

Prior Authorization Requirements for Florida Effective June 1, 2017



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Florida participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 866-604-3267
- **Fax:** 866-607-5975; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Florida > Provider Forms > Florida Prior Authorization Fax Request Form.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|--|--|--|--|--|
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 0312T 0316T 43648 43842 43848 64590 | 0313T 0317T 43659 43845 43860 95980 | 0314T 43644 43770 43846 43881 95981 | 0315T 43645 43775 43847 43882 95982 |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20974 E0748 | 20975 E0749 | 20979 E0760 | E0747 |
| BRCA genetic testing | Prior authorization required | 81162 81214 81432 | 81211 81215 81433 | 81212 81216 | 81213 81217 |
| Breast pump, electric | Prior authorization required | E0603 | E0604 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 19328 19350 19366 19370 L8600 | 19318 19330 19357 19367 19371 | 19324 19340 19361 19368 19380 | 19325 19342 19364 19369 19396 |
| Cataract surgery | Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center <i>Prior authorization requirements don't apply to Monroe County.</i> | 66821 | 66982 | 66984 | |
| Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | Prior authorization required | 69710 69930 L8691 | 69714 L8614 L8692 | 69715 L8619 | 69718 L8690 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|--|--|-------|-------|-------|
| <p>Colonoscopy</p> | <p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> <p><i>Prior authorization requirements don't apply to Monroe County.</i></p> | 45378 | 45380 | 45384 | 45385 |
| <p>Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> | <p>Prior authorization required</p> | 11960 | 11971 | 15820 | 15821 |
| | | 15822 | 15823 | 15830 | 15847 |
| | | 15877 | 17106 | 17107 | 17108 |
| | | 17999 | 21137 | 21138 | 21139 |
| | | 21172 | 21175 | 21179 | 21180 |
| | | 21181 | 21182 | 21183 | 21184 |
| | | 21230 | 21235 | 21256 | 21260 |
| | | 21261 | 21263 | 21267 | 21268 |
| | | 21275 | 21280 | 21282 | 21295 |
| | | 21740 | 21742 | 21743 | 28344 |
| | | 30540 | 30545 | 30560 | 30620 |
| | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 |
| | | 67911 | 67912 | 67914 | 67915 |
| | | 67916 | 67917 | 67921 | 67922 |
| | | 67923 | 67924 | 67950 | 67961 |
| | | 67966 | Q2026 | | |
| <p>Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> | <p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i></p> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health services</i></p> | A9279 | A9280 | A9900 | E0265 |
| | | E0270 | E0300 | E0304 | E0445 |
| | | E0457 | E0460 | E0465 | E0466 |
| | | E0470 | E0471 | E0472 | E0483 |
| | | E0485 | E0486 | E0620 | E0650 |
| | | E0651 | E0652 | E0667 | E0668 |
| | | E0675 | E0691 | E0692 | E0693 |
| | | E0694 | E0745 | E0762 | E0764 |
| | | E0766 | E0782 | E0783 | E0784 |
| | | E0786 | E0947 | E0948 | E0984 |
| | | E0986 | E1002 | E1003 | E1004 |
| | | E1005 | E1006 | E1007 | E1008 |
| | | E1010 | E1030 | E1035 | E1036 |
| | | E1085 | E1086 | E1089 | E1090 |
| | | E1130 | E1140 | E1161 | E1220 |
| | | E1231 | E1232 | E1233 | E1234 |
| | | E1235 | E1236 | E1237 | E1238 |
| | | E1250 | E1260 | E1285 | E1290 |
| | | E1300 | E1310 | E1399 | E1825 |
| | | E1830 | E1840 | E2204 | E2227 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|---|------------------------------|-------|-------|
| Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | | E2228 | E2310 | E2311 | E2312 |
| | | E2321 | E2322 | E2325 | E2327 |
| | | E2328 | E2329 | E2330 | E2343 |
| | | E2351 | E2370 | E2373 | E2375 |
| | | E2376 | E2510 | E2511 | E2512 |
| | | E2599 | E2616 | E2626 | E2627 |
| | | E2628 | E2629 | E2630 | K0005 |
| | | K0007 | K0008 | K0011 | K0013 |
| | | K0014 | K0108 | K0730 | K0800 |
| | | K0801 | K0802 | K0806 | K0807 |
| | | K0808 | K0821 | K0822 | K0823 |
| | | K0824 | K0825 | K0826 | K0827 |
| | | K0828 | K0829 | K0836 | K0837 |
| | | K0838 | K0839 | K0840 | K0841 |
| | | K0842 | K0843 | K0848 | K0849 |
| | | K0850 | K0851 | K0852 | K0853 |
| | | K0854 | K0855 | K0856 | K0857 |
| | | K0858 | K0859 | K0860 | K0861 |
| | | K0862 | K0863 | K0864 | K0899 |
| | | T1999 | T5999 | V2786 | V5269 |
| V5270 | V5271 | V5272 | V5281 | | |
| V5282 | V5283 | V5286 | V5287 | | |
| V5288 | V5290 | | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034 | B4035 | B4036 | B4100 |
| | | B4103 | B4104 | B4149 | B4150 |
| | | B4152 | B4153 | B4155 | B4160 |
| | | B4161 | B9998 | | |
| Experimental and investigational | Prior authorization required | 0085T | 0191T | 0269T | 0270T |
| | | 0271T | 0282T | 0283T | 0285T |
| | | 33477 | 36514 | 54240 | 55866 |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61886 | 62264 | 62290 | 62291 |
| | | 62292 | 64555 | 64722 | 65765 |
| | | 65767 | 66180 | 95965 | 95966 |
| | | 95967 | 95978 | A4638 | A6000 |
| | | A9274 | A9276 | A9277 | A9278 |
| | | E0231 | E1831 | S0810 | S1030 |
| | | S1031 | S1040 | S9988 | S9990 |
| | | S9991 | | | |
| | | Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31239 | 31240 |
| 31256 | 31267 | | | 31276 | 31287 |
| 31288 | | | | | |
| Home health care | Prior authorization required only in outpatient settings, to include member's home | G0299 | G0300 | S9122 | S9123 |
| | | S9124 | T1021 | T1030 | T1031 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|-------------------------------|------------------------------|--|-------|-------|-------|
| Hospice | Prior authorization required | T2042 | T2043 | T2044 | T2045 |
| Injectable medications | Prior authorization required | <p>Acthar[®] J0800</p> <p>Botox[®] J0585 J0586 J0587 J0588</p> <p>Cerezyme[®] J1786</p> <p>Cinqair[®] J2786</p> <p>Elelyso[®] J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena[®] J1725 J2675</p> <p>Nucala[®] J2182</p> <p>Probuphine[®] J0570</p> <p>Synagis^{®*} 90378</p> <p>Unclassified** J3490 J3590</p> <p>Xolair^{®*} J2357</p> <p><small>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</small></p> <p><small>**For Unclassified codes J3490 and J3590, prior authorization is required for Ocrevus[™].</small></p> | | | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|--|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21188 | 21193 | 21194 | 21195 |
| | | 21196 | 21198 | 21199 | 21206 |
| | | 21208 | 21209 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | 21296 | 21299 | 30465 |
| Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | Prior authorization required only in outpatient settings, to include member's home | L0170 | L0456 | L0458 | L0460 |
| | | L0462 | L0464 | L0470 | L0480 |
| | | L0482 | L0484 | L0486 | L0488 |
| | | L0491 | L0624 | L0629 | L0631 |
| | | L0700 | L0710 | L0810 | L0820 |
| | | L0830 | L0859 | L1000 | L1005 |
| | | L1200 | L1300 | L1310 | L1499 |
| | | L1680 | L1685 | L1686 | L1690 |
| | | L1700 | L1710 | L1720 | L1730 |
| | | L1755 | L1810 | L1812 | L1820 |
| | | L1832 | L1834 | L1840 | L1843 |
| | | L1844 | L1845 | L1846 | L1847 |
| | | L1850 | L1860 | L1932 | L1945 |
| | | L1950 | L1951 | L1970 | L2000 |
| | | L2005 | L2010 | L2020 | L2030 |
| | | L2034 | L2036 | L2037 | L2038 |
| | | L2060 | L2106 | L2108 | L2114 |
| | | L2116 | L2126 | L2128 | L2132 |
| | | L2134 | L2136 | L2350 | L2510 |
| | | L2525 | L2526 | L2627 | L2628 |
| | | L2999 | L3000 | L3010 | L3020 |
| | | L3031 | L3201 | L3202 | L3203 |
| | | L3204 | L3206 | L3207 | L3215 |
| | | L3216 | L3217 | L3219 | L3221 |
| | | L3222 | L3230 | L3251 | L3253 |
| | | L3649 | L3671 | L3720 | L3730 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|------------------------|---|---|---|---|
| <p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p> | | L3740 L3766 L3905 L3967 L3976 L4000 L4350 L4396 L5050 L5150 L5220 L5301 L5400 L5535 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5702 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6686 L6692 | L3763 L3900 L3960 L3971 L3977 L4010 L4360 L5000 L5060 L5160 L5230 L5321 L5420 L5540 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6687 L6693 | L3764 L3901 L3961 L3973 L3978 L4020 L4392 L5010 L5100 L5200 L5250 L5331 L5460 L5560 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6689 L6704 | L3765 L3904 L3962 L3975 L3999 L4210 L4394 L5020 L5105 L5210 L5280 L5341 L5530 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5701 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6648 L6690 L6707 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|--|--|--|---|---|
| <p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p> | | L6708 L6881 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623 | L6709 L6882 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627 | L6715 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631 | L6880 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659 |
| <p>Outpatient therapy</p> | <p>Prior authorization required</p> <p>For prior authorization, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card.</p> | 70371 92522 92626 96105 97016 97026 97034 97110* 97124 97161 97165 97530* 97537 97750 97762 G0152 G9041 S9129 | 92507 92523 92627 97010 97018 97028 97035 97112 97139 97162 97166 97532 97542 97755 97799 G0281 G9043 S9152 | 92508 92524 92630 97012 97022 97032 97036 97113 97140 97163 97167 97533 97545 97760 G0129 G0282 G9044 | 92521 92526 92633 97014 97024 97033 97039 97116 97150 97164 97168 97535 97546 97761 G0151 G0283 S8990 |
| <p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p> | <p>Prior authorization required</p> | 77520 | 77522 | 77523 | 77525 |

OR billed with the following Revenue codes

| | | | |
|-----|-----|-----|-----|
| 419 | 420 | 421 | 422 |
| 423 | 424 | 429 | 430 |
| 431 | 432 | 433 | 434 |
| 439 | 977 | 978 | |

*Prior authorization not required for Place of Service Home/12/Bill Type 3XX

Prior Authorization Requirements for Florida
Effective June 1, 2017



| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|--|--|--|---|
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 | |
| Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management | Prior authorization required | 63650 | 63655 | 63685 | |
| Spinal surgery | Prior authorization required | 0095T 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 | 0098T 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 | 0164T 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 | 22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 |
| Tonsillectomy and adenoidectomy | Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if | 42820 42830 | 42821 | 42825 | 42826 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes |
|---|--|--|
| Tonsillectomy and adenoidectomy (cont'd) | performed at a participating ambulatory surgery center <i>Prior authorization requirements don't apply to Monroe County.</i> | |
| Upper gastrointestinal endoscopy | Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center <i>Prior authorization requirements don't apply to Monroe County.</i> | 43235 43239 43249 |
| Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves | Prior authorization required | 61885 64568 L8680 L8682 L8685 L8686 L8687 L8688 |
| Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | Prior authorization required | 36468 36473 36475 36478 37700 37718 37722 37780 |

Additional Advance Notification and Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization |
|-----------------------------------|---|---|
| Behavioral health services | Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) <p>To submit a prior authorization online request for injectable chemotherapy drugs,</p> |

Additional Advance Notification and Prior Authorization Programs

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|
| Chemotherapy (cont'd) | | please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiology | Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Florida > Radiology > CPT Code List. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transplants | Prior authorization required | For transplant services, please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card. <table border="0" data-bbox="1068 1182 1500 1705"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> | 32850 | 32851 | 32852 | 32853 | 32854 | 32855 | 32856 | 33930 | 33933 | 33935 | 33940 | 33944 | 33945 | 38208 | 38209 | 38210 | 38212 | 38213 | 38214 | 38215 | 38232 | 38240 | 38241 | 38242 | 44132 | 44133 | 44135 | 44136 | 44137 | 44715 | 44720 | 44721 | 47133 | 47135 | 47140 | 47141 | 47142 | 47143 | 47144 | 47145 | 47146 | 47147 | 48551 | 48552 | 48554 | 50300 | 50320 | 50323 | 50325 | 50340 | 50360 | 50365 | 50370 | 50380 | 50547 | S2060 | S2061 | S2152 | | |
| 32850 | 32851 | 32852 | 32853 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32854 | 32855 | 32856 | 33930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33933 | 33935 | 33940 | 33944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33945 | 38208 | 38209 | 38210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38212 | 38213 | 38214 | 38215 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38232 | 38240 | 38241 | 38242 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44132 | 44133 | 44135 | 44136 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44137 | 44715 | 44720 | 44721 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47133 | 47135 | 47140 | 47141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47142 | 47143 | 47144 | 47145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47146 | 47147 | 48551 | 48552 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48554 | 50300 | 50320 | 50323 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50325 | 50340 | 50360 | 50365 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50370 | 50380 | 50547 | S2060 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S2061 | S2152 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |