

Prior Authorization Requirements for Hawaii Effective July 1, 2017



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Hawaii 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:** 888-980-8728
- **Fax:** 800-267-8328; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Hawaii > Prior Authorization > Prior Authorization Fax 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 | 0313T | 0314T | 0315T |
| | | 0316T | 0317T | 43644 | 43645 |
| | | 43648 | 43659 | 43770 | 43775 |
| | | 43842 | 43845 | 43846 | 43847 |
| | | 43848 | 43860 | 43881 | 43882 |
| | | 64590 | 95980 | 95981 | 95982 |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20974 | 20975 | 20979 | E0747 |
| | | E0748 | E0749 | E0760 | |
| BRCA genetic testing | Prior authorization required | 81162 | 81211 | 81212 | 81213 |
| | | 81214 | 81215 | 81216 | 81217 |
| | | 81432 | 81433 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 19316 | 19318 | 19324 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| | | 19350 | 19357 | 19361 | 19364 |
| | | 19366 | 19367 | 19368 | 19369 |
| | | 19370 | 19371 | 19380 | 19396 |
| | | L8600 | | | |
| Cochlear 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 | 69714 | 69715 | 69718 |
| | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required | 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 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|--|--|--|--|--|
| Cosmetic and reconstructive (cont'd) | | 30540 67900 67904 67911 67916 67923 67966 | 30545 67901 67906 67912 67917 67924 Q2026 | 30560 67902 67908 67914 67921 67950 | 30620 67903 67909 67915 67922 67961 |
| <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 care</i></p> | A9279 E0193 E0270 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0670 E0692 E0710 E0766 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1399 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0011 K0606 K0802 K0812 | A9280 E0194 E0277 E0328 E0460 E0471 E0486 E0637 E0650 E0667 E0673 E0693 E0745 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0013 K0730 K0806 K0821 | A9900 E0265 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0668 E0675 E0694 E0762 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1300 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0014 K0800 K0807 K0822 | A9999 E0266 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0669 E0691 E0700 E0764 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0008 K0108 K0801 K0808 K0823 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|--|--|--|--|---|
| <p>Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> | | K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T1999 V5270 V5281 V5287 | K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 T5999 V5271 V5282 V5288 | K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 V2786 V5272 V5283 V5290 | K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 V5269 V5274 V5286 |
| <p>Durable medical equipment (DME) – incontinence supplies</p> | <p>Incontinence supplies are a benefit only when provided through Medline ®.</p> | <p>To request incontinence supplies, please call Medline at 877-816-5587.</p> | | | |
| <p>Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube</p> | <p>Prior authorization required</p> | B4034 B4102 B4150 B4158 B9000 | B4035 B4103 B4152 B4159 B9002 | B4036 B4104 B4153 B4160 B9998 | B4100 B4149 B4155 B4161 |
| <p>Experimental and investigational</p> | <p>Prior authorization required</p> | 0085T 0271T 55866 61868 62291 65765 95966 A6000 A9278 S1030 S9988 | 0191T 33477 61863 61886 62292 65767 95967 A9274 E0231 S1031 S9990 | 0269T 36514 61864 62264 64555 66180 95978 A9276 E1831 S1040 S9991 | 0270T 54240 61867 62290 64722 95965 A4638 A9277 S0810 S2102 |
| <p>Femoroacetabular impingement syndrome (FAI)</p> | <p>Prior authorization required</p> | 29914 | 29915 | 29916 | |
| <p>Functional endoscopic sinus surgery (FESS)</p> | <p>Prior authorization required</p> | 31239 31256 31288 | 31240 31267 | 31254 31276 | 31255 31287 |
| <p>Hearing aids and hearing aid services</p> | <p>Prior authorization required</p> | V5014 V5255 V5259 V5266 | V5180 V5256 V5260 V5275 | V5220 V5257 V5261 | V5254 V5258 V5264 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|--|---|--|--|--|--|
| Home health care | Prior authorization required only in outpatient settings, to include member's home | G0156 G0493 S9122 | G0162 G0494 S9123 | G0299 G0495 S9124 | G0300 G0496 S9474 |
| Hospice | Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility. | T2042 | T2043 | T2044 | T2045 |
| Injectable medications | Prior authorization required | Synagis®* 90378 Xolair®* J2357 <i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i> | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 24360 24370 27125 27137 27447 29867 | 23472 24361 24371 27130 27138 27486 29868 | 23473 24362 27120 27132 27412 27487 J7330 | 23474 24363 27122 27134 27446 29866 S2112 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 21141 21146 21154 21188 21196 21208 21240 21246 21255 | 21123 21142 21147 21155 21193 21198 21209 21242 21247 21296 | 21125 21143 21150 21159 21194 21199 21210 21244 21248 21299 | 21127 21145 21151 21160 21195 21206 21215 21245 21249 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 | L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 | L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 | L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 | L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 |

| 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> | | L1755 | L1832 | L1834 | L1840 |
| | | L1844 | L1845 | L1846 | L1860 |
| | | L1945 | L1950 | L1970 | L2000 |
| | | L2005 | L2010 | L2020 | L2030 |
| | | L2034 | L2036 | L2037 | L2038 |
| | | L2060 | L2106 | L2108 | L2126 |
| | | L2128 | L2136 | L2350 | L2510 |
| | | L2525 | L2526 | L2627 | L2628 |
| | | L2999 | L3000 | L3201 | L3202 |
| | | L3203 | L3204 | L3206 | L3207 |
| | | L3212 | L3213 | L3214 | L3215 |
| | | L3216 | L3217 | L3219 | L3221 |
| | | L3222 | L3230 | L3250 | L3251 |
| | | L3252 | L3253 | L3265 | L3649 |
| | | L3671 | L3674 | L3720 | L3730 |
| | | L3740 | L3763 | L3764 | L3765 |
| | | L3766 | L3900 | L3901 | L3904 |
| | | L3905 | L3961 | L3967 | L3971 |
| | | L3973 | L3975 | L3976 | L3977 |
| | | L3978 | L3999 | L4000 | L4010 |
| | | L4020 | L4631 | L5010 | L5020 |
| | | L5050 | L5060 | L5100 | L5105 |
| | | L5150 | L5160 | L5200 | L5210 |
| | | L5220 | L5230 | L5250 | L5270 |
| | | L5280 | L5301 | L5312 | L5321 |
| | | L5331 | L5341 | L5400 | L5420 |
| | | L5460 | L5500 | L5505 | L5510 |
| | | L5520 | L5530 | L5535 | L5540 |
| | | L5560 | L5570 | L5580 | L5585 |
| | | L5590 | L5595 | L5600 | L5610 |
| | | L5611 | L5613 | L5614 | L5616 |
| | | L5639 | L5640 | L5642 | L5643 |
| | | L5644 | L5645 | L5646 | L5647 |
| | | L5648 | L5649 | L5651 | L5653 |
| | | L5661 | L5673 | L5681 | L5682 |
| | | L5683 | L5700 | L5701 | L5702 |
| | | L5703 | L5705 | L5706 | L5707 |
| | | L5716 | L5718 | L5722 | L5724 |
| | | L5726 | L5728 | L5780 | L5781 |
| | | L5782 | L5790 | L5795 | L5811 |
| | | L5812 | L5814 | L5816 | L5818 |
| | | L5822 | L5824 | L5826 | L5828 |
| | | L5830 | L5840 | L5845 | L5848 |
| | | L5856 | L5857 | L5858 | L5930 |
| | | L5950 | L5960 | L5961 | L5962 |
| | | L5964 | L5966 | L5968 | L5973 |

| 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> | | L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659 | L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623 | L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627 | L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631 |
| <p>Private duty nursing</p> | <p>Prior authorization required</p> | T1000 | T1002 | T1003 | |
| <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 |
| <p>Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation</p> | <p>Prior authorization required</p> | 30400 30435 | 30410 30450 | 30420 30460 | 30430 30462 |
| <p>Sinuplasty</p> | <p>Prior authorization required</p> | 31295 | 31296 | 31297 | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes | | | |
|---|------------------------------|--|-------|-------|-------|
| 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 | 0098T | 0164T | 22100 |
| | | 22101 | 22102 | 22110 | 22112 |
| | | 22114 | 22206 | 22207 | 22210 |
| | | 22212 | 22214 | 22220 | 22224 |
| | | 22532 | 22533 | 22548 | 22551 |
| | | 22554 | 22556 | 22558 | 22586 |
| | | 22590 | 22595 | 22600 | 22610 |
| | | 22612 | 22630 | 22633 | 22800 |
| | | 22802 | 22804 | 22808 | 22810 |
| | | 22812 | 22818 | 22819 | 22830 |
| | | 22849 | 22850 | 22852 | 22855 |
| | | 22856 | 22861 | 22864 | 22865 |
| | | 22899 | 63001 | 63003 | 63005 |
| | | 63011 | 63012 | 63015 | 63016 |
| | | 63017 | 63020 | 63030 | 63040 |
| | | 63042 | 63045 | 63046 | 63047 |
| | | 63050 | 63055 | 63056 | 63064 |
| | | 63075 | 63077 | 63081 | 63085 |
| | | 63087 | 63090 | 63101 | 63102 |
| | | 63170 | 63172 | 63173 | 63180 |
| | | 63182 | 63185 | 63190 | 63191 |
| | | 63194 | 63195 | 63196 | 63198 |
| | | 63199 | 63200 | 63250 | 63251 |
| | | 63252 | 63265 | 63267 | 63268 |
| | | 63270 | 63271 | 63272 | 63286 |
| | | 63300 | 63301 | 63302 | 63303 |
| | | 63304 | 63305 | 63306 | 63307 |
| | | 63308 | 64553 | 64570 | |
| 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 |
| Wound vac | Prior authorization required | E2402 | | | |

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 | <p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> | <p>Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.</p> |
| Home- and community-based services | <p>Prior authorization required for services including:</p> <ul style="list-style-type: none"> • Adult day health (ADH) • Adult day care (ADC) • Assisted living services • Attendant care services • Environmental modifications • Foster home (FH) • Home delivered meals • Moving assistance • Personal care services • Personal emergency response system (PERS) | <p>Please request prior authorization online, or by phone or fax, using the instructions at the top of Page 1.</p> |
| Inpatient services | <p>Prior authorization required</p> <p>For emergency admissions, please notify us within 48 hours of admission.</p> <p>Routine obstetrics (OB) and deliveries require notification only.</p> <p>Examples of inpatient services include:</p> <ul style="list-style-type: none"> • Acute inpatient rehabilitation • All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS) • Elective inpatient admissions • OB and newborn confinements exceeding two days' LOS for vaginal and four day LOS for Cesarean section • Skilled nursing facility (SNF), transitional and sub-acute care | <p>To request prior authorization, please fax the member's registration/admission document with pertinent information, including date of service or date of admission, to UnitedHealthcare Community Plan of Hawaii at 800-267-8328.</p> |
| Off island travel | <p>Prior authorization required for travel to another island for covered services</p> | <p>Please request prior authorization online, or by phone or fax, using the instructions at the top of Page 1.</p> |
| Transplants | <p>Prior authorization required</p> <p>Organ transplants are a carve-out benefit under the State of Hawaii Organ and Tissue Transplant (SHOTT) program,</p> | <p>For transplant services covered by UnitedHealthcare Community Plan of Hawaii, please call the UnitedHealthcare Community and State Transplant Case Management team at 800-418-4994 or the</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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|
| <p>Transplants (cont'd)</p> | <p>and are not covered by the Hawaii Medicaid QUEST Integration health plan.</p> <p>UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:</p> <ul style="list-style-type: none"> • Allogenic and autologous bone marrow transplants • Heart • Kidney • Liver • Lung • Pancreas • Small bowel with or without liver <p>Corneal transplant and bone graft procedures are covered by the health plan.</p> | <p>notification number on the back of the member's health plan ID card.</p> <table border="0"> <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |