

POST STEPDOWN ADJUSTMENTS

PROVIDER CCN:

PERIOD:
FROM _____
TO _____

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		CODE	LINE NO.		
	1	2	3	4	
1	Adjustment for EPO costs in Renal Dialysis cost center	1	74		1
2	Adjustment for EPO costs in Home Program Dialysis cost center	1	94		2
3	Adjustment for ARANESP costs in Renal Dialysis cost center	1	74		3
4	Adjustment for ARANESP costs in Home Program Dialysis cost center	1	94		4
5	Adjustment for ESA costs in Renal Dialysis cost center (see instructions)	1	74		5
6	Adjustment for ESA costs in Home Program Dialysis cost center (see instructions)	1	94		6
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