

Frequently Asked Questions – Indian Health Services (IHS)

The following contains frequently asked questions relating to the changes for IHS that align MIHMS billing activity with Medicare. You can view some claim examples following this list of questions.

Why is MaineCare making this change?

MaineCare is making this change to alleviate issues with Medicare crossover claims so they can pay seamlessly.

How will crossover claims be affected by this change?

Generally, crossover claims should now process in MIHMS without manual intervention.

Do these changes in MIHMS affect which claim forms to file?

If your service location has enrolled as an IHS under Provider Type 17, you will submit your MaineCare claims as institutional claims, just as you do with Medicare. Otherwise, you can continue to submit professional claims to MaineCare, consistent with Medicare.

Will we continue to bill zero charges for our services?

Service lines should be billed just as they are to Medicare. Service lines should include your usual and customary charges. In addition, it is no longer necessary to use the T1015 code for the core visit.

How will our payments be affected by this change?

You will continue to be reimbursed for the visit at your all-inclusive rate. Payment will be allocated to each paid claim line based on the ratio of total charges to the paid amount.

A sample Remittance Advice with a spreadsheet analysis of the allocations is shown in Figure 1: Sample RA showing Payments and Allocations.

DOS From	DOS To	DRG/ APC	Rev/ Proc	Mods	Tooth # - SUR	Units	Amt Billed	Amt Allowed	Outlier Amt	Amt Paid
09/22/12	09/22/12		0521 36415			1	\$15.00	\$21.18	\$0.00	\$21.18
09/22/12	09/22/12		0521 99214			1	\$196.00	\$276.82	\$0.00	\$276.82
							\$211.00	\$298.00	\$0.00	\$298.00

Payment total divided by total charges on paid lines creates the allocation percentage to be applied to the charges of each paid line.

Rev/Proc	Amount Billed	Allocation %	Allocated Payment
0521/36415	\$15.00	141.2322%	\$21.18
0521/99214	\$196.00	141.2322%	\$276.82
Total	\$211.00	141.2322%	\$298.00

Figure 1: Sample RA showing Payments and Allocations

Will ancillary services payments be allocated differently than before this change occurred?

Some services (such as a vaccine code, for example) may appear to allocate a higher payment than what was billed because payment will be allocated to each paid claim line, based on its percentage of total charges. Overall, the claim payment total will be correct.

How will this change affect claim adjudication?

Service lines with charges will be fully adjudicated. This will result in more accurate processing of your claims. As a result, you may see more Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) on your Remittance Advice or 835.

1 Augusta IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		3a PATE CNTRL # 198723 3b MED REC #		4 TYPE OF BILL 0771	
5 FEO TAX NO. 01-2345678		6 STATEMENT COVER PERIOD FROM 02112013		7 THROUGH 02112013			

8 PATIENT NAME a Smith Mary J		9 PATIENT ADDRESS a 45 Commerce Drive		b Augusta		c ME # 04330	
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10 BIRTH DATE 05261991	11 SEX F	12 DATE OF ADMISSION 03	13 CHARGE 01	17 ICD-9 CM CODES 22 23 24 25 26 27 28 29 30															
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37 OCCURRENCE SPAN FROM	38 OCCURRENCE SPAN THROUGH	39											

39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT
a					
b					
c					
d					

45 REV CD	46 DESCRIPTION	47 HCPCS / ICD-9 / ICD-10 CODE	48 SERV DATE	49 SERV UNITS	50 TOTAL CHARGES	51 NON-COVERED CHARGES	52
0521		99213	02112013	1	298.00		
0636	N400074379902ME000020	J0135	02112013	1	100.00		
J-code claim							

PAGE 001 OF 001 CREATION DATE 02112013 TOTALS 398.00

53 PAYER NAME MaineCare	54 HEALTH PLAN ID	55 PATE	56 PLAN	57 PRIOR PERIODS	58 EST. AMOUNT DUE	59 NPI 1234567890
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60 INSURED'S NAME Smith Mary J	61 PATE	62 INSURED'S UNIQUE ID 111222333A	63 GROUP NAME	64 INSURANCE GROUP NO.
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65 TREATMENT AUTHORIZATION CODES	66 DOCUMENT CONTROL NUMBER	67 EMPLOYER NAME
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68 714.0	69 359.6	70	71	72	73	74	75	76	77	78	79	80
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81 ADMIT DATE	82 PRESENT REASON CODE	83 OTHER PROCEDURE CODE	84 OTHER PROCEDURE DATE	85 OTHER PROCEDURE CODE	86 OTHER PROCEDURE DATE	87 OTHER PROCEDURE CODE	88 OTHER PROCEDURE DATE	89 REMAINS	90 ATTENDING NPI 0000001230	91 QUAL 1G	92 LAST Welby	93 FIRST Marcus
94 OTHER PROCEDURE CODE	95 OTHER PROCEDURE DATE	96 OTHER PROCEDURE CODE	97 OTHER PROCEDURE DATE	98 OTHER PROCEDURE CODE	99 OTHER PROCEDURE DATE	100 OTHER PROCEDURE CODE	101 OTHER PROCEDURE DATE	102 OTHER PROCEDURE CODE	103 OTHER NPI	104 QUAL	105 LAST	106 FIRST

1 Augusta IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		3a PAT CONT # 198723		4 TYPE OF BILL 0771	
5 PATIENT NAME Smith Mary J				6 PATIENT ADDRESS 45 Commerce Drive			
7 BIRTH DATE 05261991		8 SEX F		9 ADMISSION CHARGE 01		10 STATE ME	
11 DATE		12 DATE		13 DATE		14 DATE	
15 OCCURRENCE DATE		16 OCCURRENCE DATE		17 OCCURRENCE DATE		18 OCCURRENCE DATE	

19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42

43	44	45	46	47	48	49
REV CD	DESCRIPTION	HPCS / RATE / HPCS CODE	SERV DATE	SERV UNITS	TOTAL CHARGES	NON-COVERED CHARGES
0529		T1015	01122013	1	295.00	
0529		D0274	01122013	1	100.00	
0529		D1206	01122013	1	25.00	

Core Visit Dental with T-codes claim

PAGE 001 OF 001 CREATION DATE 01122013 TOTALS 420.00

50 PAYER NAME MaineCare	51 HEALTH PLAN ID	52 REL	53 REL	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI 1234567890
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58 INSURED'S NAME Smith Mary J	59 REL	60 INSURED'S UNIQUE ID 111222333A	61 GROUP NAME	62 INSURANCE GROUP NO
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63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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66 ON	V72.2	A	B	C	D	E	F	G	H	I
67		J	K	L	M	N	O	P	Q	R

74 GENERAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 0000001230	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
DATE	DATE	QUAL	QUAL	QUAL	QUAL
80 REMARKS	81CC	82	83	84	85
	a	b	c	d	e

1 Augusta IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		34 PAY CONT # 198723	4 TYPE OF BILL 0771
5 PATIENT NAME		6 PRESENT ADDRESS		7 REG TAX NO 01-2345678	8 STATEMENT COVERS PERIOD FROM 01122013 THROUGH 01122013

9 Smith Mary J		10 Augusta		11 ME	12 04330
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13 BIRTH DATE 05261991	14 SEX F	15 DATE 3	16 CHRG 01	17 STAY 18 19 20 21 22 23 24 25 26 27 28 29 30			
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE FROM	36 OCCURRENCE THROUGH	37 OCCURRENCE FROM	38 OCCURRENCE THROUGH

39	40	41	42
a	b	c	d

43 REV CD	44 DESCRIPTION	45 HOPS / RATE / 10PTS CODE	46 SERV DTS	47 SERV UNITS	48 TOTAL CHARGES	49 NON-COVERED CHARGES
0529		D 0274	01122013	1	150.00	
0529		D 1206	01122013	1	125.00	

Dental with no T-codes claim

PAGE 001 OF 001	CREATION DATE 01122013	TOTALS	275.00
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50 INVR NAME MaineCare	51 HEALTH PLAN ID	52 REL INFO	53 MARK	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI 1234567890	57 OTHER	58 PW ID
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59 INSURED'S NAME Smith Mary J	59 P REL	60 INSURED'S UNIQUE ID 111222333A	61 GROUP NAME	62 INSURANCE GROUP NO
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63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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66 V7.2	A	B	C	D	E	F	G	H
67	I	J	K	L	M	N	O	P

68 ADMIT DEX	69 REASON DE	70 OTHER PROCEDURE CODE	71 DATE	72 CODE	73	74 ATTENDING NPI 0000001230	75 LAST Welby	76 FIRST Marcus
77 OTHER PROCEDURE CODE	78 DATE	79 OTHER PROCEDURE CODE	80 DATE	81 OTHER PROCEDURE CODE	82 DATE	77 OPERATING NPI	78 LAST	79 FIRST
83 REMARKS	84	85	86	87	88	79 OTHER NPI	80 LAST	81 FIRST

1 AUGUSTA IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		34 PATE 198723		4 TYPE 0771	
5 FED TAX NO. 01-2345678		6 STATEMENT COVERED PERIOD 02122013		7		8	

8 PATIENT NAME Smith Mary J		9 PATIENT ADDRESS 45 Commerce Drive					
10 BIRTHDATE 05261991		11 SEX F		12 DATE 3		13 AUGUSTA IHS	

14 STATE ME		15 ZIP 04330		16 (3-01)		17 STAR 01	
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18 OCCURRENCE DATE		19 OCCURRENCE DATE		20 OCCURRENCE DATE		21 OCCURRENCE DATE		22 OCCURRENCE DATE		23 OCCURRENCE DATE	
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24	25	26	27	28	29	30	31	32	33

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / ICD9S CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0521		T1015UF	02122013	1	298.00		
0521		99213UF	02122013	1	150.00		

Two core visits on same day claim

PAGE 001 OF 001		CREATION DATE		02152013		TOTALS		448:00	
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50 PAYER NAME MaineCare		51 HEALTH PLAN ID		52 PATE		53 RATE		54 PRIOR PAYMENTS		55 EST AMOUNT DUE		56 NPI 1234567890	
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58 INSURED'S NAME Smith Mary J		59 PATE		60 INSURED'S UNIQUE ID 111222333A		61 GROUP NAME		62 INSURANCE GROUP NO	
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63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
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66 ICD9 401.9		67 ICD10		68	
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74 ORIGINAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 ATTENDING NPI 0000001230		78 LAST Welby		79 FIRST Marcus	
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80 REMARKS		81		82		83		84		85	
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1 Augusta IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		3a PAI CONT # 198723		4 TYPE OF BILL 0771	
5 PATIENT NAME		6 PATIENT ADDRESS		7		8 STATEMENT COVER PERIOD FROM 01-23-45678 THROUGH 02122013 02122013	
9 Smith Mary J		10 Augusta		11 ME		12 04330	
13 BIRTHDATE 05261991		14 SEX F		15 DATE 3		16 CHRG 01	
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1 Augusta IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		3 198723		4 TYPE OF BILL 0771	
8 PATIENT NAME Smith Mary J				9 PATIENT ADDRESS 45 Commerce Drive Augusta ME 04330			
10 BIRTHDATE 05261991		11 SEX F		12 DATE ADMITTED 03		13 CHARGE 01	
14 OCCURRENCE DATE		15 OCCURRENCE DATE		16 OCCURRENCE DATE		17 OCCURRENCE DATE	
18 OCCURRENCE DATE		19 OCCURRENCE DATE		20 OCCURRENCE DATE		21 OCCURRENCE DATE	
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50		51		52		53	
54		55		56		57	

1 Augusta IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2		3a PAF CMTL # 3b MISC REC #		198723		4 TYPE OF BILL 0771			
5 PATIENT NAME Smith Mary J				6 PATIENT ADDRESS 45 Commerce Drive				7 STATE ME		8 ZIP CODE 04330	
10 BIRTH DATE 05261991		11 SEX F		12 DATE OF ADMISSION 03		13 CHARGE 01		14 ICD-9-CM CODE T1015HE		15 ICD-9-CM CODE 99213HE	

16 OCCURRENCE DATE	17 OCCURRENCE DATE	18 OCCURRENCE DATE	19 OCCURRENCE DATE	20 OCCURRENCE DATE	21 OCCURRENCE DATE	22 OCCURRENCE DATE	23 OCCURRENCE DATE	24 OCCURRENCE DATE	25 OCCURRENCE DATE	26 OCCURRENCE DATE	27 OCCURRENCE DATE	28 OCCURRENCE DATE	29 OCCURRENCE DATE	30 OCCURRENCE DATE

42 REV CD	43 DESCRIPTION	44 HOPS / RATE / HOPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COSRD CHARGES	49
0521		T1015HE	02122013	1	298.00		
0521		99213HE	02122013	1	298.00		

Mental Health same day as core visit claim

PAGE 001 OF 001 CREATION DATE 02122013 TOTALS 596.00

50 PAYER NAME MaineCare	51 HEALTH PLAN ID	52 PFL	53 PLAN BEN	54 PRIOR PERIODS	55 EST. AMOUNT DUE	56 NPI 1234567890
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58 INSURED'S NAME Smith Mary J	59 PFL	60 INSURED'S UNIQUE ID 111222333A	61 GROUP NAME	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
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66 296.80 A B C D E F G H I J K L M N O P Q R

74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 OTHER PROCEDURE CODE	78 ATTENDING NPI 0000001230	79 QUALIFIER 1G
80 REMAINS	81a	81b	81c	81d	82 LAST Welby
					83 FIRST Marcus
					84 LAST
					85 FIRST
					86 LAST
					87 FIRST

1 AUGUSTA IHS 1 Anywhere Street Augusta ME 043300011 2075551234		2	3a PAF CRT# # 198723 3b MED REC #	4 TYPE OF BILL 0771
5 FED TAX NO. 01-2345678		6 STATEMENT COVER PERIOD FROM 03012013 THROUGH 03012013		7

8 PATIENT NAME a Smith Mary J	9 PATIENT ADDRESS b 45 Commerce Drive Augusta	c ME	d 04330	e
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10 BIRTH DATE 05261991	11 SEX F	12 DATE OF ADMISSION 03	13 CHARGE 01	14 CONDITION CODES													15 ACCT STATE				
16 CHRG 01	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

38	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42 VALUE CODES AMOUNT
a				
b				
c				
d				

43 REV CD	44 DESCRIPTION	45 HOPS / RATE / ICD9S CODE	46 SERV DATE	47 SERV UNITS	48 TOTAL CHARGES	49 NON-COVERED CHARGES	50
0521		T1015	03012013	1	143.00		
0521		99213	03012013	1	126.00		
0521		98926	03012013	1	69.00		
0521		S9453	03012013	1	25.00		

Core visit T-code & encounter data claim

PAGE 001 OF 001 CREATION DATE 03012013 TOTALS 363.00

51 PRIOR NAME MaineCare	52 HEALTH PLAN ID	53 PAF CRT#	54 PAF REC#	55 PRIOR PAYMENTS	56 EST. AMOUNT DUE	57 OTHER PSW ID	58 NET 1234567890
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59 INSURED'S NAME Smith Mary J	60 PAF CRT#	61 INSURED'S UNIQUE ID 111222333A	62 GROUP NAME	63 INSURANCE GROUP NO.
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64 TREATMENT AUTHORIZATION CODES	65 DOCUMENT CONTROL NUMBER	66 EMPLOYER NAME
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67 478.70	68 305.1	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z									
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69 ADMIT DR	70 PATIENT REASON DR	71 PPS CODE	72 ICD	73	74 OPERATIONAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI 0000001230	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 REMARKS	81 ICD	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64
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