

DME Medicare News

DMERC Region A Service Office ❖ P. O. Box 6800 ❖ Wilkes-Barre, PA 18773-6800

No. 8, Special Edition



April, 1994

Urgent Notice to Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Change in Implementation Date for Physician Completion of Certificates of Medical Necessity

Special Release

Surgical Dressings and Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations

The following is a change to the date for the implementation of the requirement that physicians complete Durable Medical Equipment (DME) Certificates of Medical Necessity (CMNs). This change affects all suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies in all DMERC regions.

HCFA has deferred the requirement that physicians complete the medical portion of DME CMNs. For dates of service **prior to December 1, 1994**, physicians still must review and sign all CMNs, but do not have to complete the medical portion of the CMN. Effective with the dates of service of December 1, 1994, physicians must complete the medical portion in addition to signing the CMNs.

This does not apply to the physician completion of CMNs for the following six DME items:

- Transcutaneous Electrical Nerve Stimulators
- Powered Operated Vehicles
- Air Fluidized Beds
- Alternating Pressure Pads and Mattresses
- Seat Lift Mechanisms
- Oxygen (HCFA 484)

CMNs for these items will continue to be completed and signed by the physician.

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Contacts

DME Region A Service Office
 The Travelers Insurance Group (717) 820-5700
 Supplier Toll-Free Number (800) 842-2563
 National Supplier Clearinghouse... (800) 851-3682
 Electronic Media Claims (800) 842-1305
 FAX (717) 820-5850

Surgical Dressings and Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations

The following information is a revision to Section 2079 of the Medicare Carriers Manual, page 2-38.1.

Surgical dressings are limited to primary and secondary dressings required for the treatment of a wound caused by, or treated by, a surgical procedure that has been performed by a physician or other health care professional to the extent permissible under State law. In addition, surgical dressings required after debridement of a wound are also covered, irrespective of the type of debridement, as long as the debridement was reasonable and necessary and was performed by a health care professional who was acting within the scope of his or her legal authority when performing this function. Surgical dressings are covered for as long as they are medically necessary.

Primary dressings are therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin. Secondary dressing materials that serve a therapeutic or protective function and that are needed to secure a primary dressing, are also covered. Items such as adhesive tape, roll gauze, bandages, and disposable compression material are examples of secondary dressings.

Elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered as surgical dressings. Some items, such as transparent film, may be used as a primary or secondary dressing.

If a physician, certified nurse midwife, physician assistant, nurse practitioner, or clinical nurse specialist applies surgical dressings as part of a professional service that is billed to Medicare, the surgical dressings are considered incident to the professional services of the health care practitioner. (See §§ 2050.1, 2154, 2156, 2158, and 2160.) When surgical dressings are not covered incident to the services of a health care practitioner and are obtained by the patient from a supplier (e.g., a drugstore, physician, or other health care practitioner that qualifies as a supplier) on an order from a physician or other health care professional authorized under State law or regulation to make such an order, the surgical dressings are covered separately under Part B.

Splints and casts, etc., include dental splints.

Billing Information

As most suppliers are aware, HCFA has been working closely with the wound care industry to expand the national coverage policy for surgical dressings. In March, HCFA released Transmittal 1480 updating the Medicare coverage of surgical dressings for services furnished on or after March 30, 1994. The expanded coverage for surgical dressings is as follows:

- Both primary and secondary dressings used in treating a wound caused as a result from or treated by a surgical procedure are covered;
- Surgical dressings provided after surgical procedures performed by other health care professionals (in addition to physicians and as permitted by State law) are covered;
- Both primary and secondary dressings required for the treatment of all debrided wounds (regardless of debridement) are covered; and
- Surgical dressings are covered for as long as medically necessary.

However, in order to bill and process claims for certain products, such as granules, pastes, powders, beads, composite dressings and contact layers, new HCPCS procedure codes and prices must first be established. Therefore, we are requesting you to defer your billing of these products until June 1, 1994. In the meantime, HCFA will continue to work with the wound care industry to develop specific procedure codes and appropriate prices for these products.

Any claims submitted to the carriers prior to June 1, 1994 for these items will be rejected. Suppliers will be requested to recode their claims using the new surgical dressing procedure codes and resubmit the claim to the appropriate DME regional carrier.

Transition Date Changes

In February, the transfer schedule was adjusted for New York, Texas, Florida, and Massachusetts to allow regional carriers to reduce pending claims workload. Although regional carriers have reduced pendings, the transfer schedule for suppliers in New York, Texas, and Massachusetts has been revised:

- The transfer date for suppliers in New York is extended to May 1, 1994.
- The transfer date for suppliers in Texas and Massachusetts is extended to June 1, 1994.
- The transfer date of May 1, 1994 for suppliers in Florida remains unchanged.

Suppliers in New York, Texas, and Massachusetts have the option of moving to the regional carriers as previously scheduled in April or May, as applicable, or temporarily continuing to bill the local carriers.

For RRB Annuitant Claims, suppliers continuing to bill the local carriers will continue to submit RRB claims to The Travelers. For Therapeutic Shoes, suppliers continuing to bill the local carriers will continue to submit therapeutic shoe claims to The Travelers.

Note: The Special Edition of "DME Medicare News," No. 7, incorrectly identified the transfer dates for Florida and Texas.

Post-Transition Workshops

The Travelers Region A DMERC is holding Post-Transition Workshops throughout Region A. The workshop schedule is shown below. Workshops for New York and Massachusetts scheduled for May and June have been rescheduled to take place in July and August. Due to the date and location changes for the New York and Massachusetts workshops, you must submit a new registration form to attend one of those sessions.

Two workshops will be held per day. For the morning sessions, Registration will be at 7:30 A.M., and the Presentation will be held from 8:00 A.M. to 11 :30 A.M. For the afternoon sessions, Registration will be at 12:30 P.M., and the Presentation will be held from 1:00 P.M. to 4:30 P.M.

The workshops address issues suppliers have encountered in transitioning from local to regional carriers. Each workshop features a discussion on topics such as Electronic Media Claims, Claims Submission (including examples) and Medical Policy, along with a Questions and Answers session. Please bring the following materials to the workshop:

- DMERC Region A *Supplier Manual*
- HCFA-1500 Form
- National Supplier Clearinghouse Number
- Writing Materials

State	City	Meeting Site	Date of Seminar	Date of Transition	
NY	Jamaica	Holiday Inn, 144-02 135 Avenue	(718) 659-0200	07/11/94	05/01/94
	Jamaica	Holiday Inn, 144-02 135 Avenue	(718) 659-0200	07/13/94	
	Albany	Desmond Hotel, 660 Albany Shaker Road	(518) 869-8100	07/18/94	
	Syracuse	Quality Inn North, 1308 Buckley Road	(315) 451-1212	07/20/94	
	Buffalo	Raddison Hotel, 4243 Genesee Street	(716) 634-2300	07/25/94	
	Elmira	Holiday Inn (Downtown Elmira), East Water Street	(607) 734-4211	07/27/94	
MA	Boston	Tremont House Hotel, 275 Tremont Street	(617) 426-1400	08/01/94	06/01/94
	Springfield	Marriott Hotel, Boland Way & Columbus Avenue	(413) 781-7111	08/03/94	

Workshop Registration Form

Reservations are required. Complete this form and return by FAX or mail to the address shown below. For assistance, call the Supplier Toll-Free Number at (800) 842-2563.

NAME: _____

REPRESENTING: _____

ADDRESS: _____

PHONE NUMBER: _____ NSC NUMBER (required to attend) _____

CHECK THE SUPPLIER TYPE: DME O&P OXYGEN PEN OTHER

SPECIALTY: _____

WORKSHOP DATE AND LOCATION: _____

SESSION: A.M. P.M. NUMBER ATTENDING: _____ (maximum 4)

PLEASE COMPLETE THIS FORM AND MAIL OR FAX TO:

MAIL TO: THE TRAVELERS REGION A DMERC
P. O. Box 6800
WILKES-BARRE, PA 18701
ATTN: MARIANNE LOMBARDO

FAX TO: PROFESSIONAL RELATIONS
(717) 820-5750
ATTN: MARIANNE LOMBARDO



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Prosthetics and Orthotics Workshops

The Region A DMERC will hold workshops focused on Prosthetics and Orthotics. These workshops will address the concerns and issues Prosthetics and Orthotics suppliers have encountered as a result of the transition. All Prosthetics and Orthotics suppliers are encouraged to attend.

Refer to the schedule shown below for dates and locations. For reservations, complete the Workshop Registration Form and return by mail or fax.

State	City	Meeting Site		Date of Seminar
MA	Boston	Tremont House Hotel, 275 Tremont Street	(617) 426-1400	06/02/94
PA	Pittsburgh	Hilton & Towers, 600 Commonwealth Place	(412) 391-4600	06/16/94
	Philadelphia	Holiday Inn, King of Prussia, 260 Goddard Blvd, King of Prussia	(215) 265-7500	06/30/94
NY	Rochester	Holiday Inn, 1111 Jefferson Road	(716) 475-1510	06/23/94
	Jamaica	JFK Airport Hilton, 138-10 135th Avenue	(718) 322-8700	06/28/94

Electronic Media Claims

Accelerate Update

Accelerate, The Travelers free EMC software package, has been updated to Version 1.02. The updated software can now be downloaded from the Bulletin Board System to the TICDME subdirectory on the PC for suppliers who are currently using Version 1.01.

Suppliers who recently requested the program will receive the updated version on diskette. Once the software is received, the EMC Help-Desk is available to help with the installation process. Call the EMC Help-Desk at (800) 842-1305.

Highlights of the Accelerate Update

1. The Source of Payment Indicator, a new required field has been added to the Primary/Secondary Insurance Screen under patient information. The field will accept one of the following values:

A	Self-Pay
B	Workers Compensation
C	Medicare
D	Medicaid
E	Other Federal Program
F	Commercial Insurance Company
G	Blue Cross/Blue Shield
H	Champus
I	HMO
J	Federal Employee's Program (FEP)
K	Central Certification
L	Self-Administered
M	Family or Friends
Z	Other

This field must be used for all patients with primary/secondary insurance in the patient data base before a claim can be entered. Print the patient data base and update the information to include the patient's primary/secondary insurance.

2. The software now has the ability to bill for oral cancer drugs. Use code NDC in the CPT field on the Claim Input Screen. When the code is entered, a pop-up window will display. Enter the 11-character National Drug Code for the particular drug.

3. The Secondary Insurance Screen now allows suppliers to include the insured's name, date of birth, and sex when the patient relationship is anything other than 01 (Self). This information must now be included on the screen.
4. RR HIC numbers can now be entered without zero-filling the first three positions. In the HIC Number field, the WA number can be entered without an edit.
5. Previously, suppliers billing for lymphedema pumps could not submit CMN information electronically with the claim. Now, suppliers can add CMN information for lymphedema pumps by entering an A in the Cert column on the claim input screen. This generates other screens that require CMN information.

Switching Electronic Submission Methods

Suppliers who decide to use a vendor software after using The Travelers software program must still test with The Travelers to ensure that all the necessary information is included with the claim and CMN. Suppliers must test the vendor software by using 20-30 claims they normally bill for or by using the test packages which the EMC Unit has available. Please notify the EMC Unit at (800) 842-1305 for additional information concerning testing.

Common Errors

Suppliers are notified regarding errors encountered with their files to avoid delays with claim payments. Some of the most frequently encountered electronic billing errors are listed below:

1. NOS Field (Number of Services)

This field corresponds to the number of services in days or units. This is the same as days or units on the HCFA-1500 form. This field should not be left blank.

2. When submitting for a capped rental item, enter the *From Date* and the *To Date* as the same. Also, include required modifiers and the number of services = 1.
3. If a diagnosis code (ICD-9) is not required, please enter Y00.00 as the generic code.
4. When the insured is other than the patient, it is required to enter the insured's name, date of birth, and sex. The correct date of birth of the beneficiary is required. The Patient Relationship field must also reflect the appropriate relationship.
5. For Medigap crossover (participating suppliers only), the Insurance Type code must be MG (Medigap). The Payor ID field (OCNA Number) must be completed. This is a required field. OCNA listings were sent out to suppliers in the December newsletter. If an OCNA number is not listed, the DMERC Region A will not cross over to that particular insurance company.
6. There are certain characters that are not accepted in the Address and Name fields. Periods and hyphens are not acceptable characters for these fields. Also, spaces are not allowed before the first character. For example:

	Incorrect:	Correct:
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Name Field:	Dr.	Dr
Address Field:	100-A	100 A

Refer to "General Instructions" in the NSF for more values.

7. CMNs are required for certain items and must be submitted with the claim. If you are not sure if a particular item requires a CMN, please refer to the *Supplier Manual* or call Provider Services at (800) 842-2563.

8. Electronic CMNs must be transmitted along with the electronic claims. Any paper CMNs that are not requested by The Travelers for electronic claims will be discarded. If The Travelers sends a letter requesting a copy of the CMN, please send this letter along with the requested paper CMN.
9. Additional documentation is sometimes required for electronic claims to be processed. However, CMNs are not considered additional documentation. CMNs for electronic claims must be submitted electronically.
10. To avoid prolonged delays in the processing of claims, submit required CMNs with the initial claim. All initial PEN claims to the DMERC must be submitted with DMERC CMN 10.01. The certification type must be entered correctly on the CMN as follows: enter 1 for initial certification, enter 2 for revised certification, and enter 3 for recertification. If the CMN is a revision or recertification, the date of revision or recertification is needed.
11. Claims that are submitted with a procedure code containing an alpha O in place of a numeric zero (e.g., KO118 instead of K0118) are slowing down the processing of the claims. In some cases, claims submitted with this error are being denied.
12. The charge for services must be present for claims to be processed. This field may not be left blank, and a zero amount is not acceptable.
13. A valid HIC number and corresponding beneficiary name must be present on the claim. Invalid HIC numbers result in delayed payment and payment to the wrong beneficiary.

End Stage Renal Disease

Dialysis kits (A4820, A4900, A4901, A4905) billed by an individual supplier must contain the same type and quantity of supplies each time they are billed. The content of the kit may not vary from patient-to-patient or, in a single patient, from month-to-month, unless Modifier 52 is used.

If more than the typical amount of supplies is needed in one month, the excess supplies should be billed using other dialysis supply codes. If significantly less than the usual amount is needed for one month, the Modifier 52 should be added to the code and the submitted charge reduced accordingly.

A listing of the components of each kit billed by a supplier must be available for review by the DMERC. Also, the HCFA-382 form, on which the patient elects the method of selection, should be submitted to the Part A intermediary to ensure the Common Working File (CWF) is updated with the beneficiary's ESRD information.

PEN Billing Instructions

Reporting Days, Grams of Protein, or Units

Reporting Units of Enteral Nutrition Formulas

The date range for dates of service for all nutrients and solutions billed should always equal the actual number of days billed. If this information does not match, a check for a change in order will be initiated. If a recertification is not attached, the claim will be denied for either a new recertification form or to verify the number of units billed.

All Enteral Nutrient codes are established in 100 calorie increments, therefore, they must be billed and processed in 100 calorie increments - one unit for every 100 calories supplied. Always indicate the number of units supplied for Enteral Nutrients. Calculate as follows:

Calories prescribed, divided by 100, multiplied by number of days billed, equals number of units

Calories	Div by 100	x Days Billed	= Number Units
1500	15	30	450

Monthly Units = 450

If a physician orders more than one nutrient in the same category, the charges must be combined with the caloric units for these nutrients on one line. Each nutrient and the calories per day must be listed separately on the CMN.

Example: The CMN indicates Osmolite at 750 calories per day and Ensure at 750 calories per day. Both nutrients are in the same category and should be coded as B4150, combined and submitted as follows:

Calories	Div by 100	x Days Billed	= Number Units
1500	15	30	450

Date of Service	Code	Units
01/01/92 - 01/31/92	B4150	450

Reporting Parenteral Nutrition Grams of Protein

Pre-mixed solutions, grams of protein or amino acid per day must be reported on the CMN for proper payment. To convert volume and concentration to grams of protein, the following formula must be used:

Milliliters of solution, divided by (100 x concentration), equals grams of protein

ml of Solution	Div by 100 x Concentration	= Grams of Protein	Rounded to
750	63.75	63.75	64

The grams of amino acid determines which procedure code will be used to bill the TPN solution.

Reporting Units of Lipids

Lipids are billed by number of units: 500 ml of lipids = 1 unit. Use the following formula for proper payment of lipids:

Milliliters of lipids x number of infusions (of lipids) during billing period, divided by 500

Example: Prescription is for 400 ml of lipids, three times per week, and billed for a 31-day month.

ml of Lipids	x Number of Infusions During Billing Period	Div by 500	= Number of Units
400	13	10	10

Calculating Calories/kg

The patient's intake must fall within a range of 25 to 35 calories/kg (inclusive) to fall within Medicare guidelines. If the patient's intake falls outside of this range, an explanation must appear on the CMN. The patient's weight in pounds must be converted to kilograms by dividing the weight in pounds by 2.2 (the number of kilograms in one pound). If the patient cannot be moved to be weighed, an estimate can be submitted.

Example: A patient weighs 100 pounds (lbs)

Weight in lbs	Div by 2.2	= Weight in kg
100	45.45	45.45

The prescribed number of calories per day must be divided by the patient's weight in kilograms. This indicates the number of calories/kg the patient is infusing.

Prescribed Calories	Div by Weight in kg	= Calories per kg
1500	45.45	33

In the above example, a patient weighing 100 lbs (45.45 kg), being infused at a daily rate of 1500, is receiving 33 calories/kg.

Special Parenteral Solutions

Units for special solutions (codes B5000, B5100, and B5200) are reported in item 24G of the HCFA-1500 form (12/90) as gram per day multiplied by number of days. This is unlike the method of reporting units as days for other premixed solutions.

Example: A prescription is for Nephramine 5.4%, 250 ml per day and billed for the month of April.

ml per Day	Div by 100 x Concentration	Rounded Value x 30 days	= Number of Units
250	13.50	14 x 30	420

Date of Service	Place	Code	Charge	Units
04/01/92 - 04/03/92	12	B5000	\$3,500.	420

Note: Medicare pays for a one-month supply at a time.

Miscellaneous Notes

Oxygen

Use one of the following lengths of time when completing the need portion of the Oxygen CMN: 03 months, 12 months, or 99 (lifetime).

Pricing

The December 1993 edition of *DME Medicare News* listed the price for J2270 Morphine Sulfate as \$.93/25 mg. The correct price for J2270 is \$1.00/10 mg.

Claims Processing Tips

1. When indicating the Place of Service, use the correct two-digit code to indicate where the item will be used. The name and address of the facility must be provided in Block 32 of the HCFA-1500 form if Place of Service 99 is used to indicate a place of service other than a doctor's office or the home.
2. Use the appropriate K modifier, as indicated in the *Supplier Manual*, when billing for capped rental items:

KH First month rental

KI 2nd and 3rd month rental

KJ 4th through 15th month rental.
3. Indicate the date of purchase of the original equipment when billing for repairs.
4. Provide a narrative description of the item(s) when billing miscellaneous codes.
5. Submit certification with each initial claim for codes that require certification.
6. Include the name of the referring physician in Block 17 and the ID Number in Block 17a of the HCFA-1500 form.
7. Include the 10-digit NSC Number in Block 33 of the HCFA-1500 form.

Hints From the HCPCS Helpline

The SADMERC requires your supplier number to

HCPCS Helpline Hours

9:00 A.M. to 12:00 P.M.
1:00 P.M. to 4:00 P.M.
Eastern Time
Monday through Friday

log in all calls and questions. Please have your supplier number available when you call the Helpline so that telephone representatives can immediately begin to research your coding questions.

If you require coding assistance on numerous products and/or items, it is beneficial to the SADMERC to submit these questions in writing. Correspondence should be addressed to:

SADMERC/HCPCS Unit
Palmetto Government Benefits Administrators
P.O. Box 100143
Columbia, SC 29202-3143

Commonly Asked Coding Questions

The following list contains commonly asked codes:

XX044	Peptamen
ZZ002	Catheter Plug
B4084	Gastronomy Tube
K0147	Gastronomy Tube with Sliding Ring
K0002	Geri-Chair
ZZ001	Tracheostomy Tube Holder
Q0132	Dispensing Fee for a Covered Drug Administered through a DME nebulizer
J7620	Proventel .083%
J0696	Rocephin 250 mg
J7699	Terbutaline Used for Inhalation
XX009	Dobutamine 250 mg
E1399	Peak Flow Meter
K0110	Weekly Supplies for a Drug Infusion Catheter Site

1994 L Codes

Refer to the December edition of “DME Medicare News”
for a description of the following L Codes.

HCPCS	CT	ME	MA	NH	RI	VT	NY	NJ	PA	DE
L0984	\$44.56	\$44.56	\$44.56	\$44.56	\$44.56	\$44.56	\$42.66	\$42.66	\$44.05	\$44.05
L2275	\$85.80	\$85.80	\$85.80	\$85.80	\$85.80	\$85.80	\$82.14	\$82.14	\$84.83	\$84.83
L2397	\$80.35	\$80.35	\$80.35	\$80.35	\$80.35	\$80.35	\$76.92	\$76.92	\$79.44	\$79.44
L5614	\$3,012.51	\$3,012.51	\$3,012.51	\$3,012.51	\$3,012.51	\$3,012.51	\$2,883.95	\$2,883.95	\$2,978.41	\$2,978.41
L5667	\$1,186.94	\$1,186.94	\$1,186.94	\$1,186.94	\$1,186.94	\$1,186.94	\$1,136.29	\$1,136.29	\$1,173.50	\$1,173.50
L5669	\$910.16	\$910.16	\$910.16	\$910.16	\$910.16	\$910.16	\$871.32	\$871.32	\$899.86	\$899.86
L5700	\$2,022.96	\$2,022.96	\$2,022.96	\$2,022.96	\$2,022.96	\$2,022.96	\$1,936.63	\$1,936.63	\$2000.06	\$2000.06
L5701	\$2,509.66	\$2,509.66	\$2,509.66	\$2,509.66	\$2,509.66	\$2,509.66	\$2,402.56	\$2,402.56	\$2,481.25	\$2,481.25
L5702	\$3,163.05	\$3,163.05	\$3,163.05	\$3,163.05	\$3,163.05	\$3,163.05	\$3,028.06	\$3,028.06	\$3,127.24	\$3,127.24
L5704	\$412.48	\$412.48	\$412.48	\$412.48	\$412.48	\$412.48	\$394.87	\$394.87	\$407.81	\$407.81
L5705	\$756.20	\$756.20	\$756.20	\$756.20	\$756.20	\$756.20	\$723.93	\$723.93	\$747.64	\$747.64
L5706	\$737.60	\$737.60	\$737.60	\$737.60	\$737.60	\$737.60	\$706.11	\$706.11	\$729.25	\$729.25
L5707	\$990.95	\$990.95	\$990.95	\$990.95	\$990.95	\$990.95	\$948.66	\$948.66	\$979.73	\$979.73
L5840	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60	\$1,577.60
L5855	\$214.41	\$214.41	\$214.41	\$214.41	\$214.41	\$214.41	\$214.41	\$214.41	\$214.41	\$214.41
L5925	\$233.27	\$233.27	\$233.27	\$233.27	\$233.27	\$233.27	\$233.27	\$233.27	\$233.27	\$233.27
L5962	\$408.07	\$408.07	\$408.07	\$408.07	\$408.07	\$408.07	\$408.07	\$408.07	\$408.07	\$408.07
L5964	\$739.31	\$739.31	\$739.31	\$739.31	\$739.31	\$739.31	\$707.76	\$707.76	\$730.94	\$730.94
L5966	\$952.35	\$952.35	\$952.35	\$952.35	\$952.35	\$952.35	\$911.71	\$911.71	\$941.57	\$941.57
L5979	\$1,644.34	\$1,644.34	\$1,644.34	\$1,644.34	\$1,644.34	\$1,644.34	\$1,584.09	\$1,584.09	\$1,625.73	\$1,625.73
L5981	\$2,250.39	\$2,250.39	\$2,250.39	\$2,250.39	\$2,250.39	\$2,250.39	\$2,154.36	\$2,154.36	\$2,224.92	\$2,224.92
L8485	\$8.12	\$8.12	\$8.12	\$8.12	\$8.12	\$8.12	\$7.77	\$7.77	\$8.02	\$8.02
L8490	\$115.80	\$115.80	\$115.80	\$115.80	\$115.80	\$115.80	\$110.86	\$110.86	\$114.49	\$114.49