



**News Flash** – Did you know that your local Medicare contractor (carrier, fiscal intermediary, or Medicare Administrative Contractor (MAC)) is a valuable source of news and information regarding Medicare business in your specific practice location? Through their electronic mailing lists, your local contractor can quickly provide you with information pertinent to your geographic area, such as local coverage determinations, local provider education activities, etc. If you have not done so already, you should go to your local contractor website and sign up for their listserv or e-mailing list. Many contractors have links on their home page to take you to their registration page to subscribe to their listserv. If you do not see a link on the homepage, just search their site for “listserv” or “e-mail list” to find the registration page. If you do not know the Web address of your contractor’s homepage, it is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

MLN Matters Number: MM6323

Related Change Request (CR) #: 6323

Related CR Release Date: January 13, 2009

Effective Date: January 1, 2009

Related CR Transmittal #: R1669CP

Implementation Date: January 5, 2009

**Note:** This article was updated on December 17, 2012, to reflect current Web addresses. All other information remains unchanged.

## January 2009 Update of the Ambulatory Surgical Center (ASC) Payment System

### Provider Types Affected

ASCs that submit claims to Medicare Administrative Contractors (MACs) or carriers for services provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 6323 and is a recurring update that describes changes to and billing instructions for various **payment policies implemented in the January 2009 ASC update**. Make sure billing staff are aware of the changes.

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## Background

This notification includes updates to the Healthcare Common Procedure Coding System (HCPCS) for ASCs and updated payment rates for selected separately payable drugs and biologicals, long descriptors for newly created Level II Healthcare Common Procedure Coding System (HCPCS) codes for drugs and biologicals (ASC DRUG files), and the calendar year (CY) 2009 ASC payment rates for covered surgical and ancillary services (ASCFS file).

## Key Points of CR6323

- **Table 1** below shows updates to four Core Based Statistical Areas (CBSAs) recognized by the Centers for Medicare & Medicaid Services (CMS) for ASC claims with dates of service on and after January 1, 2009.

**Table 1 - January 1, 2009 CBSA Changes**

| COUNTY/STATE           | FIPS CODE | 2008 CBSA | 2009 CBSA |
|------------------------|-----------|-----------|-----------|
| Sarasota, Florida      | 12115     | 42260     | 14600     |
| Chautauqua, New York   | 36013     | 27460     | 33        |
| Garfield, Oklahoma     | 40047     | 21420     | 37        |
| Stanly, North Carolina | 37167     | 34        | 16740     |

- **Drugs and Biologicals with Payment Based on Average Sales Price (ASP) Effective January 1, 2009**
  - In the CY 2009 OPPTS/ASC final rule with comment period, it was stated that payments for separately payable drugs and biologicals based on the ASPs will be updated on a quarterly basis as later quarter ASP submissions become available.
  - Effective January 1, 2009, payment rates for many covered ancillary drugs and biologicals have changed from the values published in the CY 2009 Outpatient Prospective Payment System//Ambulatory Surgical Center (OPPTS/ASC) final rule with comment period as a result of ASP calculations based on sales price submissions from the third quarter of CY 2008. In cases where the payment rates are different from those published in Addendum BB to the OPPTS/ASC final rule with comment period in the *Federal Register*, the correct, updated payment rates have been incorporated into the January 2009 release of the ASC DRUG file. The updated payment rates effective January 1, 2009 for covered ancillary drugs and biologicals can be found in the January 2009 update of the ASC Addendum BB

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which may be viewed at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html> on the CMS website.

- **New HCPCS Codes for Drugs and Biologicals that are Separately Payable under the ASC Payment System as of January 1, 2009.**
  - For CY 2009, new Level II HCPCS codes have been created for reporting specific drugs and biologicals for which no previous payable HCPCS code existed.
  - Thirty of the new Level II HCPCS codes for reporting drugs and biologicals are separately payable to ASCs for dates of service on or after January 1, 2009. The new **Level II HCPCS** codes, their payment indicators, and long descriptors are displayed in **Table 2** below. The CY 2009 ASC payment rates for the drugs and biologicals are in the January 2009 ASC DRUG file.

**Table 2 - New Level II HCPCS Codes for Drugs and Biologicals Separately Payable under the ASC Payment System for CY 2009**

| HCPCS Code | CY 2009 Payment Indicator | Long Descriptor   |
|------------|---------------------------|---|
| C9245      | K2                        | Injection, romiplostim, 10 mcg  |
| C9246      | K2                        | Injection, gadoxetate disodium, per ml  |
| C9248      | K2                        | Injection, clevidipien butyrate, 1 mg   |
| J0641      | K2                        | Injection, levoleucovorin calcium, 0.5 mg   |
| J1267      | K2                        | Injection, doripenem, 10 mg   |
| J1453      | K2                        | Injection, fosaprepitant, 1 mg  |
| J1459      | K2                        | Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg         |
| J1750      | K2                        | Injection, iron dextran, 50 mg  |
| J1930      | K2                        | Injection, lanreotide, 1 mg   |
| J1953      | K2                        | Injection, levetiracetam, 10 mg   |
| J2785      | K2                        | Injection, regadenoson, 0.1 mg  |
| J3101      | K2                        | Injection, tenecteplase, 1 mg   |
| J7186      | K2                        | Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u. |
| J8705      | K2                        | Topotecan, oral, 0.25 mg  |

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| HCPCS Code | CY 2009 Payment Indicator | Long Descriptor  |
|------------|---------------------------|--|
| J9033      | K2                        | Injection, bendamustine hcl, 1 mg  |
| J9207      | K2                        | Injection, ixabepilone, 1 mg   |
| J9330      | K2                        | Injection, temsirolimus, 1 mg  |
| J0132      | K2                        | Injection, acetylcysteine, 100 mg  |
| J0470      | K2                        | Injection, dimercaprol, per 100 mg   |
| J0550      | K2                        | Injection, penicillin g benzathine and penicillin g procaine, up to 2,400,000 units  |
| J0630      | K2                        | Injection, calcitonin salmon, up to 400 units  |
| J1212      | K2                        | Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml   |
| J1455      | K2                        | Injection, foscarnet sodium, per 1000 mg   |
| J2460      | K2                        | Injection, oxytetracycline hcl, up to 50 mg  |
| J2515      | K2                        | Injection, pentobarbital sodium, per 50 mg   |
| J2805      | K2                        | Injection, sincalide, 5 micrograms   |
| J3400      | K2                        | Injection, trifluromazine hcl, up to 20 mg   |
| J7191      | K2                        | Factor viii (antihemophilic factor (porcine)), per i.u.  |
| J7516      | K2                        | Cyclosporin, parenteral, 250 mg  |
| J9165      | K2                        | Injection, diethylstilbestrol diphosphate, 250 mg  |
| 90296      | K2                        | Diphtheria antitoxin, equine, any route  |
| 90378      | K2                        | Respiratory syncytial virus immune globulin (rsv-igim), for intramuscular use, 50 mg, each   |
| 90665      | K2                        | Lyme disease vaccine, adult sodate, for intramuscular use  |
| 90681      | K2                        | Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use  |
| 90696      | K2                        | Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use |
| 90740      | F4                        | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use  |
| 90743      | F4                        | Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use   |

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| HCPCS Code | CY 2009 Payment Indicator | Long Descriptor   |
|------------|---------------------------|---|
| 90744      | F4                        | Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use                 |
| 90746      | F4                        | Hepatitis B vaccine, adult dosage, for intramuscular use  |
| 90747      | F4                        | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use |
| Q4101      | K2                        | Skin substitute, apligraf, per square centimeter  |
| Q4102      | K2                        | Skin substitute, oasis wound matrix, per square centimeter  |
| Q4103      | K2                        | Skin substitute, oasis burn matrix, per square centimeter   |
| Q4104      | K2                        | Skin substitute, integra bilayer matrix wound dressing (bmwd), per square centimeter                      |
| Q4105      | K2                        | Skin substitute, integra dermal regeneration template (drt), per square centimeter                        |
| Q4106      | K2                        | Skin substitute, dermagraft, per square centimeter  |
| Q4107      | K2                        | Skin substitute, graft jacket, per square centimeter  |
| Q4108      | K2                        | Skin substitute, integra matrix, per square centimeter  |
| Q4110      | K2                        | Skin substitute, primatrix, per square centimeter   |
| Q4111      | K2                        | Skin substitute, gammagraft, per square centimeter  |
| Q4112      | K2                        | Allograft, cymetra, injectable, 1cc   |
| Q4113      | K2                        | Allograft, graft jacket express, injectable, 1cc  |
| Q4114      | K2                        | Allograft, integra flowable wound matrix, injectable, 1cc   |

- **Updated Payment Rates for Certain HCPCS Codes Effective April 1, 2008 through June 30, 2008.**
  - The payment rates for six drugs and biologicals (Table 3) were incorrect in the April 2008 ASC DRUG file. The corrected payment rates are listed below and have been corrected in the revised April 2008 ASC DRUG file. The corrected rates are effective for services furnished on April 1, 2008 through June 30, 2008. If your claims were processed with the incorrect rates and you make your carrier/MAC aware of such claims, the carrier/MAC will adjust the claims.

**Table 3 - Updated Payment Rates for Certain Drugs and Biologicals Effective April 1, 2008 through June 30, 2008**

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| HCPCS Code | CY 2008 PI | Short Descriptor          | Corrected Payment Rate |
|------------|------------|---------------------------|------------------------|
| J0150      | K2         | Injection adenosine 6 MG  | \$12.71                |
| J1626      | K2         | Granisetron HCl injection | \$5.99                 |
| J2405      | K2         | Ondansetron hcl injection | \$0.23                 |
| J2730      | K2         | Pralidoxime chloride inj  | \$83.17                |
| J9208      | K2         | Ifosfomide injection      | \$36.77                |
| J9209      | K2         | Mesna injection           | \$7.81                 |

- **Updated Payment Rates for Certain Drugs and Biologicals Effective July 1, 2008 through September 30, 2008**
  - The payment rates for nine drugs and biologicals (Table 4) were incorrect in the July 2008 ASC DRUG file. The corrected payment rates are listed below and have been corrected in the revised July 2008 ASC DRUG file.
  - The corrected rates are effective for services furnished on July 1, 2008 through September 30, 2008. If your claims were processed with the incorrect rates and you make your carrier/MAC aware of such claims, the carrier/MAC will adjust the claims.

**Table 4 - Updated Payment Rates for Certain Drugs and Biologicals Effective July 1, 2008 through September 30, 2008**

| CY 2008 HCPCS Code | CY 2008 PI | Short Descriptor           | Corrected Payment Rate |
|--------------------|------------|----------------------------|------------------------|
| J0150              | K2         | Injection adenosine 6 MG   | \$11.57                |
| J1566              | K2         | Immune globulin, powder    | \$28.37                |
| J1569              | K2         | Gammagard liquid injection | \$34.66                |
| J2730              | K2         | Pralidoxime chloride inj   | \$84.90                |
| J7190              | K2         | Factor viii                | \$0.85                 |
| J7192              | K2         | Factor viii recombinant    | \$1.12                 |
| J7198              | K2         | Anti-inhibitor             | \$1.47                 |

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| CY 2008 HCPCS Code | CY 2008 PI | Short Descriptor     | Corrected Payment Rate |
|--------------------|------------|----------------------|------------------------|
| J8510              | K2         | Oral busulfan        | \$2.55                 |
| J9208              | K2         | Ifosfomide injection | \$34.04                |

- **Updated Payment Rates for Certain Drugs and Biologicals Effective October 1, 2008 through December 31, 2008**
  - The payment rates for two drugs and biologicals (Table 5) were incorrect in the October 2008 ASC DRUG file. The corrected payment rates are listed below and have been corrected in the revised October 2008 ASC DRUG file.
  - The corrected rates are effective for services furnished on October 1, 2008 through December 31, 2008. If your claims were processed with the incorrect rates and you make your carrier/MAC aware of such claims, the carrier/MAC will adjust the claims.

**Table 5 - Updated Payment Rates for Certain Drugs and Biologicals Effective October 1, 2008 through December 31, 2008**

| CY 2008 HCPCS Code | CY 2008 PI | Short Descriptor      | Corrected Payment Rate |
|--------------------|------------|-----------------------|------------------------|
| J1568              | K2         | Octagam injection     | \$35.58                |
| J2323              | K2         | Natalizumab injection | \$7.51                 |

- **Correct Reporting of Drugs and Biologicals When Used As Implantable Devices**
  - When billing for a biological for which the HCPCS code describes a product that is solely surgically implanted or inserted, and that is separately payable under the ASC payment system, the ASC should report the HCPCS code for the product.
  - If the implanted biological is packaged, that is, not eligible for separate payment under the ASC payment system, the ASC should not report the biological product HCPCS code.
  - When billing for a biological for which the HCPCS code describes a product that may be either surgically implanted or inserted or otherwise applied in the care of a patient, ASCs should not report the HCPCS code for the product when the biological is used as an implantable device (including as a scaffold

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or an alternative to human or nonhuman connective tissue or mesh used in a graft) during surgical procedures.

- Under the ASC payment system, ASCs are provided a packaged payment for surgical procedures that includes the cost of supportive items. When using biologicals during surgical procedures as implantable devices, ASCs may include the charges for these items in their charges for the procedure.
- **Correct Reporting of Units for Drugs**
  - ASCs are reminded to ensure that units of drugs administered to patients are accurately reported in terms of the dosage specified in the HCPCS long code descriptor. That is, units should be reported in multiples of the units included in the HCPCS descriptor. For example, if the description for the drug code is 6 mg, and 6 mg of the drug was administered to the patient, the units billed should be 1. If the description for the drug code is 50 mg, but 200 mg of the drug was administered to the patient, the units billed should be 4.
  - ASCs should not bill the units based on the way the drug is packaged, stored, or stocked. That is, if the HCPCS descriptor for the drug code specifies 1 mg and a 10 mg vial of the drug was administered to the patient, bill 10 units, even though only one vial was administered.
  - The HCPCS short descriptors are limited to 28 characters, including spaces, so short descriptors do not always capture the complete description of the drug. Therefore, before submitting Medicare claims for drugs and biologicals, it is extremely important to review the complete long descriptors for the applicable HCPCS codes.
- **Attachment A to CR 6323 lists the surgical procedures that are newly payable in the ASC setting as of January 1, 2009. Those procedures are displayed here in Table 6 as follows.**

**Table 6 - Surgical procedures newly payable in the ASC setting effective January 1, 2009**

| HCPCS Code | Short Descriptor             | HCPCS Code | Short Descriptor            |
|------------|------------------------------|------------|-----------------------------|
| 0190T      | Place intraoc radiation src  | 49325      | Lap revision perm ip cath   |
| 0191T      | Insert ant segment drain int | 49326      | Lap w/omentopexy add-on     |
| 0192T      | Insert ant segment drain ext | 49652      | Lap vent/abd hernia repair  |
| 15170      | Acell graft trunk/arms/legs  | 49653      | Lap vent/abd hern proc comp |

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| HCPSC Code | Short Descriptor             | HCPSC Code | Short Descriptor             |
|------------|------------------------------|------------|------------------------------|
| 15171      | Acell graft t/arm/leg add-on | 49654      | Lap inc hernia repair        |
| 15175      | Acellular graft, f/n/hf/g    | 49655      | Lap inc hern repair comp     |
| 15176      | Acell graft, f/n/hf/g add-on | 49656      | Lap inc hernia repair recur  |
| 20696      | Comp multiplane ext fixation | 49657      | Lap inc hern recur comp      |
| 20697      | Comp ext fixate strut change | 55706      | Prostate saturation sampling |
| 34490      | Removal of vein clot         | 62267      | Interdiscal perq aspir, dx   |
| 36455      | Bl exchange/transfuse non-nb | 64448      | N block inj fem, cont inf    |
| 41530      | Tongue base vol reduction    | 64449      | N block inj, lumbar plexus   |
| 43273      | Endoscopic pancreatoscopy    | 64455*     | N block inj, plantar digit   |
| 46930*     | Destroy internal hemorrhoids | 64632*     | N block inj, common digit    |
| 49324      | Lap insertion perm ip cath   | 65756      | Corneal trnspl, endothelial  |
| 77785      | Hdr brachytx, 1 channel      | 77786      | Hdr brachytx, 2-12 channel   |
| 77787      | Hdr brachytx over 12 chan    |            |                              |

\* Indicates that the office-based payment indicator assigned for CY 2009 is temporary.

- Attachment B to CR 6323 lists the procedures to which the no cost/full credit and partial credit device adjustment policy applies. Those procedures are displayed here in Table 7 as follows.

**Table 7 – CY 2009 list of procedures to which the no cost/full credit and partial credit device adjustment policy applies.**

| HCPSC Code | Short Descriptor           | HCPSC Code | Short Descriptor             |
|------------|----------------------------|------------|------------------------------|
| 24361      | Reconstruct elbow joint    | 54416      | Remv/repl penis contain pros |
| 24363      | Replace elbow joint        | 55873      | Cryoablate prostate          |
| 24366      | Reconstruct head of radius | 61885      | Insrt/redo neurostim 1 array |
| 25441      | Reconstruct wrist joint    | 61886      | Implant neurostim arrays     |
| 25442      | Reconstruct wrist joint    | 62361      | Implant spine infusion pump  |
| 25446      | Wrist replacement          | 62362      | Implant spine infusion pump  |
| 27446      | Revision of knee joint     | 63650      | Implant neuroelectrodes      |

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| HCPSC Code | Short Descriptor             | HCPSC Code | Short Descriptor             |
|------------|------------------------------|------------|------------------------------|
| 33206      | Insertion of heart pacemaker | 63655      | Implant neuroelectrodes      |
| 33207      | Insertion of heart pacemaker | 63685      | Insrt/redo spine n generator |
| 33208      | Insertion of heart pacemaker | 64553      | Implant neuroelectrodes      |
| 33212      | Insertion of pulse generator | 64555      | Implant neuroelectrodes      |
| 33213      | Insertion of pulse generator | 64560      | Implant neuroelectrodes      |
| 33214      | Upgrade of pacemaker system  | 64561      | Implant neuroelectrodes      |
| 33224      | Insert pacing lead & connect | 64565      | Implant neuroelectrodes      |
| 33225      | L ventric pacing lead add-on | 64573      | Implant neuroelectrodes      |
| 33240      | Insert pulse generator       | 64575      | Implant neuroelectrodes      |
| 33249      | Eltrd/insert pace-defib      | 64577      | Implant neuroelectrodes      |
| 33282      | Implant pat-active ht record | 64580      | Implant neuroelectrodes      |
| 53440      | Male sling procedure         | 64581      | Implant neuroelectrodes      |
| 53444      | Insert tandem cuff           | 64590      | Insrt/redo pn/gastr stimul   |
| 53445      | Insert uro/ves nck sphincter | 65770      | Revise cornea with implant   |
| 53447      | Remove/replace ur sphincter  | 69714      | Implant temple bone w/stimul |
| 54400      | Insert semi-rigid prosthesis | 69715      | Temple bne implnt w/stimulat |
| 54401      | Insert self-contd prosthesis | 69717      | Temple bone implant revision |
| 54405      | Insert multi-comp penis pros | 69718      | Revise temple bone implant   |
| 54410      | Remove/replace penis prosth  | 69930      | Implant cochlear device      |

- Attachment C to CR 6323 lists the devices for which the “FB” or “FC” modifier must be reported with the procedure code when furnished at no cost or with full or partial credit. That list of devices is displayed here as Table 8.

**Table 8 – CY 2009 list of devices for which the “FB” or “FC” modifier must be reported with the procedure code when furnished at no cost or with full or partial credit.**

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| Device HCPCS Code | Short Descriptor               | Device HCPCS Code | Short Descriptor              |
|-------------------|--------------------------------|-------------------|-------------------------------|
| C1721             | AICD, dual chamber             | C1881             | Dialysis access system        |
| C1722             | AICD, single chamber           | C1882             | AICD, other than sing/dual    |
| C1764             | Event recorder, cardiac        | C1891             | Infusion pump, non-prog, perm |
| C1767             | Generator, neurostim, imp      | C1897             | Lead, neurostim, test kit     |
| C1771             | Rep dev, urinary, w/sling      | C1898             | Lead, pmkr, other than trans  |
| C1772             | Infusion pump, programmable    | C1900             | Lead coronary venous          |
| C1776             | Joint device (implantable)     | C2619             | Pmkr, dual, non rate- resp    |
| C1778             | Lead, neurostimulator          | C2620             | Pmkr, single, non rate- resp  |
| C1779             | Lead, pmkr, transvenous VDD    | C2621             | Pmkr, other than sing/dual    |
| C1785             | Pmkr, dual, rate- resp         | C2622             | Prosthesis, penile, non- inf  |
| C1786             | Pmkr, single, rate- resp       | C2626             | Infusion pump, non-prog, temp |
| C1813             | Prosthesis, penile, inflatab   | C2631             | Rep dev, urinary, w/o sling   |
| C1815             | Pros, urinary sph, imp         | L8614             | Cochlear device/system        |
| C1820             | Generator, neuro rechg bat sys | L8690             | Aud osseo dev, int/ext comp   |

## Additional Information

If you have questions, please contact your MAC or carrier at their toll-free numbers which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The official instruction CR 6323 issued to your MAC or carrier is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1669CP.pdf> on the CMS website.

For a Special Edition article that provides an overview of the ASC payment system, see <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0742.pdf> on the CMS website.

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**News Flash - It's Not Too Late to Get the Flu Shot.** We are in the midst of flu season and a flu vaccine is still the best way to prevent infection and the complications associated with the flu. Re-vaccination is necessary each year because flu viruses change each year. So please encourage your Medicare patients who haven't already done so to get their annual flu shot--and don't forget to immunize yourself and your staff. Protect yourself, your patients, and your family and friends. **Get Your Flu Shot – Not the Flu! Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. Health care professionals and their staff can learn more about Medicare's coverage of the influenza vaccine and other Medicare Part B covered vaccines and related provider education resources created by the CMS Medicare Learning Network (MLN), by reviewing Special Edition *MLN Matters* article SE0838 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0838.pdf> on the CMS website.

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