

FORM CMS-2552-96 to FORM CMS-2552-10 CROSSWALK

2552-96 cost centers listed in line number order; equivalent 2552-10 cost centers shown to their right.

Form CMS-2552-96 Transmittal #22 (2010)			Form CMS-2552-10 Transmittal # 1 (Dec 30 2010)		
Line Number	HCRIS Code	Cost Center Description	Line Number	HCRIS Code	Cost Center Description
		GENERAL SERVICE COST CENTERS			GENERAL SERVICE COST CENTERS
1	0100	Old Capital Related Costs-Buildings and Fixtures	1	00100	Capital Related Costs-Buildings and Fixtures
2	0200	Old Capital Related Costs-Movable Equipment	2	00200	Capital Related Costs-Movable Equipment
3	0300	New Capital Related Costs-Buildings and Fixtures			
4	0400	New Capital Related Costs-Movable Equipment			
5	0500	Employee Benefits	4	00400	Employee Benefits
6	0600	Administrative and General	5	00500	Administrative and General
7	0700	Maintenance and Repairs	6	00600	Maintenance and Repairs
8	0800	Operation of Plant	7	00700	Operation of Plant
9	0900	Laundry and Linen Service	8	00800	Laundry and Linen Service
10	1000	Housekeeping	9	00900	Housekeeping
11	1100	Dietary	10	01000	Dietary
12	1200	Cafeteria	11	01100	Cafeteria
13	1300	Maintenance of Personnel	12	01200	Maintenance of Personnel
14	1400	Nursing Administration	13	01300	Nursing Administration
15	1500	Central Services and Supply	14	01400	Central Services and Supply
16	1600	Pharmacy	15	01500	Pharmacy
17	1700	Medical Records & Medical Records Library	16	01600	Medical Records & Medical Records Library
18	1800	Social Service	17	01700	Social Service
19		Other General Service (specify)	18		Other General Service (specify)
20	2000	Nonphysician Anesthetists	19	01900	Nonphysician Anesthetists
21	2100	Nursing School	20	02000	Nursing School
22	2200	Intern & Res. Service-Salary & Fringes (Approved)	21	02100	Intern & Res. Service-Salary & Fringes (Approved)
23	2300	Intern & Res. Other Program Costs (Approved)	22	02200	Intern & Res. Other Program Costs (Approved)
24	2400	Paramedical Ed. Program (specify)	23	02300	Paramedical Ed. Program (specify)
		INPATIENT ROUTINE SERVICE COST CENTERS			INPATIENT ROUTINE SERVICE COST CENTERS
25	2500	Adults and Pediatrics (General Routine Care)	30	03000	Adults and Pediatrics (General Routine Care)
26	2600	Intensive Care Unit	31	03100	Intensive Care Unit
27	2700	Coronary Care Unit	32	03200	Coronary Care Unit
28	2800	Burn Intensive Care Unit	33	03300	Burn Intensive Care Unit
29	2900	Surgical Intensive Care Unit	34	03400	Surgical Intensive Care Unit
30		Other Special Care (specify)	35		Other Special Care (specify)
31	3100	Subprovider (specify)	40	04000	Subprovider - IPF
31.01	3101	Subprovider II (specify)	41	04100	Subprovider - IRF
31.02	3102	Subprovider III (specify)	42	04200	Subprovider (specify)
33	3300	Nursery	43	04300	Nursery
34	3400	Skilled Nursing Facility	44	04400	Skilled Nursing Facility
35	3500	Nursing Facility	45	04500	Nursing Facility

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	(continued)	INPATIENT ROUTINE SERVICE COST CENTERS		(continued)	INPATIENT ROUTINE SERVICE COST CENTERS
36	3600	Other Long Term Care	46	04600	Other Long Term Care
		ANCILLARY SERVICE COST CENTERS			ANCILLARY SERVICE COST CENTERS
37	3700	Operating Room	50	05000	Operating Room
38	3800	Recovery Room	51	05100	Recovery Room
39	3900	Delivery Room and Labor Room	52	05200	Labor Room and Delivery Room
40	4000	Anesthesiology	53	05300	Anesthesiology
41	4100	Radiology-Diagnostic	54	05400	Radiology-Diagnostic
42	4200	Radiology-Therapeutic	55	05500	Radiology-Therapeutic
43	4300	Radioisotope	56	05600	Radioisotope
			57	05700	Computed Tomography (CT) Scan
			58	05800	Magnetic Resonance Imaging (MRI)
			59	05900	Cardiac Catheterization
44	4400	Laboratory	60	06000	Laboratory
45	4500	PBP Clinical Laboratory Services-Program Only	61	06100	PBP Clinical Laboratory Services-Program Only
46	4600	Whole Blood & Packed Red Blood Cells	62	06200	Whole Blood & Packed Red Blood Cells
47	4700	Blood Storing, Processing, & Trans.	63	06300	Blood Storing, Processing, & Trans.
48	4800	Intravenous Therapy	64	06400	Intravenous Therapy
49	4900	Respiratory Therapy	65	06500	Respiratory Therapy
50	5000	Physical Therapy	66	06600	Physical Therapy
51	5100	Occupational Therapy	67	06700	Occupational Therapy
52	5200	Speech Pathology	68	06800	Speech Pathology
53	5300	Electrocardiology	69	06900	Electrocardiology
54	5400	Electroencephalography	70	07000	Electroencephalography
55	5500	Medical Supplies Charged to Patients	71	07100	Medical Supplies Charged to Patients
55.30	5530	Implantable Devices Charged to Patients	72	07200	Implantable Devices Charged to Patients
56	5600	Drugs Charged to Patients	73	07300	Drugs Charged to Patients
57	5700	Renal Dialysis	74	07400	Renal Dialysis
58	5800	ASC (Non-Distinct Part)	75	07500	ASC (Non-Distinct Part)
59		Other Ancillary (specify)	76		Other Ancillary (specify)
		OUTPATIENT SERVICE COST CENTERS			OUTPATIENT SERVICE COST CENTERS
60	6000	Clinic	90	09000	Clinic
61	6100	Emergency	91	09100	Emergency
62	6200	Observation Beds	92	09200	Observation Beds
63		Other Outpatient Service (specify)	93		Other Outpatient Service (specify)
63.50	6310	Rural Health Clinic (RHC)	88	08800	Rural Health Clinic (RHC)
63.60	6320	Federally Qualified Health Center (FQHC)	89	08900	Federally Qualified Health Center (FQHC)

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Line Number	HCRIS Code	Cost Center Description	Line Number	HCRIS Code	Cost Center Description
		OTHER REIMBURSABLE COST CENTERS			OTHER REIMBURSABLE COST CENTERS
64	6400	Home Program Dialysis	94	09400	Home Program Dialysis
65	6500	Ambulance Services	95	09500	Ambulance Services
66	6600	Durable Medical Equipment-Rented	96	09600	Durable Medical Equipment-Rented
67	6700	Durable Medical Equipment-Sold	97	09700	Durable Medical Equipment-Sold
68		Other Reimbursable (specify)	98		Other Reimbursable (specify)
69		Outpatient Rehabilitation Provider (specify)	99		Outpatient Rehabilitation Provider (specify)
70	7000	Intern-Resident Service (not appvd. tchnng. prgm.)	100	10000	Intern-Resident Service (not appvd. tchnng. prgm.)
71	7100	Home Health Agency	101	10100	Home Health Agency
		SPECIAL PURPOSE COST CENTERS			SPECIAL PURPOSE COST CENTERS
82	8200	Lung Acquisition	108	10800	Lung Acquisition
83	8300	Kidney Acquisition	105	10500	Kidney Acquisition
84	8400	Liver Acquisition	107	10700	Liver Acquisition
85	8500	Heart Acquisition	106	10600	Heart Acquisition
85.01	8510	Pancreas Acquisition	109	10900	Pancreas Acquisition
85.02	8520	Intestinal Acquisition	110	11000	Intestinal Acquisition
85.03	8530	Islet Acquisition	111	11100	Islet Acquisition
86		Other Organ Acquisition (specify)	112		Other Organ Acquisition (specify)
88	8800	Interest Expense	113	11300	Interest Expense
89	8900	Utilization Review-SNF	114	11400	Utilization Review-SNF
90	9000	Other Capital-Related Costs (see instructions)	3	00300	Other Capital Related Costs
92	9200	Ambulatory Surgical Center (Distinct Part)	115	11500	Ambulatory Surgical Center (Distinct Part)
93	9300	Hospice	116	11600	Hospice
94		Other Special Purpose (specify)	117		Other Special Purpose (specify)
95		SUBTOTALS (sum of lines 1-94)	118		SUBTOTALS (sum of lines 1-117)
		NONREIMBURSABLE COST CENTERS			NONREIMBURSABLE COST CENTERS
96	9600	Gift, Flower, Coffee Shop, & Canteen	190	19000	Gift, Flower, Coffee Shop, & Canteen
97	9700	Research	191	19100	Research
98	9800	Physicians' Private Offices	192	19200	Physicians' Private Offices
99	9900	Nonpaid Workers	193	19300	Nonpaid Workers
100		Other Nonreimbursable (specify)	194		Other Nonreimbursable (specify)
101		TOTAL (sum of lines 95-100)	200		TOTAL (sum of lines 118-199)