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				General Service Cost Center Line Assignments (95)					
				(38) Standard 001-026, 029-030, 033, 040-047, 095					
				(57)Variable 027-028, 031-032, 034-039, 048 - 094					
				(Program Capabilities 200)					
		1	0100	Old Capital Related Costs-- Buildings and Fixtures	001	1100	1		
		2	0200	Old Capital Related Costs-- Movable Equipment	002	1101	2		
		3	0300	New Capital Related Costs-- Buildings and Fixtures	042	1128	3		
		4	0400	New Capital Related Costs-- Movable Equipment	043	1129	4		
		5	0500	Employee Benefits	003	1102	5		
		5.01	1080	Inservice Education	044	1144	6		
		5.02	0501	Day Care	045	1142	7		
		7	0700	Maintenance and Repairs	004	1100	8		
		8	0800	Operation of Plant	041	1100	9		
		9	0900	Laundry and Linen Service	005	1103	10		
		10	1000	Housekeeping	006	1104	11		
		11.01	1101	Dietary--Raw Food	007	1105	12		
		11.02	1102	Dietary--Other	008	1106	13		
		12	1200	Cafeteria	009	1107	14		
		13	1300	Maintenance of Personnel	010	1108	15		
		17	1700	Medical Records & Medical Records Library	011	1109	16		
		18	1800	Social Service	012	1110	17		
		19	1501	Medical Supplies and Expense	015	1113	18		
		19.01	1500	Central Services and Supply	016	1114	19		
		19.02	1600	Pharmacy	017	1115	20		
		19.03	1400	Nursing Administration	018	1120	21		
		19.04	1950	Intensive Nursing Care	019	1117	22		
		19.05	1951	General Nursing Service	021	1116	23		
		19.06	1952	Supervising Physicians-- Other	040	1139	24		
		19.07	1953	Transportation	046	1141	25		
		19.08	1954	Activities	047	1143	26		
		20	2000	Nonphysician Anesthetists	029	1130	27		
		21	2100	Nursing School	020	1118	28		
		22	2200	Intern & Res. Service-- Salary & Fringes (Appvd)	013	1111	29		
		23	2300	Intern & Res. Other Program Costs (Appvd)	033	1131	30		

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		23.01	2301	Supervising Physicians - Teaching	014	1112	31		
		24	2400	Paramedical Ed. Program (Specify)	030	1127	32		
		6.01	0610	Nonpatient Telephones	022	1122	33		
		6.02	0620	Data Processing	023	1123	34		
		6.03	0630	Purchasing Receiving and Stores	024	1124	35		
		6.04	0640	Admitting	025	1125	36		
		6.05	0650	Cashiering/Accounts Receivable	026	1126	37		
		6.06	0660	Other Administrative and General	095	0000	38		
		Variable	Variable	Any Additional General Service Cost Centers	027, 028, 031, 032, 034 to 039, 048 to 094	1119, 1132 to 1138, 1200 to 1248			
				Ancillary Service Cost Center Line Assignments (99)					
				(66) Standard 100 - 124, 126 - 128, 132 - 158, 187-197					
				(33) Variable 125, 129 - 131, 159 - 186					
				(Program Capabilities 150 lines for Ancillary and Outpatient Cost Centers)					
		37	3700	Operating Room	100	1150	100		
		38	3800	Recovery Room	101	1179	101		
		39	3900	Delivery Room & Labor Room	103	1152	102		
		40	4000	Anesthesiology	102	1151	103		
		41	4100	Radiology-Diagnostic	104	1153	104		
		42	4200	Radiology-Therapeutic	105	1154	105		
		43	4300	Radioisotope	121	1167	106		
		43.01	3230	CAT Scan	128	1177	107		
		44	4400	Laboratory	106	1155	108		
		44.01	4401	Bio-Medical (Lab) (Engineering)	139	1192	109		
		45	4500	PBP Clinical Lab Srvc-Program Only	132	1185	110		
		46	4600	Whole Blood and Packed Red Blood Cells	114	1160	111		
		46.30	4650	Blood Clotting Factors Admin Costs	118	1164	112		
		47	4700	Blood Storing, Processing & Trans.	115	1168	113		
		48	4800	Intravenous Therapy	117	1162	114		
		49	4900	Respiratory Therapy	113	1159	115		
		50	5000	Physical Therapy	109	1158	116		
		51	5100	Occupational Therapy	110	1163	117		
		52	5200	Speech Pathology	111	1173	118		
		53	5300	Electrocardiology	107	1156	119		
		54	5400	Electroencephalography	108	1157	120		
		55	5500	Med Supplies Charged to Patients	122	1169	121		

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		55.30	5530	Implantable Devices Charged to Patients	197	1298	122		
		56	5600	Drugs Charged to Patients	123	1170	123		
		57	5700	Renal Dialysis	124	1172	124		
		58	5800	ASC (Non-Distinct)	126	1184	125		
		59	3996	Blank Line - Not Used	198	1299	126		
		59.01	3040	Audiology	112	1174	127		
		59.02	3320	Shock Therapy	116	1161	128		
		59.03	3160	Cardiopulmonary	119	1199	129		
		59.04	3950	Cystoscopy	120	1166	130		
		59.05	3630	Ultrasound Diagnostic	127	1176	131		
		59.06	3480	Oncology	134	1187	132		
		59.07	3430	Magnetic Resonance Imaging	135	1188	133		
		59.08	3440	Mammography	136	1189	134		
		59.09	3450	Nuclear Medicine - Diagnostic	137	1190	135		
		59.10	3470	Nuclear Medicine - Therapeutic	138	1191	136		
		59.11	3240	Cytology	140	1193	137		
		59.12	3120	Cardiac Catherization Laboratory	141	1194	138		
		59.13	3650	Vascular Lab	142	1195	139		
		59.14	3580	Recreational Therapy	143	1196	140		
		59.15	3140	Cardiology	144	1197	141		
		59.16	3260	Echocardiography	145	1198	142		
		59.17	3560	Pulmonary Function Testing	146	1250	143		
		59.18	3620	Stress Test	147	1251	144		
		59.19	3640	Urology	148	1252	145		
		59.20	3330	Endoscopy	149	1253	146		
		59.21	3340	Gastro Intestinal Services	150	1254	147		
		59.22	3520	Ophthalmology	151	1255	148		
		59.23	3550	Psychiatric/Psychological Services	152	1256	149		
		59.24	3250	Dental Services	153	1257	150		
		59.25	3070	Birthing Center	154	1258	151		
		59.26	3951	Fee For Service - Cardiology	155	1259	152		
		59.27	3952	Fee For Service - Emergency Service	156	1260	153		
		59.28	3953	Fee For Service - Laboratory	157	1261	154		
		59.29	3954	Fee For Service - Radiology	158	1262	155		
		59.30	3190	Chemotherapy	133	1186	156		
		59.31	3955	Asthma	196	1297	157		
		59.97	3997	Cardiac Rehabilitation	195	1296	158		

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		59.32	3956	Diabetes	194	1295	159		
		59.99	3999	Lithotripsy	193	1294	160		
		59.33	3957	Nutritional Counseling	192	1293	161		
		59.34	3958	Pain Management	191	1292	162		
		59.35	3959	PET Scans	190	1291	163		
		59.36	3960	Sleep Lab	189	1290	164		
		59.37	3961	Wound Care	188	1289	165		
		59.98	3998	Hyperbaric Oxygen Therapy	187	1288	166		
		Variable	Variable	Any Additional Ancillary Cost Centers	125, 129 to 131, 159 to 186	1165, 1175, 1178, 1180 to 1183, 1263 to 1287			
				Inpatient Service Cost Center Line Assignments (99)					
				(40) Standard 201, 204 -209, 214 - 215, 217 - 221, 224 - 229,					
				268, 301 - 317, 377-378					
				(59) Variable 318 - 376					
				(Program Capabilities 50)					
		25		Adults and Pediatrics (CMS line comb. lines 25)					
1.06	050	25.01	2501	Medical Surgical Inpatients	201		200	0195	001
1.07	054	25.02	2502	Pediatric Unit	214		201	0094	020
1.08	055	25.03	2503	Maternity Unit	215		202	0095	030
1.09		25.04	2504	Alternate Level of Care	219		203	0370	043
1.10	053	25.05	2505	Epilepsy Unit	205		204	0182	042
1.17	301	25.12	2506	Psychiatric	301		205	3001	301
1.12	057	25.07	2508	Rehabilitation Medicine	218		206	0093	41
1.18	302	25.13	2509	Traumatic Brain Injury/Coma	302		207	3002	302
1.13	060	25.08	2510	Tuberculosis	217		208	0198	45
1.14	061	25.09	2511	H. I. V. Care	224		209	0193	47
1.15	52	25.10	2512	Chemical Dependency Detoxification	203		210	0018	203
1.16	42	25.11	2514	Chemical Dependency Rehabiliatation	210		211	0019	210
1.21	304	25.16	2516	Bone Marrow Unit	304		214	3004	304
6	002	26	2600	Intensive Care Unit	206		213	0196	002
6.01	305	26.01	2601	Pediatric ICU	305		214	3005	305
	377	26.02	2602	Cardiac ICU	377		215	3080	377
7	003	27	2700	Coronary Care Unit	207		216	0197	003
8	040	28	2800	Burn Intensive Care Unit	208		217	0183	004
9	041	29	2900	Surgical Intensive Care Unit	209		218	0184	005
10	063	30	2060	Neonatal Intensive Care Unit	229		219	0194	054

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10.98	310			Neonatal Intermediate Care			220		310
10.99	311			Neonatal Continuing Care			221		311
	See Below	30.01	See HCRIS List	Other Special Care Units (specify)	See Below			See Below	See Below
14	009	31	3100	Subprovider 1 - Psychiatric	225		222	0188	055
14.03	378	31.03	3103	Long Term Psychiatric Unit	378		223	3081	378
14.01	010	31.01	3101	Subprovider 2 Rehabilitation	226		224	0189	056
14.02	306	31.02	3102	Traumatic Brain Injury/Coma	306		225	3006	306
11		33		Nursery CMS Only (Comb. Prem. & Newborn)					
11.01	039	33.01	3301	Nursery - Premature	227		226	0024	051
11.02	007	33.02	3302	Nursery - Newborn	228		227	0025	052
Variable	318-371	Variable	Variable	Any Add'l Inpatient Component Other than SNF/Other Long Term Care	318-371			3021-3074	318-371
15		34		Skilled Nursing Facility (Comb. for CMS 2552-96)					
15.01	011	34.01	3400	Skilled Nursing Facility 1 (RHCF)	268		228	0032	053
15.02	307	34.02	3401	Skilled Nursing Facility 2 (RHCF)	307		229	3007	307
15.03	312	34.03	3402	SNF Head Injury	312		230	3012	312
15.04	313	34.04	3403	Long Term Ventilator Dependent	313		231	3015	313
15.05	314	34.05	3404	Behavioral Intervention	314		232	3016	314
15.06	315	34.06	3405	Specialty Pediatric SNF	315		233	3017	315
15.07	316	34.07	3406	Aids SNF	316		234	3018	316
15.08	317	34.08	3407	Transitional Care Unit	317		235	3019	317
Variable	372-373	Variable	Variable	Any Additional Skilled Nursing Facility Component	372-373			3075-3076	372-373
17		36		Other Long Term Care (Combined for CMS 2552-96)					
17.01	308	36.01	3601	Other Long Term Care 1	308		236	3008	308
17.02	309	36.02	3602	Other Long Term Care 2	309		237	3009	309
Variable	374-376	Variable	Variable	Any Additional Other Long Term Care Component	374-376			3077-3079	374-376
				Outpatient Service Cost Center Line Assignment (98)					
				(51) Standard 216, 235 - 237, 239, 240, 246 - 249, 253, 254,					
				260, 261, 263, 288 - 291, 401 - 426, 474-480					
				(47) Variable 427 - 473					
				(Program Capabilities for all Ancillary and Outpatient Cost Centers is 150 possible lines)					
		60	6000	Clinic	235		300	0026	
		60.04	6001	Alcohol Clinic	291		301	0387	
		60.15	6002	Alcohol Day Rehab Clinic	401		302	4830	
		60.16	6003	Chemotherapy Clinic	402		303	4831	
		60.17	6004	Day Hospital	403		304	4832	

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		60.18	6005	Early Intervention	404		305	4833	
		60.19	6006	Family Clinic	405		306	4834	
		60.20	6007	Family Planning	406		307	4835	
		60.21	6008	Head Injury Clinic	407		308	4836	
		60.05	6009	H. I. V. Clinics	263		309	0388	
		60.22	6010	Hyperbaric Clinic	408		310	4837	
		60.23	6011	Intravenous Gamma Gobulin Pediatric Clinic - Discontinue beg 1/1/2009	409		311	4838	
		60.24	6012	Oncology Clinic	410		312	4839	
		60.25	6013	Pediatric Clinic	411		313	4840	
		60.26	6014	Rehabilitation Clinic	412		314	4841	
		60.27	6015	Spina Bifada Clinic-Discontinue for reports beginning 1/1/09 and after	413		315	4842	
		60.39	6039	Cardiac Rehabilitation Clinic	480		345	4909	
		60.40	6040	Dental Clinic	479		346	4908	
		60.41	6041	Diabetes Clinic	478		347	4907	
		60.42	6042	PCAP Clinic	477		348	4906	
		60.43	6043	Sleep Clinic	476		349	4905	
		60.44	6044	Wound Care Clinic	475		350	4904	
		60.07	6016	Mental Health Clinic	289		316	0386	
		60.08	6017	Blank Line - Not Used	290		317	380	
		60.09	6018	Mental Health Continuing Day Treatment	249		318	0108	
		60.06	6019	Mental Health Day Treatment	246		319	0033	
		60.10	6020	Mental Health Intensive Psychiatric Rehab. Outpatient	253		320	0111	
		60.11	6021	Mental Health Partial Hosp.	254		321	0112	
		60.12	6022	All Other OMH Programs O/P	247		322	0106	
		60.13	6023	All Other OASAS Programs O/P	248		323	0107	
		60.32	6032	Mental Health Outpatient ACT Programs	420		324	4849	
		60.33	6033	Mental Health Outpatient ICM Programs	421		325	4850	
		60.34	6034	Mental Health Outpatient SCM Programs	422		326	4851	
		60.35	6035	Comprehensive PROS with Clinic	423		327	4852	
		60.36	6036	Comprehensive PROS	424		328	4853	
		60.37	6037	Limited License PROS	425		329	4854	
		60.38	6038	PROS Rehabilitation and Support	426		330	4855	
		60.28	6024	Adult Day Care 1	414		331	4843	
		60.31	6031	Adult Day Care 2	419		332	4848	
		60.02	6025	Ambulatory Surgical Service	239		333	0034	
		60.14	6026	Referred Ambulatory Service	237		334	0028	
		60.01	6027	Renal Dialysis	240		335	0383	

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		60.29	6028	Methadone Maintenance Treatment Program	262		336	0119	
		60.30	6029	Birthing Center-Discontinue for reports beginning 1/1/09 and after	415		337	4844	
		60.03	6030	Women and Infant Children Program (WIC)	418		338	4847	
		61	6100	Emergency Service	236		339	0027	
		61.01	6101	CPEP	288		340	0385	
		61.02	6102	Poison Control	416		341	4845	
26	024	62	6200	Observation Beds (Non-Distinct Part)	260		342	0030	
		62.01	6201	Observation Beds (Distinct Part)	417		343	4846	
		62.02	6202	CPEP Observation Beds (Psychiatric)	216		344	0096	
		63	See HCRIS List	Other Outpatient Cost Centers	427-473			4856-4902	
		63.60	6320	Federally Qualified Health Center (FQHC)	474		351	4903	
13	482	Not Applic.	Not Applic.	RPCH	Not Applic.			Not Applic.	
				Other Reimbursable Cost Center Line Assignments (50)					
				(18) Standard 230 - 232, 234, 238, 243, 250, 255, 257, 259, 280 - 283, 501 - 504					
				(32) Variable 505 - 536					
				(Program Capabilities of 98 total lines for Other, Special Purpose and Non-reimbursable)					
		64	6400	Home Program Dialysis	250		400	0020	
		65	6500	Ambulance Services	234		401	0031	
		66	6600	Durable Medical Equip-Rented	280		402	0133	
		67	6700	Durable Medical Equip-Sold	257		403	0115	
		68	See HCRIS List	Other Reimbursable (specify)	See Below			See Below	
19	015	69	6900	CORF	259		404	0117	
22	501	69.10	6910	CMHC	501		405	4912	
23	502	69.20	6920	OPT	502		406	4913	
23.01	503	69.30	6930	OOT	503		407	4914	
23.02	504	69.40	6940	OSP	504		408	4915	
		70	7000	I&R Services -Non Apprvd Prgm	243		409	0103	
18	014	71	7100	Home Health Agency (CMS 2552 Only)					
		72	7200	HHA - Administrative & General	255		410	0113	
		73	7300	HHA - Skilled Nursing Care	230		411	0381	
		74	7400	HHA - Physical Therapy	281		412	0134	
		75	7500	HHA - Occupational Therapy	282		413	0135	
		76	7600	HHA - Speech Pathology	283		414	0136	
		77	7700	HHA - Medical Social Services	231		415	0382	
		78	7800	Home Health Aide	238		416	0029	

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		79	7900	Other HHA Services	232		417	0021	
		Variable	Variable	Additional Other Reimbursable Cost Centers	505-536			3212-3236,4916-4922	
				Special Purpose Cost Center Line Assignments (50)					
				(14) Standard 241, 244, 245, 275,					
				285 - 287, 292, 293, 601 - 605					
				(36) Variable 606 to 641					
				(Program Capabilities - See Other Reimbursable)					
		82	8200	Lung Acquisition	602		500	3302	
		83	8300	Kidney Acquisition	241		501	0101	
		84	8400	Liver Acquisition	285		502	0138	
		85	8500	Heart Acquisition	292		503	0392	
		85.01	8510	Pancreas Acquisition	603		504	3303	
		85.02	8520	Intestinal Acquisition	604		505	3304	
		85.03	8530	Islet Cell Acquisition	605		506	3305	
		86	8600	Other Organ Acquisition (specify)	286		507	0390	
		Variable	Variable	Additional Special Purpose Cost Center - Organ Acquisition	606			3306	
		88	8800	Interest Expense	244		508		
		89	8900	Utilization Review -RHCF	245		509		
		90	9000	Other Capital Related Costs	293		510		
20		92	9200	Ambulatory Surgical Center (Distinct Part)	275		511	0128	
21	017	93	9300	Hospice Inpatient	287		512	0391	
21.05	601	94	6950	Hospice -Home Care	601		513	3301	
		Variable	Variable	Additional Special Purpose Cost Centers Other than Organ Acquisition	607-641			3307-3341	
				Non Reimbursable Cost Center Line Assignments (25)					
				(6) Standard 269 - 271, 273, 274, 651					
				(19) Variable 652 - 670					
				(Program Capabilities - See Outpatient)					
		96	9600	Gift, Flower, Coffee Shop, Canteen	269		600		
		97	9700	Research	270		601		
		98	9800	Physicians Private Offices	273		602	0126	
		99	9900	Non - Paid Workers	274		603		
		100	7950	Appeal For Funds	271		604		
		100.01	7951	All Other Non- Reimbursable Expenses	651		605	3351	
			Variable	Additional Non Reimbursable Cost Centers	652-670			3352-3370	
		101		TOTAL Expenses Worksheet A-All Services	960				
		101		TOTAL Expenses Worksheet A-All Services	n/a			36	
		Totals		TOTAL Charges All Other Services	n/a			124	

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		Totals		TOTAL Charges Inpatient Service (Exh.1 Part 2)	n/a			23	
		Totals		TOTAL Charges Outpatient Clinic	n/a			123	
		Totals		TOTAL Charges Amb. Surg., Renal Dial., Emergency	n/a			122	
		Totals		TOTAL Charges All Home Health Services	n/a			125	