HOSPITAL COST REPORT INFORMATION SYSTEM
HOSPITAL PART B INSTITUTIONAL DATA SET

PPS YR 7+8

TABLE OF CONTENTS

Identifying and Informational Data	1
Medicare Charges and Costs for Outpatient Ambulatory Surgery Services	2
Medicare Charges and Costs for Outpatient Radiology Services	3
Medicare Charges and Costs for Outpatient Diagnostic Services	4
Medicare Charges for All Other Part B Services	5
Medicare Costs for All Other Part B Services	6
Settlement Summary for Outpatient Ambulatory Surgery Services	7
Settlement Summary for Outpatient Radiology Services	7, 8
Settlement Summary for Outpatient Diagnostic Services	8, 9
Medicare Part B Settlement Summary	10
Tables and Explanatory Notes	11 - 14

HOSPITAL COST REPORT DATA: HOSPITAL PART B INSTITUTIONAL DATA SET

The Hospital Part B Institutional Data Set contains cost, financial and other information from the Medicare Hospital Cost Report. Each data set includes extracts of cost reports. The data set includes only the most current cost report available (reopened, final settled with audit, final settled without, or as submitted) of Medicare certified hospitals submitted to HCFA by Medicare fiscal intermediaries.

Each file contains data from hospitals with cost reporting periods beginning during each Federal fiscal year, as shown below.

File Name	Periods Included - Fiscal Years Beginning	Update Schedule
PPS VII	After 9/30/89 and before 10/1/90	Quarterly
PPS VIII	After 9/30/90 and before 10/1/91	Quarterly

IDENTIFYING AND INFORMATIONAL DATA

SOURCES: FORMS 2552-85 AND 2552-89, WORKSHEET S-2 AND HCFA RECORDS

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F1 Provider Number--Hospital	1A	2	6	X	1-6
F2 Hospital Name	1A1	1	36	X	7-42
F3 Manual Cost Report Indicator (M=Manual)			1	X	43
F4 Hospital Payment System (P=PPS, T=TEFRA, O=Other)	1A	5	1	X	44
F5 Cost Reporting Period Beginning Date (YYDDD)	2	2	5	9	45-49
F6 Cost Reporting Period Ending Date (YYDDD)	2	3	5	9	50-54
F7 Number of Months in the Cost Reporting Period	X	X	2	9	55-56
F8 Type of Control (See Table I)	3	1	2	9	57-58
F9 Type of Hospital (See Table II)	4	1	1	9	59
F10 Outpatient Capital Reduction Rate (See Note 1)			6	V9(6)	60-65
F11 File Creation Date (See Note 2)			5	9	66-70
F12 System Identification (See Note 2)			5	X	71-75
F13 SSA State Code (See Table III)			2	9	76-77
F14 MSA/NECMA Code			4	X	78-81
F15 Fiscal Intermediary Number			5	X	82-86
F16 Cost Report Status (See Table IV)			1	X	87
F17 All Inclusive Rate Provider (Y/N)			1	X	88
F18 No or Low Medicare Utilization Report (See Note 3)			1	X	89
F19 Census Division (See Table V)			1	X	90
F20 HCFA Region (See Table VI)			2	X	91-92

MEDICARE CHARGES AND COSTS FOR OUTPATIENT AMBULATORY SURGERY SERVICES
SOURCES: FORMS HCFA 2552-85 OR 2552-89, WORKSHEET D, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F21 Operating Room Charges	37	2A+2B	9	S9	93-101
F22 Recovery Room Charges	38	2A+2B	9	S9	102-110
F23 Anesthesiology Charges	40	2A+2B	9	S9	111-119
F24 Whole Blood and Packed Red Blood Cells Charges	46	2A+2B	9	S9	120-128
F25 Blood Storing, Processing and Transfusion Charges	47	2A+2B	9	S9	129-137
F26 Medical Supplies Charged to Patients Charges	55	2A+2B	9	S9	138-146
F27 Drugs Charged to Patients Charges	56	2A+2B	9	S9	147-155
F28 ASC (Non-Distinct Part)	58	2A+2B	9	S9	156-164
F29 All Other Outpatient Ancillary Cost Center Charges	59	2A+2B	9	S9	165-173
F30 Outpatient Clinic Charges	60	2A+2B	9	S9	174-182
F31 Emergency Charges	61	2A+2B	9	S9	183-191
F32 Observation Beds and All Other Outpatient Service Cost Center Charges	62	2A+2B	9	S9	192-200
F33 All Other Reimbursable Cost Center Charges	67+68	2A+2B	9	S9	201-209
F34 Total Charges - All Cost Centers	101	2A+2B	9	S9	210-218
F35 CRNA Charges	101A	2A+2B	9	S9	219-227
F36 Net Charges	103	2A+2B	9	S9	228-236
F37 Operating Room Costs	37	6A+6B	9	S9	237-245
F38 Recovery Room Costs	38	6A+6B	9	S9	246-254
F39 Anesthesiology Costs	40	6A+6B	9	S9	255-263
F40 Whole Blood and Packed Red Blood Cells Costs	46	6A+6B	9	S9	264-272
F41 Blood Storing, Processing and Transfusion Costs	47	6A+6B	9	S9	273-281
F42 Medical Supplies Charged to Patients Costs	55	6A+6B	9	S9	282-290
F43 Drugs Charged to Patients Costs	56	6A+6B	9	S9	291-299
F44 ASC (Non-Distinct Part) Costs	58	6A+6B	9	S9	300-308
F45 All Other Outpatient Ancillary Cost Center Costs	59	6A+6B	9	S9	309-317
F46 Outpatient Clinic Costs	60	6A+6B	9	S9	318-326
F47 Emergency Costs	61	6A+6B	9	S9	327-335
F48 Observation Beds and All Other Outpatient Service Cost Center Costs	62	6A+6B	9	S9	336-344
F49 All Other Reimbursable Cost Center Costs	67+68	6A+6B	9	S9	345-353
F50 Total Costs - All Cost Centers	101	6A+6B	9	S9	354-362
F51 CRNA Costs	101A	6A+6B	9	S9	363-371
F52 Net Costs for Outpatient Ambulatory Surgery (ASC)	103	6A+6B	9	S9	372-380
F53 Total Outpatient ASC Capital Reduction (See Note 1)	X	X	9	S9	381-389
F54 Total Outpatient ASC Non-Capital Reduction (See Note 4)	X	X	9	S9	390-398

MEDICARE CHARGES AND COSTS FOR OUTPATIENT RADIOLOGY SERVICES
SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET D, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F55 Operating Room Charges	37	3A-3C	9	S9	399-407
F56 Recovery Room Charges	38	3A-3C	9	S9	408-416
F57 Anesthesiology Charges	40	3A-3C	9	S9	417-425
F58 Radiology--Diagnostic Charges	41	3A-3C	9	S9	426-434
F59 Radiology--Therapeutic Charges	42	3A-3C	9	S9	435-443
F60 Radioisotope Charges	43	3A-3C	9	S9	444-452
F61 Medical Supplies Charged to Patients Charges	55	3A-3C	9	S9	453-461
F62 Drugs Charged to Patients Charges	56	3A-3C	9	S9	462-470
F63 All Other Outpatient Ancillary Cost Center Charges	59	3A-3C	9	S9	471-479
F64 Outpatient Clinic Charges	60	3A-3C	9	S9	480-488
F65 Emergency Charges	61	3A-3C	9	S9	489-497
F66 Observation Beds and All Other Outpatient Service Cost Center Charges	62	3A-3C	9	S9	498-506
F67 All Other Reimbursable Cost Center Charges	67+68	3A-3C	9	S9	507-515
F68 Total Charges - All Cost Centers	101	3A-3C	9	S9	516-524
F69 Operating Room Costs	37	7A-7C	9	S9	525-533
F60 Recovery Room Costs	38	7A-7C	9	S9	534-542
F61 Anesthesiology Costs	40	7A-7C	9	S9	543-551
F72 Radiology--Diagnostic Costs	41	7A-7C	9	S9	552-560
F73 Radiology--Therapeutic Costs	42	7A-7C	9	S9	561-569
F74 Radioisotope Costs	43	7A-7C	9	S9	570-578
F75 Medical Supplies Charged to Patients Costs	55	7A-7C	9	S9	579-587
F76 Drugs Charged to Patients Costs	56	7A-7C	9	S9	588-596
F77 All Other Outpatient Ancillary Cost Center Costs	59	7A-7C	9	S9	597-605
F78 Outpatient Clinic Costs	60	7A-7C	9	S9	606-614
F79 Emergency Costs	61	7A-7C	9	S9	615-623
F80 Observation Beds and All Other Outpatient Service Cost Center Costs	62	7A-7C	9	S9	624-632
F81 All Other Reimbursable Cost Center Costs	67+68	7A-7C	9	S9	633-641
F82 Total Costs - All Cost Centers	101	7A-7C	9	S9	642-650
F83 Total Outpatient Radiology Capital Reduction (See Note 1)	X	X	9	S9	651-659
F84 Total Outpatient Radiology Non-Capital Reduction (See Note 4)	X	X	9	S9	660-668

MEDICARE CHARGES AND COSTS FOR OTHER OUTPATIENT DIAGNOSTIC SERVICES
SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET D, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F85 Operating Room Charges	37	4A+4B	9	S9	669-677
F86 Recovery Room Charges	38	4A+4B	9	S9	678-686
F87 Anesthesiology Charges	40	4A+4B	9	S9	687-695
F88 Intravenous Therapy Charges	48	4A+4B	9	S9	696-704
F89 Respiratory Therapy Charges	49	4A+4B	9	S9	705-713
F90 Physical Therapy Charges	50	4A+4B	9	S9	714-722
F91 Occupational Therapy Charges	51	4A+4B	9	S9	723-731
F92 Speech Pathology Charges	52	4A+4B	9	S9	732-740
F93 Electrocardiology Charges	53	4A+4B	9	S9	741-749
F94 Electroencephalography Charges	54	4A+4B	9	S9	750-758
F95 Medical Supplies Charged to Patients Charges	55	4A+4B	9	S9	759-767
F96 Drugs Charged to Patients Charges	56	4A+4B	9	S9	768-776
F97 All Other Outpatient Ancillary Cost Center Charges	59	4A+4B	9	S9	777-785
F98 Outpatient Clinic Charges	60	4A+4B	9	S9	786-794
F99 Emergency Charges	61	4A+4B	9	S9	795-803
F100 Observation Beds and All Other Outpatient Service Cost Center Charges	62	4A+4B	9	S9	804-812
F101 All Other Reimbursable Cost Center Charges	67-68	4A+4B	9	S9	813-821
F102 Total Outpatient Charges	101	4A+4B	9	S9	822-830
F103 Operating Room Costs	37	8A+8B	9	S9	831-839
F104 Recovery Room Costs	38	8A+8B	9	S9	840-848
F105 Anesthesiology Costs	40	8A+8B	9	S9	849-857
F106 Intravenous Therapy Costs	48	8A+8B	9	S9	858-866
F107 Respiratory Therapy Costs	49	8A+8B	9	S9	867-875
F108 Physical Therapy Costs	50	8A+8B	9	S9	876-884
F109 Occupational Therapy Costs	51	8A+8B	9	S9	885-893
F110 Speech Pathology Costs	52	8A+8B	9	S9	894-902
F111 Electrocardiology Costs	53	8A+8B	9	S9	903-911
F112 Electroencephalography Costs	54	8A+8B	9	S9	912-920
F113 Medical Supplies Charged to Patients Costs	55	8A+8B	9	S9	921-929
F114 Drugs Charged to Patients Costs	56	8A+8B	9	S9	930-938
F115 All Other Outpatient Ancillary Cost Center Costs	59	8A+8B	9	S9	939-947
F116 Outpatient Clinic Costs	60	8A+8B	9	S9	948-956
F117 Emergency Costs	61	8A+8B	9	S9	957-965
F118 Observation Beds and All Other Outpatient Service Cost Center Costs	62	8A+8B	9	S9	966-974
F119 All Other Reimbursable Cost Center Costs	67-68	8A+8B	9	S9	975-983
F120 Total Outpatient Costs	101	8A+8B	9	S9	984-992
F121 Total Other Outpatient Diagnostic Capital Reduction (See Note 1)	X	X	9	S9	993-1001
F122 Total Other Outpatient Diagnostic Non-Capital Reduction (See Note 4)	X	X	9	S9	1002-1010

MEDICARE CHARGES FOR ALL OTHER PART B SERVICES

SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET D, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F123 Operating Room Charges	37	5	9	S9	1011-1019
F124 Recovery Room Charges	38	5	9	S9	1020-1028
F125 Delivery Room and Labor Room Charges	39	5	9	S9	1029-1037
F126 Anesthesiology Charges	40	5	9	S9	1038-1046
F127 Radiology--Diagnostic Charges	41	5	9	S9	1047-1055
F128 Radiology--Therapeutic Charges	42	5	9	S9	1056-1064
F129 Radioisotope Charges	43	5	9	S9	1065-1073
F130 Laboratory Charges	44	5	9	S9	1074-1082
F131 PBP Clinic Lab Services-Program Only Charges	45	5	9	S9	1083-1091
F132 Whole Blood and Packed Red Blood Cells Charges	46	5	9	S9	1092-1100
F133 Blood Storing, Processing and Transfusion Charges	47	5	9	S9	1101-1109
F134 Intravenous Therapy Charges	48	5	9	S9	1110-1118
F135 Respiratory Therapy Charges	49	5	9	S9	1119-1127
F136 Physical Therapy Charges	50	5	9	S9	1128-1136
F137 Occupational Therapy Charges	51	5	9	S9	1137-1145
F138 Speech Pathology Charges	52	5	9	S9	1146-1154
F139 Electrocardiology Charges	53	5	9	S9	1155-1163
F140 Electroencephalography Charges	54	5	9	S9	1164-1172
F141 Medical Supplies Charged to Patients Charges	55	5	9	S9	1173-1181
F142 Drugs Charged to Patients Charges	56	5	9	S9	1182-1190
F143 Renal Dialysis Charges	57	5	9	S9	1191-1199
F144 ASC (Non-Distinct Part) Charges	58	5	9	S9	1200-1208
F145 All Other Outpatient Ancillary Cost Center Charges	59	5	9	S9	1209-1217
F146 Outpatient Clinic Charges	60	5	9	S9	1218-1226
F147 Emergency Charges	61	5	9	S9	1227-1235
F148 Observation Beds and All Other Outpatient Service Cost Center Charges	62	5	9	S9	1236-1244
F149 All Other Reimbursable Cost Center Charges	63-68	5	9	S9	1245-1253
F150 Total Outpatient Charges	101	5	9	S9	1254-1262
F151 CRNA Charges	101A	5	9	S9	1263-1271
F152 PBP Clinic Laboratory Charges -- Medicare Only	102	5	9	S9	1272-1280
F153 Reserved for future use			9	X	1281-1289
F154 Net Charges	103	5	9	S9	1290-1298

MEDICARE COSTS FOR ALL OTHER PART B SERVICES

SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET D, PART III

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F155 Operating Room Costs	37	9	9	S9	1299-1307
F156 Recovery Room Costs	38	9	9	S9	1308-1316
F157 Delivery Room and Labor Room Costs	39	9	9	S9	1317-1325
F158 Anesthesiology Costs	40	9	9	S9	1326-1334
F159 Radiology--Diagnostic Costs	41	9	9	S9	1335-1343
F160 Radiology--Therapeutic Costs	42	9	9	S9	1344-1352
F161 Radioisotope Costs	43	9	9	S9	1353-1361
F162 Laboratory Costs	44	9	9	S9	1362-1370
F163 PBP Clinic Lab Services-Program Only Costs	45	9	9	S9	1371-1379
F164 Whole Blood and Packed Red Blood Cells Costs	46	9	9	S9	1380-1388
F165 Blood Storing, Processing and Transfusion Costs	47	9	9	S9	1389-1397
F166 Intravenous Therapy Costs	48	9	9	S9	1398-1406
F167 Respiratory Therapy Costs	49	9	9	S9	1407-1415
F168 Physical Therapy Costs	50	9	9	S9	1416-1424
F169 Occupational Therapy Costs	51	9	9	S9	1425-1433
F170 Speech Pathology Costs	52	9	9	S9	1434-1442
F171 Electrocardiology Costs	53	9	9	S9	1443-1451
F172 Electroencephalography Costs	54	9	9	S9	1452-1460
F173 Medical Supplies Charged to Patients Costs	55	9	9	S9	1461-1469
F174 Drugs Charged to Patients Costs	56	9	9	S9	1470-1478
F175 Renal Dialysis Costs	57	9	9	S9	1479-1487
F176 ASC (Non-Distinct Part) Costs	58	9	9	S9	1488-1496
F177 All Other Outpatient Ancillary Cost Center Costs	59	9	9	S9	1497-1505
F178 Outpatient Clinic Costs	60	9	9	S9	1506-1514
F179 Emergency Costs	61	9	9	S9	1515-1523
F180 Observation Beds and All Other Outpatient Service Cost Center Costs	62	9	9	S9	1524-1532
F181 All Other Reimbursable Cost Center Costs	63-68	9	9	S9	1533-1541
F182 Total Outpatient Costs	101	9	9	S9	1542-1550
F183 CRNA Charges	101A	9	9	S9	1551-1559
F184 PBP Clinic Laboratory Costs -- Medicare Only	102	9	9	S9	1560-1568
F185 Reserved for future use			9	X	1569-1577
F186 Net Costs for All Other Part B Services	103	9	9	S9	1578-1586
F187 Total Capital Reduction for All Other Part B Services (See Note 1)	X	X	9	S9	1587-1595
F188 Total Non-Capital Reduction for All Other Part B Services (See Note 4)	X	X	9	S9	1596-1604

SETTLEMENT SUMMARY FOR OUTPATIENT AMBULATORY SURGERY SERVICES
SOURCES: FORMS HCFA 2552-85 OR 2552-89, WORKSHEET E, PART C

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
For Services rendered prior to January 1, 1991:					
F189 Standard Overhead Amounts (ASC fees)	1	1	9	S9	1605-1613
F190 ASC Portion of Blend	5	1	9	S9	1614-1622
F191 Total Reasonable Cost	8B	1	9	S9	1623-1631
F192 Total Customary Charges	13	1	9	S9	1632-1640
F193 Lesser of Cost or Charges	16	1	9	S9	1641-1649
F194 Deductibles and Coinsurance	17	1	9	S9	1650-1658
F195 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	1	9	S9	1659-1667
F196 Hospital Specific Portion of Blend	19	1	9	S9	1668-1676
F197 ASC Blended Amount	20	1	9	S9	1677-1685
F198 Reimbursement Amount (Lesser of F196 or F197)	21	1	9	S9	1686-1694
For Services rendered on or after January 1, 1991:					
F199 Standard Overhead Amounts (ASC fees)	1	2	9	S9	1695-1703
F200 ASC Portion of Blend	5	2	9	S9	1704-1712
F201 Total Reasonable Cost	8B	2	9	S9	1713-1721
F202 Total Customary Charges	13	2	9	S9	1722-1730
F203 Lesser of Cost or Charges	16	2	9	S9	1731-1739
F204 Deductibles and Coinsurance	17	2	9	S9	1740-1748
F205 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	2	9	S9	1749-1757
F206 Hospital Specific Portion of Blend	19	2	9	S9	1758-1766
F207 ASC Blended Amount	20	2	9	S9	1767-1775
F208 Reimbursement Amount (Lesser of F206 or F207)	21	2	9	S9	1776-1784

SETTLEMENT SUMMARY FOR OUTPATIENT RADIOLOGY SERVICES
SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET E, PART D

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
Services rendered after September 30, 1988 and before October 1, 1989:					
F209 Prevailing Charges	1	1	9	S9	1785-1793
F210 Blended Charge portion	5	1	9	S9	1794-1802
F211 Total Reasonable Costs	8	1	9	S9	1803-1811
F212 Total Customary Charges	13	1	9	S9	1812-1820
F213 Lesser of Cost or Charges	16	1	9	S9	1821-1829
F214 Deductibles and Coinsurance	17	1	9	S9	1830-1838
F215 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	1	9	S9	1839-1847
F216 Hospital Specific Portion of Blend	19	1	9	S9	1848-1856
F217 Outpatient Radiology Blended Amount	20	1	9	S9	1857-1865
F218 Reimbursement Amount (Lesser of F216 or F217)	21	1	9	S9	1866-1874

SETTLEMENT SUMMARY FOR OUTPATIENT RADIOLOGY SERVICES (Continued)
SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET E, PART D

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
Services rendered after September 30, 1989 and before January 1, 1991:					
F219 Prevailing Charges	1	2	9	S9	1875-1883
F220 Blended Charge Portion	5	2	9	S9	1884-1892
F221 Total Reasonable Cost	8	2	9	S9	1893-1901
F222 Total Customary Charges	13	2	9	S9	1902-1910
F223 Lesser of Cost or Charges	16	2	9	S9	1911-1919
F224 Deductibles and Coinsurance	17	2	9	S9	1920-1928
F225 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	2	9	S9	1929-1937
F226 Hospital Specific Portion of Blend	19	2	9	S9	1938-1946
F227 Outpatient Radiology Blended Amount	20	2	9	S9	1947-1955
F228 Reimbursement Amount (Lesser of F226 or F227)	21	2	9	S9	1956-1964
Services rendered on or after January 1, 1991:					
F229 Prevailing Charges	1	3	9	S9	1965-1973
F230 Blended Charge Portion	5	3	9	S9	1974-1982
F231 Total Reasonable Cost	8B	3	9	S9	1983-1991
F232 Total Customary Charges	13	3	9	S9	1992-2000
F233 Lesser of Cost or Charges	16	3	9	S9	2001-2009
F234 Deductibles and Coinsurance	17	3	9	S9	2010-2018
F235 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	3	9	S9	2019-2027
F236 Hospital Specific Portion of Blend	19	3	9	S9	2028-2036
F237 Outpatient Radiology Blended Amount	20	3	9	S9	2037-2045
F238 Reimbursement Amount (Lesser of F236 or F237)	21	3	9	S9	2046-2054

SETTLEMENT SUMMARY FOR OTHER OUTPATIENT DIAGNOSTIC SERVICES
SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET E, PART E

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
Services rendered after September 30, 1989 and before October 1, 1990:					
F239 Prevailing Charges	1	1	9	S9	2055-2063
F240 Blended Charge Portion	5	1	9	S9	2064-2072
F241 Total Reasonable Cost	8	1	9	S9	2073-2081
F242 Total Customary Charges	13	1	9	S9	2082-2090
F243 Lesser of Cost or Charges	16	1	9	S9	2091-2099
F244 Deductibles and Coinsurance	17	1	9	S9	2100-2108
F245 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	1	9	S9	2109-2117
F246 Hospital Specific Portion of Blend	19	1	9	S9	2118-2126
F247 Other Outpatient Diagnostic Blended Amount	20	1	9	S9	2127-2135
F248 Reimbursement Amount (Lesser of F246 or F247)	21	1	9	S9	2136-2144

SETTLEMENT SUMMARY FOR OTHER OUTPATIENT DIAGNOSTIC SERVICES (Continued)
SOURCES: FORMS HCFA 2552-89 AND 2552-85, WORKSHEET E, PART E

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
Services rendered on or after October 1, 1990:					
F249 Prevailing Charges	1	2	9	S9	2145-2153
F250 Blended Charge Portion	5	2	9	S9	2154-2162
F251 Total Reasonable Cost	8B	2	9	S9	2163-2171
F251 Total Customary Charges	13	2	9	S9	2172-2180
F253 Lesser of Cost or Charges	16	2	9	S9	2181-2189
F254 Deductibles and Coinsurance	17	2	9	S9	2190-2198
F255 Lesser of Cost or Charges, net of Deductibles and Coinsurance	18	2	9	S9	2199-2207
F256 Hospital Specific Portion of Blend	19	2	9	S9	2208-2216
F257 Other Outpatient Diagnostic Blended Amount	20	2	9	S9	2217-2225
F258 Reimbursement Amount (Lesser of F256 or F257)	21	2	9	S9	2226-2234

SETTLEMENT SUMMARY FOR ALL OTHER PART B SERVICES
SOURCES: FORMS 2552-85 AND 2552-89, WORKSHEET E, PARTS B, C, D, E AND SUPPLEMENTAL WORKSHEET I-4

Field Name	Line(s)	Column(s)	Field Size	Usage	Location
F259 Medical and Other Services	1	1	9	S9	2235-2243
F260 Interns and Residents Costs	2	1	9	S9	2244-2252
F261 Organ Acquisition Costs--Certified Transplant Centers Only	3	1	9	S9	2253-2261
F262 Malpractice Insurance Costs	4	1	9	S9	2262-2270
F263 Cost of Teaching Physicians	5	1	9	S9	2271-2279
F264 Total Part B Reimbursable Costs Before Deductibles, Coinsurance and Return on Equity Capital	7	1	9	S9	2280-2288
F265 Return on Equity Capital	8	1	9	S9	2289-2297
F266 Total Reasonable Cost for Services not subject to reimbursement on a fee schedule	9	1	9	S9	2298-2306
F267 Total Customary Charges	18	1	9	S9	2307-2315
F268 Outpatient Ambulatory Surgery Reimbursement, Net of Deductibles and Coinsurance from E, Part C (Included in F280, below)	21	1+2	9	S9	2316-2324
F269 Outpatient Radiology Services Reimbursement, Net of Deductibles and Coinsurance from E, Part D (Included in F280, below)	21	1-3	9	S9	2325-2333
F270 Outpatient Diagnostic Services Reimbursement, Net of Deductibles and Coinsurance from E, Part E (Included in F280, below)	21	1+2	9	S9	2334-2342
F271 Outpatient Renal Dialysis Reimbursement, Net of Deductibles and Coinsurance from Supplemental Worksheet I-4 (Excluded from F280, below)	7	1	9	S9	2343-2351
F272 Deductibles and Coinsurance for All Other Part B Services	22	1	9	S9	2352-2360
F273 Deductibles and Coinsurance for all Part B Services (from Worksheet E, Parts B - E)	X	X	9	S9	2361-2369
F274 Lesser of Cost or Charges, net of Deductibles and Coinsurance	23	1	9	S9	2370-2378
F275 Primary Payor Payments	26	1	9	S9	2379-2387
F276 Direct Graduate Medical Payment	24A	1	9	S9	2388-2396
F277 ESRD Direct Medical Education Costs	24B	1	9	S9	2397-2405
F278 Bad Debts for Composite Rate ESRD Services	28A	1	9	S9	2406-2414
F279 All Other Bad Debts, Net of Recoveries	28B	1	9	S9	2415-2423
F280 Amount Due Provider, Before Sequestration (Excludes F271, Includes F283)	36A	1	9	S9	2424-2432
F281 Sequestration Adjustment or Payment Reduction (See Note 5)	36B	1	9	S9	2433-2441
F282 Interim Payments	37	1	9	S9	2442-2450
F283 Other Adjustments	34A	1	9	S9	2451-2459
F284 Protested Amounts	39	1	9	S9	2460-2468

Tables

Table I: Type of Control (F8)

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 II: Type of Hospital (F9)

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

Table III: SSA State Codes (F13) (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, D. C.
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	

Tables

Table IV: Cost Report Status (F16)

N = As Submitted
J = Settled without Audit
E = Settled with Audit
A = Reopened
O = Audited but not Settled

Table V: Census Divisions (F19)

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

Table VI: HCFA Regions (F20)

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

Explanatory Notes

1. Part B or Outpatient Capital Reduction Rate (F10): OBRA 90 requires that all Part B Capital Related costs be reduced for services rendered in hospitals subject to Prospective Payment (other than Sole Community Hospitals) after September 30, 1989. The effective dates with reduction percentages are as follows:

10/1/89 through 9/30/91	15.0%
10/1/91 through 9/30/95	10.0%

For cost reporting periods spanning the above dates, Part B costs (fields F37-F50, F52, F69-F82, F103-F120, F155-F182, F184 and F186) will be shown after the capital reduction has been made. The Total Outpatient Capital Reduction amounts are provided (fields F53, F83, F121, and F187) to enable comparisons with outpatient costs from earlier periods.

2. The File Creation Date (F11) and System Identification field (F12) are primarily for internal use only. F11 represents the date that the HCRIS information was extracted from the cost report. F12 enables system errors to be more quickly identified and corrected.

3. Field F18 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 in 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 informational data as specified below.

The values for field F18 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 8 fields (F1, F5-F7, F11 and F14-F16).

L = Low Medicare utilization report abbreviated under Section 2414.4, which will have data in up to 8 fields (F1, F5-F7, F11 and F14-F16).

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.

Explanatory Notes

4. Public Law 101-58 (Section 4151 of OBRA 90) mandated a reduction of reasonable costs, other than capital related costs, for Part B services to be reduced by 5.8% for services rendered from 11/1/90 through 12/31/95. Fields F54, F84, F122 and F188 contain this reduction for use in comparing data across years.

5. The Part B sequestration adjustment is a reduction of Medicare reimbursement pursuant Public Law 99-177, the Balanced Budget and Emergency Deficit Control Act of 1985 (Gramm-Rudman-Hollings). Public Law 101-58 (Section 4158 of OBRA 90) mandated an additional payment reduction of 2.0% for Part B services rendered from 11/1/90 through 12/31/90. The applicable reduction percentages and time periods are as follows. The reduction amount is at field F281.

- Part B Services:

3/1/86	through	9/30/86	1.0%
11/21/87	through	3/31/88	2.324%
10/17/89	through	3/31/90	2.092%
4/1/89	through	9/30/90	1.4%
11/1/90	through	12/31/90	2.0%