

Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid plan) Effective July 1, 2017



General Information

This list contains prior authorization review requirements for UnitedHealthcare Connected TX (Medicare-Medicaid plan) 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:** 877-940-1972; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > Prior Authorization Forms > Standard Prior Authorization Form: Texas Department of Insurance

Prior authorization is not required for emergency or urgent care.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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	81211 81215	81212 81216	81213 81217	81214
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19364 19369 19396	19318 19330 19355 19366 19370 L8600	19324 19340 19357 19367 19371	19325 19342 19361 19368 19380
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 69718 92602 L8619 V5273	69711 69799 92603 L8690	69714 69930 92604 L8691	69715 92601 L8614 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	11920 11951 11971 15781 15788 15819 15823 15828 15833 15837 15877 17107 19300 21180 21184	11921 11952 15775 15782 15789 15820 15824 15829 15834 15838 15878 17108 21172 21181 21230	11922 11954 15776 15783 15792 15821 15825 15830 15835 15839 15879 17380 21175 21182 21235	11950 11960 15780 15787 15793 15822 15826 15832 15836 15847 17106 17999 21179 21183 21256

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Cosmetic and reconstructive (cont'd)		21260	21261	21263	21267
		21268	21270	21275	21299
		21740	21742	21743	28344
		30120	30540	30545	30560
		30620	31295	31296	31297
		40500	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67950	67961
		67966	69090	69300	69320
		Q2026	Q2027	Q2202	S2202
Durable medical equipment (DME) - incontinence supplies	<p>Incontinence supplies are a benefit only when provided through Longhorn Health Solutions.</p> <p>For more information, please visit UHCCommunityPlan.com > For Health Care Professionals > Texas > Bulletins > Alerts > DME Incontinent Supplies Change in Authorization Effective Sept. 1, 2016.</p>	To request incontinence supplies, please call Longhorn Health Solutions at 866-295-2319 .			
Durable medical equipment (DME): regardless of billed amount	Prior authorization required only in outpatient settings, to include patient's home	E0470	E0471	E0472	E0601
		E0650	E0651	E0652	E0655
		E0656	E0660	E0665	E0666
		E0667	E0668	E0669	E0671
		E0672	E0673	E0675	E1230
		E1239	E2310	E2311	E2321
		K0800	K0801	K0802	K0806
		K0808	K0812	K0813	K0814
		K0815	K0816	K0820	K0821
		K0822	K0823	K0824	K0825
		K0826	K0827	K0828	K0829
		K0830	K0831	K0835	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
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		K0898	K0899		

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<p>Durable medical equipment (DME): more than \$1,000 DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i>.</p>	<p>A9900 E0170 E0231 E0302 E0329 E0462 E0486 E0618 E0639 E0692 E0710 E0761 E0782 E0786 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1280 E1298 E1510 E1550 E1590 E1615 E1632 E1637 E1801 E1811 E1825 E2312 E2328 E2402 E2506 E2512 K0037 K0047</p>	<p>A9280 E0193 E0246 E0304 E0350 E0465 E0603 E0635 E0640 E0693 E0740 E0762 E0783 E0830 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1295 E1310 E1520 E1560 E1592 E1620 E1634 E1639 E1802 E1812 E1830 E2322 E2329 E2500 E2508 K0005 K0039 K0050</p>	<p>A9999 E0194 E0277 E0316 E0373 E0466 E0616 E0636 E0642 E0694 E0745 E0764 E0784 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1296 E1399 E1530 E1575 E1594 E1625 E1635 E1699 E1805 E1815 E1840 E2325 E2330 E2502 E2510 K0007 K0044 K0051</p>	<p>B9999 E0203 E0300 E0328 E0459 E0483 E0617 E0638 E0670 E0700 E0746 E0770 E0785 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1270 E1297 E1500 E1540 E1580 E1600 E1630 E1636 E1800 E1810 E1818 E2227 E2327 E2376 E2504 E2511 K0020 K0046 K0056</p>

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<p>Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		K0065 K0105 K0609 K0745 L1000 L5000 L5585 L6384 Q0482 Q0495 T5999	K0072 K0108 K0730 K0746 L1005 L5400 L5999 Q0479 Q0483 Q0496 V2786	K0073 K0455 K0743 L0462 L2136 L5420 L6380 Q0480 Q0484 Q0503	K0098 K0606 K0744 L0464 L3999 L5535 L6382 Q0481 Q0489 T1999
<p>Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube</p>	Prior authorization required	B4100 B4149 B4155 B4161	B4102 B4150 B4158	B4103 B4152 B4159	B4104 B4153 B4160
<p>Experimental or investigational</p>	Prior authorization required	0019T 0085T 0103T 0109T 0124T 0175T 0190T 0199T 0206T 0215T 0223T 0231T 0244T 0253T 0259T 0266T 0270T 0274T 0281T 0285T 0291T 0299T 22505 27275 31634 43257 55840 58563 61868	0030T 0100T 0106T 0110T 0172T 0181T 0191T 0200T 0207T 0216T 0224T 0233T 0250T 0256T 0263T 0267T 0271T 0275T 0282T 0286T 0292T 0300T 22867 27860 33477 53855 55866 61863 61886	0054T 0101T 0107T 0111T 0173T 0183T 0192T 0201T 0213T 0217T 0225T 0239T 0251T 0257T 0264T 0268T 0272T 0276T 0283T 0287T 0293T 0301T 22869 28446 37204 53860 58353 61864 62263	0055T 0102T 0108T 0123T 0174T 0186T 0198T 0205T 0214T 0218T 0230T 0243T 0252T 0258T 0265T 0269T 0273T 0277T 0284T 0288T 0294T 20985 25259 29880 37210 54240 58356 61867 62264

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Experimental or investigational (cont'd)		62290 64595 65767 85547 91117 94011 95251 95967 96003 A4575 A9276 E1831 G0342 P2031 S1030 S2300 S3902 S9349	62291 64722 66180 90867 91132 94012 95905 95978 96004 A4638 A9277 G0295 G0343 P2033 S1031 S2325 S9001 S9988	62292 64744 78351 90868 91133 94013 95965 96000 96902 A6000 A9278 G0329 G9147 P2038 S1040 S3652 S9025 S9990	64566 65765 82523 90869 93668 95250 95966 96001 99174 A9274 E0446 G0341 M0076 S0810 S2102 S3890 S9055 S9991								
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916									
Gender dysphoria treatment	Prior authorization required	55970 55980 These surgical codes with the following DX codes : <table border="0" data-bbox="1052 1213 1513 1285"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> </table> 14000 14001 14020 14021 14040 14041 14060 14061 14301 14302 15734 15738 15750 15757 15758 15775 15776 15780 15781 15782 15783 15788 15789 15792 15793 19303 19304 20926 21899 31599 31899 53410 53420 53425 53430 54125 54400 54401 54405 54408 54520 54660 54690 55175 55180 55866 56625 56800 56805 57106 57110 57291 57292 57295 57296 57335 57426 58661 58720 58940 64856 64892 64896 92507 92508				F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890		
F64.0	F64.1	F64.2	F64.8										
F64.9	Z87.890												

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	S9122		
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Non-emergent air ambulance transports	Prior authorization required	A0140	A0424		
Non-emergent ground ambulance	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
Orthognathic surgery	Prior authorization required	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255	30465	
Orthotics: more than \$1,000 Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0430	L0480	L0482
		L0484	L0486	L0624	L0629
		L0632	L0634	L0636	L0638
		L0700	L0710	L0810	L0820
		L0830	L0859	L1200	L1300
		L1310	L1680	L1685	L1700
		L1710	L1720	L1755	L1844
		L1846	L2005	L2020	L2034
		L2036	L2037	L2038	L2126

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Orthotics: more than \$1,000 (cont'd) Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L2128 L3020 L3901 L3971 L3977 L6026	L2525 L3649 L3904 L3973 L3978	L2627 L3766 L3961 L3975 L4000	L2628 L3900 L3967 L3976 L4631
Outpatient therapy	Prior authorization required 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.	70371 92521 92526 92633 97014 97024 97033 97039 97116 97150 97532 97542 97755 97799 G0281 G9043 S9131	92506 92522 92626 96105 97016 97026 97034 97110 97124 97164 97533 97545 97760 G0129 G0282 G9044 S9152	92507 92523 92627 97010 97018 97028 97035 97112 97139 97168 97535 97546 97761 G0151 G0283 S8990	92508 92524 92630 97012 97022 97032 97036 97113 97140 97530 97537 97750 97762 G0152 G9041 S9129
		OR billed with the following revenue codes:			
		419 423 431 439	420 424 432 977	421 429 433 978	422 430 434
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000			
Prosthetics: more than \$1,000 Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700

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<p>Prosthetics: more than \$1,000 (cont'd) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		L5701 L5724 L5781 L5818 L5828 L5848 L5930 L5968 L5980 L5990 L6025 L6100 L6200 L6310 L6370 L6550 L6584 L6621 L6648 L6707 L6714 L6880 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L7499 L8042 L8499 L8629 V2627	L5702 L5726 L5782 L5822 L5830 L5856 L5960 L5973 L5981 L6000 L6026 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6693 L6709 L6715 L6881 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8035 L8043 L8505 L8631	L5703 L5728 L5795 L5824 L5840 L5857 L5961 L5976 L5987 L6010 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6638 L6696 L6712 L6721 L6882 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L8039 L8044 L8604 L8659	L5707 L5780 L5814 L5826 L5845 L5858 L5966 L5979 L5988 L6020 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6646 L6697 L6713 L6722 L6883 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8041 L8049 L8609 L8699
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	Prior authorization required	77520	77522	77523	77525
<p>Respite care</p>	Prior authorization required	S5150	S5151		
<p>Rhinoplasty Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400 30435 30520	30410 30450	30420 30460	30430 30462

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Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512 S2080	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	0092T	0095T	0098T	0163T
		0164T	0165T	0195T	0196T
		0202T	0219T	0220T	0221T
		0222T	0232T	22100	22101
		22102	22103	22110	22112
		22114	22116	22206	22207
		22208	22210	22212	22214
		22216	22220	22222	22224
		22226	22526	22527	22532
		22533	22534	22548	22551
		22552	22554	22556	22558
		22585	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22851
		22852	22855	22856	22857
		22861	22862	22864	22865
		22899	62287	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63035	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055
		63056	63057	63060	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272

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Spinal surgery (cont'd)		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64553	64570
		64633	64634	S2348	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	61888	64568	64569
		64573	C1767	C1778	L8680
		L8681	L8682	L8685	L8686
		L8687	L8688	L8689	
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	36469	36473	36475	36476
		36478	36479	37700	37718
		37722	37735	37780	37785

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 888-887-9003 when referring for mental health and substance use services.
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Cardiology > Medicare Advantage Cardiology Prior Authorization Program > Cardiology Prior Authorization CPT Code List and Crosswalk.
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 .

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Radiology (cont'd)		<p>For more details and the CPT codes that require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program > UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.</p>																																																												
Transplants	Prior authorization required	<p>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.</p> <table border="0" data-bbox="1055 871 1502 1409"> <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>47136</td><td>47140</td></tr> <tr><td>47141</td><td>47142</td><td>47143</td><td>47144</td></tr> <tr><td>47145</td><td>47146</td><td>47147</td><td>48551</td></tr> <tr><td>48552</td><td>48554</td><td>50300</td><td>50320</td></tr> <tr><td>50323</td><td>50325</td><td>50340</td><td>50360</td></tr> <tr><td>50365</td><td>50370</td><td>50380</td><td>50547</td></tr> <tr><td>S2060</td><td>S2061</td><td>S2152</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	47136	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	47136	47140																																																											
47141	47142	47143	47144																																																											
47145	47146	47147	48551																																																											
48552	48554	50300	50320																																																											
50323	50325	50340	50360																																																											
50365	50370	50380	50547																																																											
S2060	S2061	S2152																																																												
<p>Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	Prior authorization required	<p>Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0" data-bbox="1055 1575 1502 1707"> <tr><td>0051T</td><td>0052T</td><td>0053T</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td></td><td></td><td></td></tr> </table>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983																																																			
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