



2024 Cost Center Setup Cross Reference

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Exhibit 3, 4, 11, 19, 20, 31A, 46, 52 and 53

CMS S-3 Line Code	ICR Exhibit 3 Line Code	CMS 2552 Center Code	HCRIS Code	2024 Description	ICR Cost Center Code	Exh. 19 & 20 Column Code	Exhibit 46 Charge Code Assign.	Exh 4, 30 & 31A Code Assign.
				General Service Cost Center Line Assignments (95)				
				(38) Standard 001-026, 029-030, 033, 040-041,044-047, 095, 293				
				(57)Variable 027-028, 031-032, 034-039, 048 - 094				
				<i>(Program Capabilities 200)</i>				
		1	00100	Capital Related Costs-- Buildings and Fixtures	001	1100		
		2	00200	Capital Related Costs-- Movable Equipment	002	1101		
		3	00300	Other Capital Related Costs	293			
		4	00400	Employee Benefits	003	1102		
		4.01	00401	Inservice Education	044	1144		
		4.02	00402	Day Care	045	1142		
		6	00600	Maintenance and Repairs	004	1100		
		7	00700	Operation of Plant	041	1100		
		8	00800	Laundry and Linen Service	005	1103		
		9	00900	Housekeeping	006	1104		
		10.01	01001	Dietary--Raw Food	007	1105		
		10.02	01002	Dietary--Other	008	1106		
		11	01100	Cafeteria	009	1107		
		12	01200	Maintenance of Personnel	010	1108		
		16	01600	Medical Records & Medical Records Library	011	1109		
		17	01700	Social Service	012	1110		
		18	01401	Medical Supplies and Expense	015	1113		
		18.01	01400	Central Services and Supply	016	1114		
		18.02	01500	Pharmacy	017	1115		
		18.03	01300	Nursing Administration	018	1120		
		18.04	1850	Intensive Nursing Care	019	1117		
		18.05	1851	General Nursing Service	021	1116		
		18.06	1852	Supervising Physicians-- Other	040	1139		
		18.07	1853	Transportation	046	1141		
		18.08	1854	Activities	047	1143		
		19	01900	Nonphysician Anesthetists	029	1130		
		20	02000	Nursing School	020	1118		
		21	02100	Intern & Res. Service-- Salary & Fringes (Appvd)	013	1111		
		22	02200	Intern & Res. Other Program Costs (Appvd)	033	1131		
		22.01	02201	Supervising Physicians - Teaching	014	1112		
		23	02300	Paramedical Ed. Program (Specify)	030	1127		
		5.01	00540	Nonpatient Telephones	022	1122		
		5.02	00550	Data Processing	023	1123		
		5.03	00560	Purchasing Receiving and Stores	024	1124		



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		5.04	00570	Admitting	025	1125		
		5.05	00580	Cashiering/Accounts Receivable	026	1126		
		5.06	00590	Other Administrative and General	095	0000		
		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 (97)				
				(64) Standard 100 - 124, 126 - 128, 132 - 158, 185-197				
				(1) "Do not use" 198				
				(32) Variable 125, 129 - 131, 159 - 184				
				(Program Capabilities 150 lines for Ancillary and Outpatient Cost Centers)				
		50	05000	Operating Room	100	1150		
		51	05100	Recovery Room	101	1179		
		52	05200	Labor Room & Delivery Room	103	1152		
		53	05300	Anesthesiology	102	1151		
		54	05400	Radiology-Diagnostic	104	1153		
		55	05500	Radiology-Therapeutic	105	1154		
		56	05600	Radioisotope	121	1167		
		57	05700	Computed Tomography (CT) Scan	128	1177		
		58	05800	Magnetic Resonance Imaging (MRI)	135	1188		
		59	05900	Cardiac Catherization Laboratory	141	1194		
		60	06000	Laboratory	106	1155		
		60.01	06001	Bio-Medical (Lab) (Engineering)	139	1192		
		61	06100	PBP Clinical Lab Svc-Program Only	132	1185		
		62	06200	Whole Blood and Packed Red Blood Cells	114	1160		
		62.30	06250	Blood Clotting Factors Admin Costs	118	1164		
		63	06300	Blood Storing, Processing & Trans.	115	1168		
		64	06400	Intravenous Therapy	117	1162		
		65	06500	Respiratory Therapy	113	1159		
		66	06600	Physical Therapy	109	1158		
		67	06700	Occupational Therapy	110	1163		
		68	06800	Speech Pathology	111	1173		
		69	06900	Electrocardiology	107	1156		
		70	07000	Electroencephalography	108	1157		
		71	07100	Med Supplies Charged to Patients	122	1169		
		72.00	07200	Implantable Devices Charged to Patients	197	1298		
		73	07300	Drugs Charged to Patients	123	1170		
		74	07400	Renal Dialysis	124	1172		
		75	07500	ASC (Non-Distinct)	126	1184		



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		76	03996	Blank Line - Not Used	198	1299		
		76.01	03040	Audiology	112	1174		
		76.02	03320	Shock Therapy	116	1161		
		76.03	03160	Cardiopulmonary	119	1199		
		76.04	03950	Cystoscopy	120	1166		
		76.05	03630	Ultrasound Diagnostic	127	1176		
		76.06	03480	Oncology	134	1187		
		76.07	03440	Mammography	136	1189		
		76.08	03450	Nuclear Medicine - Diagnostic	137	1190		
		76.09	03470	Nuclear Medicine - Therapeutic	138	1191		
		76.10	03240	Cytology	140	1193		
		76.11	03650	Vascular Lab	142	1195		
		76.12	03580	Recreational Therapy	143	1196		
		76.13	03140	Cardiology	144	1197		
		76.14	03260	Echocardiography	145	1198		
		76.15	03560	Pulmonary Function Testing	146	1250		
		76.16	03620	Stress Test	147	1251		
		76.17	03640	Urology	148	1252		
		76.18	03330	Endoscopy	149	1253		
		76.19	03340	Gastro Intestinal Services	150	1254		
		76.20	03520	Ophthalmology	151	1255		
		76.21	03550	Psychiatric/Psychological Services	152	1256		
		76.22	03250	Dental Services	153	1257		
		76.23	03070	Birthing Center	154	1258		
		76.24	03951	Fee For Service - Cardiology	155	1259		
		76.25	03952	Fee For Service - Emergency Service	156	1260		
		76.26	03953	Fee For Service - Laboratory	157	1261		
		76.27	03954	Fee For Service - Radiology	158	1262		
		76.28	03190	Chemotherapy	133	1186		
		76.29	03955	Asthma	196	1297		
		76.97	07697	Cardiac Rehabilitation	195	1296		
		76.30	03956	Diabetes	194	1295		
		76.99	07699	Lithotripsy	193	1294		
		76.31	03957	Nutritional Counseling	192	1293		
		76.32	03958	Pain Management	191	1292		
		76.33	03959	PET Scans	190	1291		
		76.34	03960	Sleep Lab	189	1290		
		76.35	03611	Wound Care	188	1289		



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		76.98	07698	Hyperbaric Oxygen Therapy	187	1288		
		77	07700	Allogeneic HSCT Acquisition	186	1287		
		78	07800	CAR T-Cell Immunotherapy	185	1286		
		Variable	Variable	Any Additional Ancillary Cost Centers	125, 129 to 131, 159 to 184	1165, 1175, 1178, 1180 to 1183, 1263 to 1285		
				Inpatient Service Cost Center Line Assignments (95)				
				(37) Standard 201, 203, 205-210, 214-215, 217-219, 224-229, 268, 301-302, 304-309, 312-317, 371, 377-378				
				(58) Variable 318 - 370, 372 - 376				
				(Program Capabilities 50)				
		30	03000	Adults and Pediatrics (CMS line comb. lines 30)				
1.06	050	30.01	03001	Medical Surgical Inpatients	201		0195	001
1.07	054	30.02	03002	Pediatric Unit	214		0094	020
1.08	055	30.03	03003	Maternity Unit	215		0095	030
		30.04	03004	Alternate Level of Care	219		0370	043
1.10	053	30.05	03005	Epilepsy Unit	205		0182	042
1.12	057	30.06	03006	Rehabilitation Medicine	218		0093	41
1.13	060	30.07	03007	Tuberculosis	217		0198	45
1.14	061	30.08	03008	H. I. V. Care	224		0193	47
1.15	52	30.09	03009	Chemical Dependency Detoxification	203		0018	203
1.16	42	30.1	03010	Chemical Dependency Rehabilitation	210		0019	210
1.17	301	30.11	03011	Psychiatric	301		3001	301
1.18	302	30.12	03012	Traumatic Brain Injury/Coma	302		3002	302
1.21	304	30.13	03013	Bone Marrow Unit	304		3004	304
8	002	31	03100	Intensive Care Unit	206		0196	002
8.01	305	31.01	03101	Pediatric ICU	305		3005	305
8.02	377	31.02	03102	Cardiac ICU	377		3080	377
9	003	32	03200	Coronary Care Unit	207		0197	003
10	040	33	03300	Burn Intensive Care Unit	208		0183	004
11	041	34	03400	Surgical Intensive Care Unit	209		0184	005
12	063	35	02060	Neonatal Intensive Care Unit	229		0194	054
12.98	310			Neonatal Intermediate Care				310
12.99	311			Neonatal Continuing Care				311
	See Below	35.01	See HCRIS List	Other Special Care Units (specify)	See Below		See Below	See Below
16	009	40	04000	Subprovider I Psychiatric	225		0188	055
16.01	378	40.01	04001	Dual-Diagnosis Psychiatric - Adult	378		3081	378
16.02	371	40.02	04002	Dual-Diagnosis Psychiatric - Child	371		3074	371
17	010	41	04100	Subprovider II Rehabilitation	226		0189	056



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18	306	42	04200	Traumatic Brain Injury/Coma	306		3006	306
13		43		Nursery CMS Only (Comb. Prem. & Newborn)				
13.01	039	43.01	04301	Nursery - Premature	227		0024	051
13.02	007	43.02	04302	Nursery - Newborn	228		0025	052
Variable	318-370	Variable	Variable	Any Add'l Inpatient Component Other than SNF/Other Long Term Care	318-370		3021-3073	318-370
19		44		Skilled Nursing Facility (Comb. for CMS 2552-10)				
19.01	011	44.01	04401	Skilled Nursing Facility 1 (RHCF)	268		0032	053
19.02	307	44.02	04402	Skilled Nursing Facility 2 (RHCF)	307		3007	307
19.03	312	44.03	04403	SNF Head Injury	312		3012	312
19.04	313	44.04	04404	Long Term Ventilator Dependent	313		3015	313
19.05	314	44.05	04405	Behavioral Intervention	314		3016	314
19.06	315	44.06	04406	Specialty Pediatric SNF	315		3017	315
19.07	316	44.07	04407	Aids SNF	316		3018	316
19.08	317	44.08	04408	Transitional Care Unit	317		3019	317
Variable	372-373	Variable	Variable	Any Additional Skilled Nursing Facility Component	372-373		3075-3076	372-373
21		46		Other Long Term Care (Combined for CMS 2552-10)				
21.01	308	46.01	04601	Other Long Term Care 1	308		3008	308
21.02	309	46.02	04602	Other Long Term Care 2	309		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 (96) (35) Standard 216, 235 - 237, 239-240, 246 - 249, 253-254, 260, 262, 288-291, 404, 414, 416-419, 471-474 (27) Non- Standard 263, 401-403, 405-408, 410-412, 461-470, 475-480 (34) Variable 427 - 460 (Program Capabilities for all Ancillary and Outpatient Cost Centers is 150 possible lines)				
				Clinic (Combined for NYS ICR)				
		90	09000	Clinic	235		0026	
		90.06	09006	Family Clinic	405		4834	
		90.07	09007	Family Planning	406		4835	
		90.08	09008	Head Injury Clinic	407		4836	
		90.09	09009	H. I. V. Clinics	263		0388	
		90.1	09010	Hyperbaric Clinic	408		4837	
		90.12	09012	Pediatric Clinic	411		4840	
		90.13	09013	Rehabilitation Clinic	412		4841	
		90.14	09014	Cardiac Rehabilitation Clinic	480		4909	
		90.15	09015	Dental Clinic	479		4908	



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		90.16	09016	Diabetes Clinic	478		4907	
		90.17	09017	PCAP Clinic	477		4906	
		90.18	09018	Sleep Clinic	476		4905	
		90.19	09019	Wound Care Clinic	475		4904	
				Chemical Dependency Clinic/Rehabilitation (Combined for NYS ICR)				
		90.01	09001	OASAS Visit Services (formerly Chemical Dependency Clinic/Rehabilitation)	291		0387	
		90.02	09002	Alcohol Day Rehab Clinic	401		4830	
				Cancer Treatment Services (Combined for NYS ICR)				
		90.42	09042	Cancer Treatment Services	472		4901	
		90.03	09003	Chemotherapy Clinic	402		4831	
		90.11	09011	Oncology Clinic	410		4839	
				Child Rehabilitation Clinic(Combined for NYS ICR)				
		90.43	09043	Child Rehabilitation Clinic	473		4902	
		90.04	09004	Day Hospital	403		4832	
		90.05	09005	Early Intervention	404		4833	
		90.20	09020	Mental Health Clinic	289		0386	
		90.21	09021	Blank Line - Not Used	290		0380	
		90.22	09022	Mental Health Continuing Day Treatment	249		0108	
		90.23	09023	Mental Health Day Treatment	246		0033	
		90.24	09024	Mental Health Intensive Psychiatric Rehab. Outpatient	253		0111	
		90.26	09026	All Other OMH Programs O/P	247		0106	
		90.27	09027	All Other OASAS Programs O/P	248		0107	
		90.28	09028	Mental Health Outpatient ACT Programs	420		4849	
		90.29	09029	Mental Health Outpatient ICM Programs	421		4850	
		90.30	09030	Mental Health Outpatient SCM Programs	422		4851	
		90.31	09031	Comprehensive PROS with Clinic	423		4852	
		90.32	09032	Comprehensive PROS	424		4853	
		90.33	09033	Limited License PROS	425		4854	
		90.34	09034	PROS Rehabilitation and Support	426		4855	
		90.35	09035	Adult Day Care 1	414		4843	
		90.36	09036	Adult Day Care 2	419		4848	
		90.37	09037	Ambulatory Surgical Service	239		0034	
		90.38	09038	Referred Ambulatory Service	237		0028	
		90.39	09039	Renal Dialysis	240		0383	
		90.40	09040	Methadone Maintenance Treatment Program (up to 2022 ICR)	262		0119	
		102.00	10200	OASAS Weekly Services (2024 and later ICR) Opioid Treatment Program (2023 ICR & 2023 and later CMS worksheets)	262		0119	
		90.41	09041	Women and Infant Children Program (WIC)	418		4847	



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		90.44	09044	OPWDD Clinic	466		4895	
		91.00	09100	Emergency Service	236		0027	
		91.01	09101	CPEP Emergency	288		0385	
		91.02	09102	Poison Control	416		4845	
28	024	92.00	09200	Observation Beds (Non-Distinct Part)	260		0030	
		92.01	09201	Observation Beds (Distinct Part)	417		4846	
		92.02	09202	CPEP Observation Beds (Psychiatric)	216		0096	
		93.00	See HCRIS List	Other Outpatient Cost Centers	427-460		4856-4889	
		93.99	09939	Mental Health Partial Hosp.	254		0112	
				Rural Health Clinic (Combined for NYS ICR)				
		88	08800	Rural Health Clinic	471		4900	
		88.01	08801	Rural Health Clinic II	470		4899	
		88.02	08802	Rural Health Clinic III	469		4898	
		88.03	08803	Rural Health Clinic IV	468		4897	
		88.04	08804	Rural Health Clinic V	467		4896	
		88.05	08805	Rural Health Clinic VI	465		4894	
		88.06	08806	Rural Health Clinic VII	464		4893	
		88.07	08807	Rural Health Clinic VIII	463		4892	
		88.08	08808	Rural Health Clinic IX	462		4891	
		88.09	08809	Rural Health Clinic X	461		4890	
		89.00	08900	Federally Qualified Health Center (FQHC)	474		4903	
				Other Reimbursable Cost Center Line Assignments (50)				
				(12) Standard 234, 243, 250, 257, 259, 280, 501 - 504, 536				
				(30) Variable 505 - 535				
				(Program Capabilities of 98 total lines for Other, Special Purpose and Non-reimbursable)				
		94.00	09400	Home Program Dialysis	250		0020	
29	602	95.00	09500	Ambulance Services	234		0031	
		96.00	09600	Durable Medical Equip-Rented	280		0133	
		97.00	09700	Durable Medical Equip-Sold	257		0115	
		98.00	See HCRIS List	Other Reimbursable (specify)	See Below		See Below	
25	501	99.00	09900	CMHC	501		4912	
25.10	015	99.10	09910	CORF	259		0117	
25.20	502	99.20	09920	OPT	502		4913	
25.30	503	99.30	09930	OOT	503		4914	
25.40	504	99.40	09940	OSP	504		4915	
		100.00	10000	I&R Services -Non Apprvd Prgm	243		0103	
22	014	101.00	10100	Home Health Agency	536		3236	

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		Variable	Variable	Additional Other Reimbursable Cost Centers	505-535		4916-4922, 3212-3235	
				Special Purpose Cost Center Line Assignments (50)				
				(13) Standard 241, 244, 245, 275, 285-287, 292, 601-605				
				(36) Variable 606 to 641				
				(Program Capabilities - See Other Reimbursable)				
		105.00	10500	Kidney Acquisition	241		0101	
		106.00	10600	Heart Acquisition	292		0392	
		107.00	10700	Liver Acquisition	285		0138	
		108.00	10800	Lung Acquisition	602		3302	
		109.00	10900	Pancreas Acquisition	603		3303	
		110.00	11000	Intestinal Acquisition	604		3304	
		111.00	11100	Islet Cell Acquisition	605		3305	
		112.00	11200	Other Organ Acquisition (specify)	286		0390	
		Variable	Variable	Additional Special Purpose Cost Center - Organ Acquisition	606		3306	
		113.00	11300	Interest Expense	244			
		114.00	11400	Utilization Review -RHCF	245			
23		115.00	11500	Ambulatory Surgical Center (Distinct Part)	275		0128	
24	017	116.00	11600	Hospice Inpatient	287		0391	
24.05	601	117.00	06950	Hospice -Home Care	601		3301	
		Variable	Variable	Additional Special Purpose Cost Centers Other than Organ Acquisition	607-641		3307-3341	
				Non Reimbursable Cost Center Line Assignments (25)				
				(7) Standard 269 - 271, 273, 274, 651, 670				
				(18) Variable 652 - 669				
				(Program Capabilities - See Outpatient)				
		190.00	19000	Gift, Flower, Coffee Shop, Canteen	269			
		191.00	19100	Research	270			
		192.00	19200	Physicians Private Offices	273		0126	
		193.00	19300	Non - Paid Workers	274			
		194.00	07950	Appeal For Funds	271			
		194.01	07951	All Other Non- Reimbursable Expenses	651		3351	
		194.99	07999	Maintenance of Personnel	670		3370	
		Variable	Variable	Additional Non Reimbursable Cost Centers	652-669		3352-3369	
		200.00		TOTAL Expenses Worksheet A-All Services	960			