

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10521	Date: December 16, 2020
	Change Request 11856

Transmittal 10266, dated August 6, 2020, is being rescinded and replaced by Transmittal 10521, December 16, 2020, to add the Provider Type "34", note that CAH's are paid via the OTP fee schedule, and clarification on the 2020 OTP fee schedule file (attachment 1) versus the 2021 OTP fee schedule file (new attachment 3). This correction revises business requirement 1856-4.1 and only impacts publication 100-04. All other information remains the same.

SUBJECT: New Medicare National Uniform Billing Committee (NUBC) Type of Bill (TOB), Condition Code and implementing Billing Codes for Opioid Treatment Programs

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to establish coding and payment rates as authorized by Section 2005 (Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. These payments begin January 1, 2021.

All Institutional Opioid Treatment Programs billing Medicare will be required to enroll with Medicare as an Opioid Treatment Program and submit claims to FISS using an institutional claim form.

EFFECTIVE DATE: January 1, 2021 - For claims received on or after 01/01/2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 4, 2021 - For all BR's except those noted for April 2021; April 5, 2021 - For BR's 04.8, 04.9, 04.9.1, 04.10, 04.10.1, 04.11, 04.11.1, and 06.1

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	39/Table of Contents
R	39/40/Practitioner Claims submission – A/B MAC (B)
N	39/50/Institutional Opioid Treatment Program (OTP) Services – A/B MAC (A)
N	39/50/50.1/Special Opioid Treatment Program Billing Requirements for Hospitals, Critical Access Hospitals, and Free-Standing Opioid Treatment Program Facilities

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 10521	Date: December 16, 2020	Change Request: 11856
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I. GENERAL INFORMATION

A. Background: Section 2005 of the SUPPORT Act established a new Medicare benefit category for Opioid use Disorder (OUD) treatment services furnished by Opioid Treatment Programs (OTPs) under Medicare Part B, beginning on or after January 1, 2020. Currently, OTPs enroll in the Medicare program with a CMS-855B and submit claims using the CMS-1500. These payments began January 1, 2020. The purpose of this CR is to allow OTPs who have applied on the CMS-855-A to bill on an institutional claim form CMS-1450 (UB-04).

Health care organizations may apply on the Medicare enrollment application (CMS-855A) or Internet-based Provider Enrollment, Chain and Ownership System (PECOS) when they enroll in the Medicare program. The provider types listed on the form describe the specific/unique types of Institutional provider. Provider types are used by the Centers for Medicare & Medicaid Services (CMS) for programmatic and claims processing purposes.

As an entity covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare must comply with standards and their implementation guides adopted by regulation under this statute. The currently adopted institutional implementation guide for the Accredited Standards Committee (ASC) X12N 837 standard requires that each electronic claim transaction include a TOB code from the TOB code set maintained by the NUBC. As a payer, Medicare must be able to recognize as valid any valid code from the TOB code set that appears on the HIPAA standard claim transaction.

This CR implements the current TOB code set by adding new TOB code 087x for "Freestanding Non-residential Opioid Treatment Program." Additionally, for "Provider Based Non-residential Opioid Treatment Program," this CR implements the current Condition Code set by adding new Condition Code "89." Additionally, this CR will implement the systems and local contractor level changes needed for Medicare to adjudicate claims with the new TOB code and new Condition Code. Local contractors shall develop policies as needed to adjudicate claims containing new TOB code 087x in accordance with Medicare national policy.

B. Policy: Sections 1861(s)(2)(HH) and (jjj) of the Act require that covered opioid use disorder treatment services include the Food and Drug Administration (FDA)-approved opioid agonist and antagonist treatment medications, the dispensing and administration of such medications (if applicable), substance use disorder counseling, individual and group therapy, toxicology testing, and other items and services that the Secretary determines are appropriate. Section 1861(jjj) defines OTPs as those that enroll in Medicare and are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), accredited by a SAMHSA-approved entity, and meet additional conditions as the Secretary finds necessary to ensure the health and

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11856 - 04.2	PECOS shall make the necessary changes to recognize and use the new institutional provider type.										PECOS
11856 - 04.3	Contractors shall accept CMS-855A submissions with the provider type "Other" option selected, specifying "Freestanding Opioid Treatment Program" until the forms can be updated with the new provider type.	X									
11856 - 04.4	Contractors shall accept CMS-855A submissions from hospitals with the "Other Hospital Practice Location" option selected, specifying opioid treatment program.	X									
11856 - 04.5	Contractors shall make all necessary changes to recognize and use the new institutional TOB (087x) as a valid TOB code for outpatient claims processing (HUOP) paid from the Medicare Part B Trust Fund.	X				X				X	FPS, HIGLAS, IDR, IOCE, NCH, NGD, PECOS, PS&R, QIC, RAC
11856 - 04.5.1	Contractors shall allow the new institutional Type of Bill (TOB) (087x) as a valid TOB code for claims processing for the new provider range xx-9900 thru xx-9999.	X				X				X	
11856 - 04.5.2	Contractors shall make all necessary changes to allow Trailer 29 to be returned for the new institutional TOB (087x) as a valid TOB code for outpatient claims processing and process as other normal outpatient claims in the crossover process.									X	BCRS
11856 - 04.6	Contractors shall allow hospitals with provider based OTP locations to bill with new NUBC Condition Code "89" on 013x and 085x TOBs effective for dates of services (DOS) on or after 01/01/2020 for claims with a 01/01/2021 receipt dates. NOTE: Condition Code 89 - Opioid Treatment Program/Indicates claim is for Opioid Treatment Program services.					X					
11856 - 04.6.1	Contractors shall accept new Condition Code 89 (Opioid Treatment Program/Indicates claim is for opioid treatment program services).					X					HIGLAS
11856 - 04.7	Contractors shall load Opioid Treatment Program (OTP) HCPCS G-codes, G2067-G2080 (See Attachment 1 for a complete list) and bundled payments from the OTP payment file for dates of service on and after January 1, 2020 and for OTP HCPCS G-codes G2067-G2080, G2215, and G2216 for DOS on and after January 1, 2021 (see Attachment 3).	X				X					VDC
11856 - 04.7.1	Contractors shall make the necessary system changes to retrieve the OTP payment file from the CMS	X				X					VDC

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
	mainframe and load it into their systems prior to January 4, 2021. (The OTP file layout is in Attachment 2.)										
11856 - 04.7.2	To facilitate systems testing, contractors/data centers shall retrieve a preliminary test file from the CMS mainframe telecommunication systems on or about September 4, 2020.	X				X					STC, VDC
11856 - 04.7.3	Contractors shall post the OTP fees on their websites as soon as possible, but no later than 10 business days after receipt of the files.	X									
11856 - 04.7.4	In the event that corrections are required and a replacement 2021 Opioid Treatment Program (OTP) payment file is issued, contractors shall be prepared to retrieve up to three replacement OTP payment files from the CMS mainframe.	X									VDC
11856 - 04.7.5	The CMS shall notify the contractors when the replacement file is available for retrieval, along with the file name, through an e-mail notification via the Part A Functional Workgroup.										CMS
11856 - 04.7.6	Contractors shall be ready to implement any replacement files no later than the January 4, 2021, implementation date of this CR unless otherwise directed by CMS. (NOTE: Replacement files will not be issued under this CR too far into January, when claims are no longer routinely being held for the January Release. Any revisions after then will need a separate instruction.)	X									CMS, VDC
11856 - 04.7.7	If replacement files are issued, contractors shall post any revised OTP fees on their websites as soon as possible, but no later than 10 business days after receipt of the files.	X									VDC
11856 - 04.7.8	Contractors shall notify CMS of successful receipt of the file described in requirement 7.2, and requirement 7.4 when a replacement file is issued, via e-mail to price_file_receipt@cms.hhs.gov, stating the name of the file received (e.g., CLAB, Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, workload numbers, quarter, and if Part A, Part B, or both).	X									VDC
11856 - 04.7.9	Contractors shall pay the OTP Fee Schedule rate for covered Medicare OTP Fee Schedule services that are payable at the institutional provider Opioid Treatment Program from the Part B trust fund.	X				X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E D I C A N	C O N T R A C T O R
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Joseph Schultz, 410-786-2656 or joseph.schultz@cms.hhs.gov, Lindsey Baldwin, lindsey.baldwin@cms.hhs.gov, Fred Rooke, fred.rooke@cms.hhs.gov.

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 3

Medicare Claims Processing Manual

Chapter 39 – Opioid Treatment Programs (OTPs)

Table of Contents (Rev. 10521; 12-16-20)

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- 30 - Bundled payments for Opioid Use Disorder (OUD) treatment services
 - 30.1 - Duration of bundle
 - 30.2 - Requirements for an Episode
 - 30.3 - Non-drug episode of care
 - 30.4 - New drugs
 - 30.5 - Site of service (telecommunications)
 - 30.6 - Coding
 - 30.6.1 - Adjustments to Bundled Payment Rate
 - 30.7 - Cost Sharing
 - 30.8 - Locality Adjustments
 - 30.9 - Annual Updates
- 40 – *Practitioner* Claims submission – *A/B MAC (B)*
 - 40.1 - Place of Service
 - 40.2 - Date of Service
 - 40.3 - Prescribing Individuals
- 50 – *Institutional Opioid Treatment Program (OTP) Services – A/B MAC (A)*
 - 50.1 *Special Opioid Treatment Program Billing Requirements for Hospitals, Critical Access Hospitals, and Free-Standing Opioid Treatment Program Facilities*

40 – Practitioner Claims submission – A/B MAC (B)
(Rev. 10521; Issued: 12-16-20; Effective: 01-01-21; Implementation: 01-04-21)

Claims for OTP services are submitted using the 837P transaction to transmit health care claims electronically, or using the CMS-1500 (the paper version of the 837P).

HCPCS codes G2067-G2075 cover episodes of care of 7 continuous days and cannot be billed for the same patient more than once per 7 continuous day period.

HCPCS codes G2076-G2080 are add-on codes that are billed in addition to one of the base bundle codes described by HCPCS codes G2067-G2075.

Consistent with FDA labeling, HCPCS codes G2069 and G2073 should not be used more than once every 4 weeks and HCPCS codes G2070 and G2072 should not be used more than once every 6 months.

HCPCS codes G2078 and G2079 may be billed in multiple units, up to 3 in one month (in addition to the base bundle code).

Patients may be appropriately given OUD services at more than one OTP within a 7 day period in certain limited clinical situations, such as for guest dosing or when a patient transfers care between OTPs. Each of the involved OTPs may bill the appropriate HCPCS codes for the services provided to the patient, but both OTPs must maintain sufficient medical record documentation to reflect the clinical situation and services provided.

In instances in which a patient is switching from one drug to another, the OTP should only bill for one code describing a weekly bundled payment for that week and should determine which code to bill based on which drug was furnished for the majority of the week.

50 – Institutional Opioid Treatment Program (OTP) Services – A/B MAC (A)
(Rev. 10521; Issued: 12-16-20; Effective: 01-01-21; Implementation: 01-04-21)

Medicare Part B coverage is available for outpatient Opioid Treatment Program services provided by hospitals, CAHs, and Free-Standing Opioid Treatment Program facilities.

50.1 Special Opioid Treatment Program Billing Requirements for Hospitals, Critical Access Hospitals, and Free-Standing Opioid Treatment Program Facilities
(Rev. 10521; Issued: 12-16-20; Effective: 01-01-21; Implementation: 01-04-21)

Medicare Part B coverage is available for hospital outpatient Opioid Treatment Program services.

A. Billing Requirement

Section 1861(s)(2)(HH)(jjj) of the Act requires that opioid use disorder treatment services would include the Food and Drug Administration (FDA)-approved opioid agonist and antagonist treatment medications, the dispensing and administration of such medications (if applicable), substance use disorder counseling, individual and group therapy, toxicology testing, and other items and services that the Secretary determines are appropriate. Section 1861(s)(2)(HH)(jjj) defines OTPs as those that enroll in Medicare and are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), accredited by a SAMHSA-approved entity, and meet additional conditions as the Secretary finds necessary to ensure the health and safety of individuals being furnished services under these programs and the effective and efficient furnishing of such services.

Hospitals and CAHs report condition code 89 in FLs 18-28 (or electronic equivalent) to indicate the claim is for Opioid Treatment Program services. They must also report a revenue code and the charge for each individual covered service furnished. In addition, hospital outpatient departments are required to report HCPCS codes. CAHs are not required to report HCPCS code for this benefit.

Under component billing, hospitals are required to report a revenue code and the charge for each individual covered service furnished under an opioid treatment program. In addition, hospital outpatient departments are

required to report HCPCS codes. Component billing assures that only those opioid treatment program services covered under §1861(s)(2)(HH)(jjj) of the Act are paid by the Medicare program.

All hospitals are required to report condition code “89” in FLs 18-28 to indicate the claim is for opioid treatment program services. Hospitals use bill type 013X and CAHs use bill type 085X. The following special procedures apply:

Bills must contain an acceptable revenue code. They are as follows:

Revenue Code	Description
0636	Drugs Requiring Detailed Coding
0900	Behavioral Health Treatment/Services
0914	Individual Therapy
0915	Group Therapy
0916	Family Therapy
0918	Behavioral Health/Testing
0919	Other Behavioral Health Treatments
0940	General Classification
0944	Drug Rehabilitation
0949	Other Therapeutic Service
0953	Chemical Dependency (Drug and Alcohol)

Hospitals other than CAHs are also required to report appropriate HCPCS codes.

Edit to assure that HCPCS are present when the above revenue codes are billed and that they are valid HCPCS codes. Do not edit for the matching of revenue code to HCPCS.

NOTE: *Information regarding the Form CMS-1450 form locators that correspond with these fields is found in Chapter 25 of this manual. See the ASC X12 837 Institutional Claim implementation guide for related guidelines for the electronic claim.*

B. Reporting of Service Units

Hospitals and Free-Standing facilities report the number of times the service or procedure, as defined by the HCPCS code, was performed.

NOTE: *Service units are not required to be reported for drugs and biologicals (Revenue Code 250).*

C. Line Item Date of Service Reporting

Hospitals other than CAHs are required to report line item dates of service per revenue code line for opioid treatment program claims. This means each service (revenue code) provided must be repeated on a separate line item along with the specific date the service was provided for every occurrence. Line item dates of service are reported in FL 45 “Service Date” (MMDDYY).

D. Special Requirements for Free-Standing Opioid Treatment Program Facilities

Section 1833 (s)(2)(HH)(jjj)) of the Act recognizes Free-Standing Opioid Treatment Program Facilities as “providers of services” but only for furnishing Opioid Treatment Program services. Applicable provider ranges are xx9900-xx9999 billed on a claim with a type of bill 087x. Other billing requirements (except condition code “89” reporting) mentioned above for hospitals apply.

E. Payment

Section 1861 (s)(2)(HH)(jjj)) of the Act provides the statutory authority governing payment for opioid treatment program services provided by a hospital or free-standing facility. A/B MAC(s) (A) make payment on a fee schedule basis (see 30.8). CAH’s are paid at reasonable cost basis. The Part B deductible applies. There is no

PC/TC split for OTP billing. Only one (1) provider may bill for the services of the opioid treatment program, either the facility or the practitioner, but not both.

F. Data for CWF and PS&R

Include revenue codes, HCPCS/CPT codes, units, and covered charges in the financial data section (fields 65a - 65j), as appropriate. Report the billed charges in field 65h, "Charges," of the CWF record.

Include in the financial data portion of the PS&R UNIBILL, revenue codes, HCPCS/CPT codes, units, and charges, as appropriate.

G. Medical Review

The A/B MACs (A) follow medical review guidelines in Pub. 100-08, Medicare Program Integrity Manual.

CR 11856 Attachment 2:

Opioid Treatment Program (OTP) Payment File Layout

DATA RECORD

FIELD #	ITEM	LOCATION	LENGTH & PIC
1	A/B MAC (B) Contractor ID #	1-5	5 Pic x(5)
2	Locality	6-7	2 Pic x(2)
3	HCPCS Code	8-12	5 Pic x(5)
4	Modifier	13-14	2 Pic x(2)
5	Geographically Adjusted Fee	15-23	9 Pic 9(7)v99
6	Payment Effective Date (CCYYMMDD) NOTE: With each annual update, this date will be set to January 1 of the year the payment is intended.	24-31	8 Pic x(8)
7	Filler	32-51	20 Pic x(20)

CARRIER	LOCALITY	HCPCS	MOD	DRUG RATE	NON-DRUG RATE	GEOGRAPHICALLY ADJUSTED FEE
01112	05	G2067				
01112	06	G2067				
01112	07	G2067				
01112	09	G2067				
01112	51	G2067				
01112	52	G2067				
01112	53	G2067				
01112	54	G2067				
01112	55	G2067				
01112	56	G2067				
01112	57	G2067				
01112	58	G2067				
01112	59	G2067				
01112	60	G2067				
01112	61	G2067				
01112	62	G2067				
01112	63	G2067				
01112	64	G2067				
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01112	66	G2067				
01112	67	G2067				
01112	68	G2067				
01112	69	G2067				
01112	70	G2067				
01112	75	G2067				
01182	17	G2067				
01182	18	G2067				
01182	26	G2067				
01182	71	G2067				
01182	72	G2067				
01182	73	G2067				
01182	74	G2067				
01212	01	G2067				
01312	00	G2067				
02102	01	G2067				
02202	00	G2067				
02302	01	G2067				
02302	99	G2067				
02402	02	G2067				
02402	99	G2067				
03102	00	G2067				
03202	01	G2067				
03302	01	G2067				
03402	02	G2067				
03502	09	G2067				
03602	21	G2067				
04112	01	G2067				
04212	05	G2067				
04312	00	G2067				
04412	09	G2067				
04412	11	G2067				
04412	15	G2067				
04412	18	G2067				
04412	20	G2067				
04412	28	G2067				
04412	31	G2067				
04412	99	G2067				

05102	00	G2067
05202	00	G2067
05302	01	G2067
05302	02	G2067
05302	99	G2067
05402	00	G2067
06102	12	G2067
06102	15	G2067
06102	16	G2067
06102	99	G2067
06202	00	G2067
06302	00	G2067
07102	13	G2067
07202	01	G2067
07202	99	G2067
07302	00	G2067
08102	00	G2067
08202	01	G2067
08202	99	G2067
09102	03	G2067
09102	04	G2067
09102	99	G2067
09202	20	G2067
09202	50	G2067
10112	00	G2067
10212	01	G2067
10212	99	G2067
10312	35	G2067
11202	01	G2067
11302	00	G2067
11402	16	G2067
11502	00	G2067
12102	01	G2067
12202	01	G2067
12302	01	G2067
12302	99	G2067
12402	01	G2067
12402	99	G2067
12502	01	G2067
12502	99	G2067
13102	00	G2067
13202	01	G2067
13202	02	G2067
13202	03	G2067
13282	99	G2067
13292	04	G2067
14112	03	G2067
14112	99	G2067
14212	01	G2067
14212	99	G2067
14312	40	G2067
14412	01	G2067
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15102	00	G2067
15202	00	G2067
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01182	72	G2068
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01182	74	G2068
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02102	01	G2068
02202	00	G2068
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02302	99	G2068
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03402	02	G2068
03502	09	G2068
03602	21	G2068
04112	01	G2068
04212	05	G2068
04312	00	G2068
04412	09	G2068
04412	11	G2068
04412	15	G2068
04412	18	G2068
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04412	28	G2068
04412	31	G2068
04412	99	G2068
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05202	00	G2068
05302	01	G2068
05302	02	G2068

05302	99	G2068
05402	00	G2068
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06102	16	G2068
06102	99	G2068
06202	00	G2068
06302	00	G2068
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07202	01	G2068
07202	99	G2068
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08202	01	G2068
08202	99	G2068
09102	03	G2068
09102	04	G2068
09102	99	G2068
09202	20	G2068
09202	50	G2068
10112	00	G2068
10212	01	G2068
10212	99	G2068
10312	35	G2068
11202	01	G2068
11302	00	G2068
11402	16	G2068
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12102	01	G2068
12202	01	G2068
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01112	06	G2069
01112	07	G2069
01112	09	G2069
01112	51	G2069
01112	52	G2069
01112	53	G2069

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01112	57	G2069
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