| | | Medicare Cost Report | |
|---------------------|--|-------------------------|--|
| DSH Report | | Cost Center Line | |
| Group Number | DSH Report Group Name | Number | Medicare Cost Report Cost Center Description |
| | - | - | - |
| 1 | Routine Days | 30 | Adults and Pediatrics |
| 1 | Routine Days | 40 | Subprovider IPF |
| 1 | Routine Days | 41 | Subprovider IRF |
| 1 | Routine Days | 42 | Subprovider Other |
| 1 | Routine Days | 92.01 | Observation Distinct Part Unit |
| 2 | Intensive Days | 31 | Intensive Care Unit |
| 2 | Intensive Days | 32 | Coronary Care Unit |
| 2 | Intensive Days | 33 | Burn Intensive Care Unit |
| 2 | Intensive Days | 34 | Surgical Intensive Care Unit |
| 2 | Intensive Days | 35 | Other Special Care |
| 3 | Nursery (Including NICU if applicable) | 43 | Nursery |
| 3 | Nursery (Including NICU if applicable) | Varies | Neonate ICU |
| 4 | Drugs | 64 | Intravenous Therapy |
| 4 | Drugs | 73 | Drugs Charged to Patients |
| 5 | Supplies and Equipment | 71 | Medical Supplies Charged to Patients |
| 5 | Supplies and Equipment | 96 | Durable Medical Equipment-Rented |
| 5 | Supplies and Equipment | 97 | Durable Medical Equipment-Sold |
| 6 | Implantable Devices | 72 | Implantable Devices Charged to Patients |
| 7 | Therapy Services | 66 | Physical Therapy |
| 7 | Therapy Services | 67 | Occupational Therapy |
| 7 | Therapy Services | 68 65 | Speech Pathology |
| 8 | Inhalation Therapy | 50 | Respiratory Therapy Operating Room |
| 9 | Operating Room Operating Room | 51 | Recovery Room |
| 10 | Labor & Delivery | 52 | Labor Room and Delivery Room |
| 11 | Anesthesia | 53 | Anesthesiology |
| 12 | Cardiology | 69 | Electrocardiology |
| 13 | Cardiac Catheterization | 59 | Cardiac Catheterization |
| 14 | Laboratory | 60 | Laboratory |
| 14 | Laboratory | 61 | PBP Clinical Laboratory Services-Prgm. Only |
| 14 | Laboratory | 70 | Electroencephalography |
| 15 | Radiology | 54 | Radiology-Diagnostic |
| 15 | Radiology | 55 | Radiology-Therapeutic |
| 15 | Radiology | 56 | Radioisotope |
| 16 | Computed Tomography (CT) Scan | 57 | Computed Tomography (CT) Scan |
| 17 | Magnetic Resonance Imaging (MRI) | 58 | Magnetic Resonance Imaging (MRI) |
| 18 | Emergency Room | 91 | Emergency |
| 19 | Blood and Blood Products | 62 | Whole Blood & Packed Red Blood Cells |
| 19 | Blood and Blood Products | 63 | Blood Storing, Processing, & Trans. |
| 20 | Clinic (including Dental) | 90 | Clinic |
| 20 | Clinic (including Dental) | 88 | Rural Health Clinic |
| 20 | Clinic (including Dental) | 89 | Federally Qualified Health Center (FQHC) |
| 21 | Organ Acquisition | 105 | Kidney Acquisition |
| 21 | Organ Acquisition | 106 | Heart Acquisition |
| 21 | Organ Acquisition | 107 | Liver Acquisition |
| 21 | Organ Acquisition | 108 | Lung Acquisition |
| 21 | Organ Acquisition | 109 | Pancreas Acquisition |
| 21 | Organ Acquisition | 110 | Intestinal Acquisition |
| 21 | Organ Acquisition | 111 | Islet Acquisition |
| 21 22 | Organ Acquisition | 112 74 | Other Acquisition |
| 22 | Other Services | /4 | Renal Dialysis |

Cost Center Groupings for Retrospective DSH Limit Report

| DSH Report Group Number | DSH Report Group Name | Medicare Cost Report Cost Center Line Number | Medicare Cost Report Cost Center Description |
|----------------------------|-----------------------|--|--|
| 22 | Other Services | 94 | Home Program Dialysis |
| 22 | Other Services | 75 | ASC (Non-Distinct Part) |
| 22 | Other Services | 76 | Other Ancillary |
| 22 | Other Services | 93 | Other Outpatient Service |
| 22 | Other Services | 95 | Ambulance Services |