57	Total Medicare Inpatient Operating Costs, Including Pass Through Costs	49	1	9	S9	352-360
E58	Medicare Inpatient Routine Through Costs	50	1	9	S9	361-369
E59	Medicare Inpatient Ancillary Pass Through Costs	51	1	9	S9	370-378
E60	Total Medicare Excludable Costs	52	1	9	S9	379-387
E61	Total Medicare Inpatient Operating Costs - Excluding Pass Through Costs	53	1	9	S9	388-396
E62	Medicare Discharges	54	1	9	S9(7)v9(2)	397-405
E63	TEFRA Target Amount per Discharge	55	1	9	S9	406-414
E64	TEFRA Target Amount in total	56	1	9	S9	415-423
E65	Difference Between IP Operating Costs (Line 53) and IP Operating Costs (Line 56)	57	1	9	S9	424-432
E66	Incentive/Penalty Payment	58	1	9	S9	433-441
E67	Program IP Cost Plus Incentive Payment	59				

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

	Field Name	Line(s	Column(s)	Field Size	Usage	Location
E68	Operating Room	)	2	9	S9	442-450
E69	Recovery Room	37	2	9	S9	451-459
E70	Delivery Room and Labor Room	38	2	9	S9	460-468
E71	Anesthesiology	39	2	9	S9	469-477
E72	Radiology--Diagnostic	40	2	9	S9	478-486
E73	Radiology--Therapeutic	41	2	9	S9	487-495
E74	Radioisotope	42	2	9	S9	496-504
E75	Laboratory	43	2	9	S9	505-513
E76	PBP Clinic Lab Services--Program Only	44	2	9	S9	514-522
E77	Whole Blood and Packed Red Blood Cells	45	2	9	S9	523-531
E78	Blood Storing, Processing and Transfusion	46	2	9	S9	532-540
E79	Intravenous Therapy	47	2	9	S9	541-549
E80	Respiratory Therapy	48	2	9	S9	550-558
E81	Physical Therapy	49	2	9	S9	559-567
E82	Occupational Therapy	50	2	9	S9	568-576
E83	Speech Pathology	51	2	9	S9	577-585
E84	Electrocardiology	52	2	9	S9	586-594
E85	Electronencephalography	53	2	9	S9	595-603
E86	Medical Supplies Charged to Patients	54	2	9	S9	604-612
E87	Drugs Charged to Patients	55	2	9	S9	613-621
E88	Renal Dialysis	56	2	9	S9	622-630
E89	All Other Inpatient Ancillary Cost Centers	57	2	9	S9	631-639
E90	Outpatient Clinic	58-59	2	9	S9	640-648
E91	Emergency	60	2	9	S9	649-657
E92	All Other Outpatient Service Cost Centers	61				
	Including Observation Beds		2	9	S9	658-666
E93	All Other Reimbursable Cost Centers	62-63	2	9	S9	667-675
E94	Total Medicare Inpatient Hospital Charges	64-68	2	9	S9	676-684
		101				

MEDICARE PART A ANCILLARY COSTS

	Field Name	Line(s	Column(s)	Field Size	Usage	Location
E95	Operating Room	)	3	9	S9	685-693
E96	Recovery Room	37	3	9	S9	694-702
E97	Delivery Room and Labor Room	38	3	9	S9	703-711
E98	Anesthesiology	39	3	9	S9	712-720
E99	Radiology--Diagnostic	40	3	9	S9	721-729
E100	Radiology-Therapeutic	41	3	9	S9	730-738
E101	Radioistope	42	3	9	S9	739-747
E102	Laboratory	43	3	9	S9	748-756
E103	PBP Clinic Lab Services-Program Only	44	3	9	S9	757-765
E104	Whole Blood and Packed Red Blood Cells	45	3	9	S9	766-774
E105	Blood Storing, Processing and Transfusion	46	3	9	S9	775-783
E106	Intravenous Therapy	47	3	9	S9	784-792
E107	Respiratory Therapy	48	3	9	S9	793-801
E108	Physical Therapy	49	3	9	S9	802-810
E109	Occupational Therapy	50	3	9	S9	811-819
E110	Speech Pathology	51	3	9	S9	820-828
E111	Electrocardiology	52	3	9	S9	829-837
		53				

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

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E112	Electroencephalography	3	9	S9	838-846	
E113	Medical Supplies Charged to Patients	54	3	9	S9	847-855
E114	Drugs Charged to Patients	55	3	9	S9	856-864
E115	Renal dialysis	56	3	9	S9	865-873
E116	All Other Inpatient Ancillary Cost Centers	57	3	9	S9	874-882
E117	Outpatient Clinic	58-59	3	9	S9	883-891
E118	Emergency	60	3	9	S9	892-900
E119	All Other Outpatient Service Centers Including Observation Beds	61	3	9	S9	901-909
E120	All Other Reimbursable Cost Centers	62-63	3	9	S9	910-918
E121	Total Inpatient Ancillary Costs	64-68 101	3	9	S9	919-927

UTILIZATION DATA
SUBPROVIDER I
SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART I

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E122	General Service Beds Available (See Note 3)	1	9	S9	928-936	
E123	General Service Bed Days Available (See Note 4)	2	9	S9	937-945	
E124	Total Discharges	15	9	S9	946-954	

SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE
SUBPROVIDER I
SOURCE: FORM HCFA2552-92, WORKSHEET D-1, PARTS I AND II

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E125	Total Routine Inpatient Days, All Patients (Includes Private Room Days; Excludes Swing Bed Days and Newborn Days)	1	9	S9	955-963	
E126	Total Routine Inpatient Days, Medicare Patients (Includes Private Room Days; Excludes Swing Bed Days and Newborn Days)	2	1	9	S9	964-972
E127	Total General Inpatient Routine Service Cost	9	1	9	S9	973-981
E128	General Inpatient Routine Service cost, Net of Swing-Bed Cost and Private Room differential	21	1	9	S9	982-990
E129	General Inpatient Routine Service Cost -- Total Medicare Cost	37	1	9	S9	991-999
E130	Nursery - Total Inpatient Days, All Patients	41	2	9	S9	1000-1008
E131	Nursery - Medicare Inpatient Days	42	4	9	S9	1009-1017
E132	Nursery - Total Medicare Cost	42	5	9	S9	1018-1026
E133	Intensive Care - Total Inpatient Days, All Patients	42	2	9	S9	1027-1035
E134	Intensive Care - Medicare Inpatient Days	43	4	9	S9	1036-1044
E135	Intensive Care - Total Medicare Cost	43	5	9	S9	1045-1053
E136	Coronary Care - Total Inpatient Days, All Patients	43	2	9	S9	1054-1062
E137	Coronary Care - Medicare Inpatient Days	44	4	9	S9	1063-1071

SUMMARY OF INPATIENT OPERATING COSTS AND FOR MEDICARE (CONT)
SUBPROVIDER I
SOURCE: FORM HCFA 2552-92, WORKSHEET D-1, PARTS I AND II

	Field Name	Line(s)	Colum(s)	Field Size	Usage	Location
E138	Coronary Care - Total Medicare Cost	5	9	S9	1072-1080	
E139	All Other Special Care - Total Inpatient Days	44	2	9	S9	1081-1089
E140	All Other Special Care - Medicare Inpatient Days	45-47	4	9	S9	1090-1098
E141	All Other Special Care - Total Medicare Cost	45-47	5	9	S9	1099-1107
E142	Medicare Inpatient Ancillary cost, Before	45-47	1	9	S9	1108-1116
Limitation		48				
E143	Medicare Inpatient Operating Costs,		1	9	S9	1117-1125
	Including Pass Through Costs	49	1	9	S9	1126-1134
E144	Medicare Inpatient Routine Pass Through Costs	50	1	9	S9	1135-1143
E145	Medicare Inpatient Ancillary Pass Through costs	51	1	9	S9	1144-1152
E146	Total Medicare Excludable Costs	52				
E147	Total Medicare Inpatient Operating		1	9	S9	1153-1161
	Costs - Excluding Pass Through Costs	53	1	9	S9	1162-1170
E148	Medicare Discharges	54	1	9	S9(7)v9(2)	1171-1179
E149	TEFRA Target Amount per Discharge	55	1	9	S9	1180-1188
E150	TEFRA Target Amount in Total	56				
E151	Difference Between Inpatient					
	Operating Costs (Line 53) and Inpatient		1	9	S9	1189-1197
	Operating Cost (Line 56)	57	1	9	S9	1198-1206
E152	Incentive/Penalty Payment	58				
E153	Allowable Medicare Inpatient Cost		1	9	S9	1207-1215
	Plus Incentive Payment	59				

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

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E154	Operating Room	37	2	9	S9	1216-1224
E155	Recovery Room	38	2	9	S9	1225-1233
E156	Delivery Room and Labor Room	39	2	9	S9	1234-1242
E157	Anesthesiology	40	2	9	S9	1243-1251
E158	Radiology -- Diagnostic	41	2	9	S9	1252-1260
E159	Radiology -- Therapeutic	42	2	9	S9	1261-1269
E160	Radioisotope	43	2	9	S9	1270-1278
E161	Laboratory	44	2	9	S9	1279-1287
E162	PBP Clinic Lab Services - Program Only	45	2	9	S9	1288-1296
E163	Whole Blood and Packed Red Blood Cells	46	2	9	S9	1297-1305
E164	Blood Storing, Processing and Transfusion	47	2	9	S9	1306-1314
E165	Intravenous Therapy	48	2	9	S9	1315-1323
E166	Respiratory Therapy	49	2	9	S9	1324-1332
E167	Physical Therapy	50	2	9	S9	1333-1341
E168	Occupational Therapy	51	2	9	S9	1342-1350
E169	Speech Pathology	52	2	9	S9	1351-1359
E170	Electrocardiology	53	2	9	S9	1360-1368
E171	Electroencephalography	54	2	9	S9	1369-1377
E172	Medical Supplies Charges to Patients	55	2	9	S9	1378-1386
E173	Drugs Charged to Patients	56	2	9	S9	1387-1395
E174	Renal Dialysis	57	2	9	S9	1396-1404
E175	All Other Inpatient Ancillary Cost Centers	58-59	2	9	S9	1405-1413
E176	Outpatient clinic	60	2	9	S9	1414-1422
E177	Emergency	61	2	9	S9	1423-1431
E178	All Other Outpatient Service Cost Centers		2	9	S9	1432-1440
	Including Observation Beds	62-63	2	9	S9	1441-1449
E179	All Other Reimbursable Cost Centers	64-68	2	9	S9	1450-1458
E180	Total Medicare Inpatient Hospital Charges	101				

MEDICARE PART A INPATIENT ANCILLARY COSTS
SUBPROVIDER I
SOURCE: FORM HCFA 2552-92, WORKSHEET D-4

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E181	Operating Room	3	9	S9	1459-1467	
E182	Recovery Room	37	3	9	S9	1468-1476
E183	Delivery Room and Labor Room	38	3	9	S9	1477-1485
E184	Anesthesiology	39	3	9	S9	1486-1494
E185	Radiology -- Diagnostic	40	3	9	S9	1495-1503
E186	Radiology -- Therapeutic	41	3	9	S9	1504-1512
E187	Radioisotope	42	3	9	S9	1513-1521
E188	Laboratory	43	3	9	S9	1522-1530
E189	PBP Clinic Lab Services - Program Only	44	3	9	S9	1531-1539
E190	Whole Blood and Packed Red Blood Cells	45	3	9	S9	1540-1548
E191	Blood Storing, Processing and Transfusion	46	3	9	S9	1549-1557
E192	Intravenous Therapy	47	3	9	S9	1558-1566
E193	Respiratory Therapy	48	3	9	S9	1567-1575
E194	Physical Therapy	49	3	9	S9	1576-1584
E195	Occupational Therapy	50	3	9	S9	1585-1593
E196	Speech Pathology	51	3	9	S9	1594-1602
E197	Electrocardiology	52	3	9	S9	1603-1611
E198	Electroencephalography	53	3	9	S9	1612-1620
E199	Medical Supplies Charges to Patients	54	3	9	S9	1621-1629
E200	Drugs Charged to Patients	55	3	9	S9	1630-1638
E201	Renal Dialysis	56	3	9	S9	1639-1647
E202	All Other Inpatient Ancillary cost Centers	57	3	9	S9	1648-1656
E203	Outpatient Clinic	58-59	3	9	S9	1657-1665
E204	Emergency	60	3	9	S9	1666-1674
E205	All Other Outpatient Service Cost Centers Including Observation Beds	61	3	9	S9	1675-1683
E206	All Other Reimbursable Cost Centers	62-63	3	9	S9	1684-1692
E207	Total Inpatient Ancillary Costs	64-68 101	3	9	S9	1693-1701

UTILIZATION DATA
SUBPROVIDER II
SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART I

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E208	General Service Beds Available (See Note 3)	1	9	S9	1702-1710	
E209	General Service Bed Days Available (See Note 4)	9.01	2	9	S9	1711-1719
E210	Total Discharges	9.01 9.01	15	9	S9	1720-1728

SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE
SUBPROVIDER II
SOURCE: FORM HCFA 2552-92, WORKSHEET D-1, PARTS I AND II

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E211	Total Routine Inpatient Days, All Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)		1	9	S9	1729-1737
E212	Total Routine Inpatient Days, Medicare Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)	2	1	9	S9	1738-1746
E213	Total General Inpatient Routine Service Cost	9	1	9	S9	1747-1755
E214	General Inpatient Routine Service Cost, Net of Swing Bed Cost and Private Room Differential	21	1	9	S9	1756-1764
E215	General Inpatient Routine Service Cost -- Total Medicare Cost	37	1	9	S9	1765-1773
E216	Nursery - Total Inpatient Days, All Patients	41	2	9	S9	1774-1782
E217	Nersery - Medicare Inpatient Days	42	4	9	S9	1783-1791
E218	Nursery - Total Medicare Cost	42	5	9	S9	1792-1800
E219	Intensive Care - Total Inpatient Days, All Patients	42	2	9	S9	1801-1809
E220	Intensive Care - Medicare Inpatient Days	43	4	9	S9	1810-1818
E221	Intensive Care - Total Medicare Cost	43	5	9	S9	1819-1827
E222	Coronary Care - Total Inpatient Days, All Patients	43	2	9	S9	1828-1836
E223	Coronary Care - Medicare Inpatient Days	44	4	9	S9	1837-1845
E224	Coronary Care - Total Medicare Cost	44	5	9	S9	1846-1854
E225	All Other Special Care - Total Inpatient Days	44	2	9	S9	1855-1863
E226	All Other Special Care - Medicare Inpatient Days	45-47	4	9	S9	1864-1872
E227	All Other Special Care - Total Medicare Cost	45-47	5	9	S9	1873-1881
E228	Medicare Inpatient Ancillary Cost, Before Limitation	45-47	1	9	S9	1882-1890
E229	Total Medicare Inpatient Operating Costs, Including Pass Through Costs	48	1	9	S9	1891-1899
E230	Medicare Inpatient Routine Through Costs	49	1	9	S9	1900-1908
E231	Medicare Inpatient Ancillary Pass Through Costs	50	1	9	S9	1909-1917
E232	Total Medicare Excludable Costs	51	1	9	S9	1918-1926
E233	Total Medicare Inpatient Operating Costs - Excluding Pass Through Costs	52	1	9	S9	1927-1935
E234	Medicare Discharges	53	1	9	S9	1936-1944
E235	TEFRA Target Amount per Discharge	54	1	9	S9(7)v9(2)	1945-1953
E236	TEFRA Target Amount in Total	55	1	9	S9	1954-1962
E237	Difference Between Inpatient Operating Cost (Line 53) and Inpatient Operating Cost (Line 56)	56	1	9	S9	1971-1973
E238	Incentive/Penalty Payment	57	1	9	S9	1972-1980
E239	Allowable Medicare Inpatient Cost Plus Incentive Payment	58	1	9	S9	1981-1989
		59				

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

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E240	Operating Room	37	2	9	S9	1990-1998
E241	Recovery Room	38	2	9	S9	1999-2007
E242	Delivery Room and Labor Room	39	2	9	S9	2008-2016
E243	Anesthesiology	40	2	9	S9	2017-2025
E244	Radiology -- Diagnostic	41	2	9	S9	2026-2034
E245	Radiology -- Therapeutic	42	2	9	S9	2035-2043
E246	Radioisotope	43	2	9	S9	2044-2052
E247	Laboratory	44	2	9	S9	2053-2061
E248	PBP Clinic Lab Services - Program Only	45	2	9	S9	2062-2070
E249	Whole Blood and Packed Red Blood Cells	46	2	9	S9	2071-2079
E250	Blood Storing, Processing and Transfusion	47	2	9	S9	2080-2088
E251	Intravenous Therapy	48	2	9	S9	2089-2097
E252	Respiratory Therapy	49	2	9	S9	2098-2106
E253	Physical Therapy	50	2	9	S9	2107-2115
E254	Occupational Therapy	51	2	9	S9	2116-2124
E255	Speech Pathology	52	2	9	S9	2125-2133
E256	Electrocardiology	53	2	9	S9	2134-2142
E257	Electroencephalography	54	2	9	S9	2143-2151
E258	Medical Supplies Charges to Patients	55	2	9	S9	2152-2160
E259	Drugs Charged to Patients	56	2	9	S9	2161-2169
E260	Renal Dialysis	57	2	9	S9	2170-2178
E261	All Other Inpatient Ancillary cost Centers	58-59	2	9	S9	2179-2187
E262	Outpatient Clinic	60	2	9	S9	2188-2196
E263	Emergency	61	2	9	S9	2197-2205
E264	All Other Outpatient Service Cost Centers Including Observation Beds	62-63	2	9	S9	2206-2214
E265	All Other Reimbursable Cost Centers	64-68	2	9	S9	2215-2223
E266	Total Medicare Inpatient Hospital Charges	101	2	9	S9	2224-2232

MEDICARE PART A INPATIENT ANCILLARY COSTS
SUBPROVIDER II
SOURCE: FORM HCFA 2552-92, WORKSHEET D-4

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E267	Operating Room	37	3	9	S9	2233-22451
E268	Recovery Room	38	3	9	S9	2242-2250
E269	Delivery Room and Labor Room	39	3	9	S9	2251-2259
E270	Anesthesiology	40	3	9	S9	2260-2268
E271	Radiology -- Diagnostic	41	3	9	S9	2269-2277
E272	Radiology -- Therapeutic	42	3	9	S9	2278-2286
E273	Radioisotope	43	3	9	S9	2287-2295
E274	Laboratory	44	3	9	S9	2296-2304
E275	PBP Clinic Lab Services - Program Only	45	3	9	S9	2305-2313
E276	Whole Blood and Packed Red Blood Cells	46	3	9	S9	2314-2322
E277	Blood Storing, Processing and Transfusion	47	3	9	S9	2323-2331
E278	Intravenous Therapy	48	3	9	S9	2332-2340
E279	Respiratory Therapy	49	3	9	S9	2341-2349
E280	Physical Therapy	50	3	9	S9	2350-2358
E281	Occupational Therapy	51	3	9	S9	2359-2367
E282	Speech Pathology	52	3	9	S9	2368-2376
E283	Electrocardiology	53	3	9	S9	2377-2385
E284	Electroencephalography	54	3	9	S9	2386-2394
E285	Medical Supplies Charges to Patients	55	3	9	S9	2395-2403
E286	Drugs Charged to Patients	56	3	9	S9	2404-2412
E287	Renal Dialysis	57	3	9	S9	2413-2421
E288	All Other Inpatient Ancillary cost Centers	58-59	3	9	S9	2422-2430
E289	Outpatient Clinic	60	3	9	S9	2431-2439
E290	Emergency	61	3	9	S9	2440-2448
E291	All Other Outpatient Service Cost Centers Including Observation Beds	62-63	3	9	S9	2449-2457
E292	All Other Reimbursable Cost Centers	64-68	3	9	S9	2458-2466
E293	Total Inpatient Ancillary Costs	101	3	9	S9	2467-2475

UTILIZATION DATA
SUBPROVIDER III
SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART I

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E294	General Service Beds Available (See Note 3)	9.02	1	9	S9	2476-2484
E295	General Service Bed Days Available (See Note 4)	9.02	2	9	S9	2485-2493
E296	Total Discharge	9.02	15	9	S9	2494-2502

SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE
SUBPROVIDER III
SOURCE: FORM HCFA 2552-92, WORKSHEET D-1, PARTS I AND II

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E297	Total Routine Inpatient Days, All Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)		1	9	S9	2503-2511
E298	Total Routine Inpatient Days, Medicare Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)	2	1	9	S9	2512-2520
E299	Total General Inpatient Routine Service Cost	9	1	9	S9	2521-2529
E300	General Inpatient Routine Service Cost, Net of Swing Bed Cost and Private Room Differential	21	1	9	S9	2530-2538
E301	General Inpatient Routine Service Cost -- Total Medicare Cost	37	1	9	S9	2539-2547
E302	Nursery - Total Inpatient Days, All Patients	41	2	9	S9	2548-2556
E303	Nersery - Medicare Inpatient Days	42	4	9	S9	2557-2565
E304	Nursery - Total Medicare Cost	42	5	9	S9	2566-2574
E305	Intensive Care - Total Inpatient Days, All Patients	42	2	9	S9	2575-2583
E306	Intensive Care - Medicare Inpatient Days	43	4	9	S9	2584-2592
E307	Intensive Care - Total Medicare Cost	43	5	9	S9	2593-2601
E308	Coronary Care - Total Inpatient Days, All Patients	43	2	9	S9	2602-2610
E309	Coronary Care - Medicare Inpatient Days	44	4	9	S9	2611-2619
E310	Coronary Care - Total Medicare Cost	44	5	9	S9	2620-2628
E311	All Other Special Care - Total Inpatient Days	44	1	9	S9	2629-2637
E312	All Other Special Care - Medicare Inpatient Days	45-47	1	9	S9	2638-2646
E313	All Other Special Care - Total Medicare Cost	45-47	1	9	S9	2647-2655
E314	Medicare Inpatient Ancillary Cost, Before Limitation	45-47	1	9	S9	2656-2664
E315	Total Medicare Inpatient Operating Costs, Including Pass Through Costs	48	1	9	S9	2665-2673
E316	Medicare Inpatient Routine Through Costs	49	1	9	S9	2674-2682
E317	Medicare Inpatient Ancillary Pass Through Costs	50	1	9	S9	\
E318	Total Medicare Excludable Costs	51	1	9	S9	2683-2691
E319	Total Medicare Inpatient Operating Costs - Excluding Pass Through Costs	51	1	9	S9	2692-2700
E320	Medicare Discharges	52	1	9	S9	2701-2709
E321	TEFRA Target Amount per Discharge	53	1	9	S9	2710-2718
E322	TEFRA Target Amount in Total	54	1	9	S9(7)v9(2)	2719-2727
E323	Difference between inpatient Operating cost (Line 53) and Inpatient Operating cost (Line 56)	55	1	9	S9	2728-2736
E324	Incentive/Penalty Payment	56	1	9	S9	2737-2745
E325	Allowable Medicare Inpatient Cost Plus Icentive Payment	57	1	9	S9	2746-2754
		58	1	9	S9	2755-2763
		59				

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

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E326	Operating Room	37	2	9	S9	2764-2772
E327	Recovery Room	38	2	9	S9	2773-2781
E328	Delivery Room and Labor Room	39	2	9	S9	2782-2790
E329	Anesthesiology	40	2	9	S9	2791-2799
E330	Radiology -- Diagnostic	41	2	9	S9	2800-2808
E331	Radiology -- Therapeutic	42	2	9	S9	2809-2817
E332	Radioisotope	43	2	9	S9	2818-2826
E333	Laboratory	44	2	9	S9	2827-2835
E334	PBP Clinic Lab Services - Program Only	45	2	9	S9	2836-2844
E335	Whole Blood and Packed Red Blood Cells	46	2	9	S9	2845-2853
E336	Blood Storing, Processing and Transfusion	47	2	9	S9	2854-2862
E337	Intravenous Therapy	48	2	9	S9	2863-2871
E338	Respiratory Therapy	49	2	9	S9	2872-2880
E339	Physical Therapy	50	2	9	S9	2881-2889
E340	Occupational Therapy	51	2	9	S9	2890-2898
E341	Speech Pathology	52	2	9	S9	2899-2907
E342	Electrocardiology	53	2	9	S9	2908-2916
E343	Electroencephalography	54	2	9	S9	2917-2925
E344	Medical Supplies Charges to Patients	55	2	9	S9	2926-2934
E345	Drugs Charged to Patients	56	2	9	S9	2935-2943
E346	Renal Dialysis	57	2	9	S9	2944-2952
E347	All Other Inpatient Ancillary Cost Centers	58-59	2	9	S9	2953-2961
E348	Outpatient Clinic	60	2	9	S9	2962-2970
E349	Emergency	61	2	9	S9	2971-02979
E350	All Other Outpatient Service Cost Centers Including Observation Beds	62-63	2	9	S9	2980-2988
E351	All Other Reimbursable Cost Centers	64-68	2	9	S9	2989-2997
E352	Total Medicare Inpatient Hospital Charges	101	2	9	S9	2998-3006

MEDICARE PART A INPATIENT ANCILLARY COSTS
SUBPROVIDER III
SOURCE: FORM HCFA 2552-92, WORKSHEET D-4

	Field Name	Line(s	Column(s)	Field Size	Usage	Location
E353	Operating Room	)	3	9	S9	3007-3015
E354	Recovery Room	37	3	9	S9	3016-3024
E355	Delivery Room and Labor Room	38	3	9	S9	3025-3033
E356	Anesthesiology	39	3	9	S9	3034-3042
E357	Radiology -- Diagnostic	40	3	9	S9	3043-3051
E358	Radiology -- Therapeutic	41	3	9	S9	3052-3060
E359	Radioisotope	42	3	9	S9	3061-3069
E360	Laboratory	43	3	9	S9	3070-3078
E361	PBP Clinic Lab Services - Program Only	44	3	9	S9	3079-3087
E362	Whole Blood and Packed Red Blood Cells	45	3	9	S9	3088-3096
E363	Blood Storing, Processing and Transfusion	46	3	9	S9	3097-3105
E364	Intravenous Therapy	47	3	9	S9	3106-3114
E365	Respiratory Therapy	48	3	9	S9	3115-3123
E366	Physical Therapy	49	3	9	S9	3124-3132
E367	Occupational Therapy	50	3	9	S9	3133-3141
E368	Speech Pathology	51	3	9	S9	3142-3150
E369	Electrocardiology	52	3	9	S9	3151-3159
E370	Electroencephalography	53	3	9	S9	3160-3168
E371	Medical Supplies Charges to Patients	54	3	9	S9	3169-3177
E372	Drugs Charged to Patients	55	3	9	S9	3178-3186
E373	Renal Dialysis	56	3	9	S9	3187-3195
E374	All Other Inpatient Ancillary Cost Centers	57	3	9	S9	3196-3204
E375	Outpatient Clinic	58-59	3	9	S9	3205-3213
E376	Emergency	60	3	9	S9	3214-3222
E377	All Other Outpatient Service Cost Centers	61				
	Including Observation Beds		3	9	S9	3223-3231
E378	All Other Reimbursable Cost Centers	62-63	3	9	S9	3232-3240
E379	Total Inpatient Ancillary Costs	64-68	3	9	S9	3241-3249
		101				

UTILIZATION DATA
SUBPROVIDER IV
SOURCE: FORM HCFA 2552-92, WORKSHEET S-3, PART I

	Field Name	Line(s	Column(s)	Field Size	Usage	Location
E380	General Service Beds Available (See Note 3)	)	1	9	S9	3250-3258
E381	General Service Bed Days Available (See Note 4)	9.03	2	9	S9	3259-3267
E382	Total Discharge	9.03	15	9	S9	3268-3276
		9.03				

SUMMARY OF INPATIENT OPERATING COSTS IN TOTAL AND FOR MEDICARE
SUBPROVIDER IV
SOURCE: FORM HCFA 2552-92, WORKSHEET D-1, PARTS I AND II

	Field Name	Line(s)	Column(s)	Field Size	Usage	Location
E383	Total Routine Inpatient Days, All Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)		1	9	S9	3277-3285
E384	Total Routine Inpatient Days, Medicare Patients (Includes Private Room Days Excludes Swing Bed Days and Newborn Days)	2	1	9	S9	3286-3294
E385	Total General Inpatient Routine Service Cost	9	1	9	S9	3295-3303
E386	General Inpatient Routine Service Cost, Net of Swing Bed Cost and Private Room Differential	21	1	9	S9	3304-3312
E387	General Inpatient Routine Service Cost -- Total Medicare Cost	37	1	9	S9	3313-3321
E388	Nursery - Total Inpatient Days, All Patients	41	2	9	S9	3322-3330
E389	Nersery - Medicare Inpatient Days	42	4	9	S9	3331-3339
E390	Nursery - Total Medicare Cost	42	5	9	S9	3340-3348
E391	Intensive Care - Total Inpatient Days, All Patients	42	2	9	S9	3349-3357
E392	Intensive Care - Medicare Inpatient Days	43	4	9	S9	3358-3366
E393	Intensive Care - Total Medicare Cost	43	5	9	S9	3367-3375
E394	Coronary Care - Total Inpatient Days, All Patients	44	2	9	S9	3376-3384
E395	Coronary Care - Medicare Inpatient Days	44	4	9	S9	3385-3393
E396	Coronary Care - Total Medicare Cost	44	5	9	S9	3394-3402
E397	All Other Special Care - Total Inpatient Days	45-47	1	9	S9	3403-3411
E398	All Other Special Care - Medicare Inpatient Days	45-47	1	9	S9	3412-3420
E399	All Other Special Care - Total Medicare Cost	45-47	1	9	S9	3421-3429
E400	Medicare Inpatient Ancillary Cost, Before Limitation	48	1	9	S9	3430-3438
E401	Total Medicare Inpatient Operating Costs, Including Pass Through Costs	49	1	9	S9	3439-3447
E402	Medicare Inpatient Routine Through Costs	50	1	9	S9	3448-3456
E403	Medicare Inpatient Ancillary Pass Through Costs	51	1	9	S9	3457-3465
E404	Total Medicare Excludable Costs	52	1	9	S9	3466-3474
E405	Total Medicare Inpatient Operating Costs - Excluding Pass Through Costs	53	1	9	S9	3475-3483
E406	Medicare Discharges	54	1	9	S9	3484-3492
E407	TEFRA Target Amount per Discharge	55	1	9	S9(7)v9(2)	3493-3501
E408	TEFRA Target Amount in Total	56	1	9	S9	3502-3510
E409	Difference between inpatient Operating cost (Line 53) and Inpatient Operating cost (Line 56)	57	1	9	S9	3511-3519
E410	Incentive/Penalty Payment	58	1	9	S9	3520-3528
E411	Allowable Medicare Inpatient Cost Plus Icentive Payment	59	1	9	S9	3529-3537

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

	Field Name	Line(s	Column(s)	Field Size	Usage	Location
E412	Operating Room	)	2	9	S9	3538-3546
E413	Recovery Room	37	2	9	S9	3547-3555
E414	Delivery Room and Labor Room	38	2	9	S9	3556-3564
E415	Anesthesiology	39	2	9	S9	3565-3573
E416	Radiology -- Diagnostic	40	2	9	S9	3574-3582
E417	Radiology -- Therapeutic	41	2	9	S9	3583-3591
E418	Radioisotope	42	2	9	S9	3592-3600
E419	Laboratory	43	2	9	S9	3601-3609
E420	PBP Clinic Lab Services - Program Only	44	2	9	S9	3610-3618
E421	Whole Blood and Packed Red Blood Cells	45	2	9	S9	3619-3627
E422	Blood Storing, Processing and Transfusion	46	2	9	S9	3628-3636
E423	Intravenous Therapy	47	2	9	S9	3637-3645
E424	Respiratory Therapy	48	2	9	S9	3646-3654
E425	Physical Therapy	49	2	9	S9	3655-3663
E426	Occupational Therapy	50	2	9	S9	3664-3672
E427	Speech Pathology	51	2	9	S9	3673-3681
E428	Electrocardiology	52	2	9	S9	3682-3690
E429	Electroencephalography	53	2	9	S9	3691-3699
E430	Medical Supplies Charges to Patients	54	2	9	S9	3700-3708
E431	Drugs Charged to Patients	55	2	9	S9	3709-3717
E432	Renal Dialysis	56	2	9	S9	3718-3726
E433	All Other Inpatient Ancillary Cost Centers	57	2	9	S9	3727-3735
E434	Outpatient Clinic	58-59	2	9	S9	3736-3744
E435	Emergency	60	2	9	S9	3745-3753
E436	All Other Outpatient Service Cost Centers Including Observation Beds	61	2	9	S9	3754-3762
E437	All Other Reimbursable Cost Centers	62-63	2	9	S9	3763-3771
E438	Total Medicare Inpatient Hospital Charges	64-68 101	2	9	S9	3772-3780

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

	Field Name	Line(s	Column(s)	Field Size	Usage	Location
E439	Operating Room	)	3	9	S9	3781-3789
E440	Recovery Room	37	3	9	S9	3790-3798
E441	Delivery Room and Labor Room	38	3	9	S9	3799-3807
E442	Anesthesiology	39	3	9	S9	3808-3816
E443	Radiology -- Diagnostic	40	3	9	S9	3817-3825
E444	Radiology -- Therapeutic	41	3	9	S9	3826-3834
E445	Radioisotope	42	3	9	S9	3835-3843
E446	Laboratory	43	3	9	S9	3844-3852
E447	PBP Clinic Lab Services - Program Only	44	3	9	S9	3853-3861
E448	Whole Blood and Packed Red Blood Cells	45	3	9	S9	3862-3870
E449	Blood Storing, Processing and Transfusion	46	3	9	S9	3871-3879
E450	Intravenous Therapy	47	3	9	S9	3880-3888
E451	Respiratory Therapy	48	3	9	S9	3889-3897
E452	Physical Therapy	49	3	9	S9	3898-3906
E453	Occupational Therapy	50	3	9	S9	3907-3915
E454	Speech Pathology	51	3	9	S9	3916-3924
E455	Electrocardiology	52	3	9	S9	3925-3933
E456	Electroencephalography	53	3	9	S9	3934-3942
E457	Medical Supplies Charges to Patients	54	3	9	S9	3943-3951
E458	Drugs Charged to Patients	55	3	9	S9	3952-3960
E459	Renal Dialysis	56	3	9	S9	3961-3969
E460	All Other Inpatient Ancillary Cost Centers	57	3	9	S9	3970-3978
E461	Outpatient Clinic	58-59	3	9	S9	3979-3987
E462	Emergency	60	3	9	S9	3988-3996
E463	All Other Outpatient Service Cost Centers Including Observation Beds	61	3	9	S9	3997-4005
E464	All Other Reimbursable Cost Centers	62-63	3	9	S9	4006-4014
E465	Total Medicare Inpatient Hospital Charges	64-68 101	3	9	S9	4015-4023

Hospitals and Excluded Units Per Data Set

Explanatory Notes

1. The File Creation Date (E21) and System Identification Field (E22) are primarily for internal use only. E21 represents the date that the HCRIS information was extracted from the cost report. E22 enables system errors to be more quickly identified and corrected.

2. This field identifies cost reports filed by providers which have filed either a low or no Medicare utilization cost report. These cost reports may be filed in the usual fashion or by using a shortened format.

   Under section 2414.4 of the Provider Reimbursement Manual, a low or no utilization cost report may be filed in an abbreviated cost report. Data files of each of these abbreviated cost reports will contain certain identifying and information data as specificed below.

   The values for field E25 may be either "L", "N" or "F".

   N = No Medicare Utilization report, abbreviated under section 2414.4, which will have data present in up to 11 fields (E1, E17-E21, E23, E25, E26, E34, and E35).

   L = Low Medicare utilization report abbreviated under Section 2414.4, which will have data in up to all fields (E1, E17-E21, E23, E25, E26, E34, and E35).

   F = Full cost report most of which will have normal levels of Medicare utilization, but some of which will have either very low or no inpatient Medicare utilization at all.

3. Beds Available (E36, E122, E208, E294 and E380) are those available for use by patients at the end of the cost reporting period.

4. Bed Days Available (E37, E123, E209, E295 and E381) 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.

Hospitals and Excluded Units Per Data Set
Tables

Table A: Cost Report Status (E23)

N = As Submitted
J = Settled Without Audit
E = Settled With Audit
A = Reopened

Table B: Type of Control (E26)

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 C: Type of Hospital (E27)

Note that Alcohol Rehabilitation was deleted from the type of hospital beginning with cost reports filed on the Form HCFA 2552-89, i.e., those with cost reporting periods beginning on or after January 1, 1989.

<u>2552-92</u>

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

Hospitals and Excluded Units Data Set

Tables

Table D: SSA State Codes (E31)
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, DC
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		

Table E: Census Divisions (E34)

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

Table F: HCFA Regions (E35)

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