GOLD KIDNEY HEALTH PLAN

Gold Kidney Medicare Advantage Prior Authorization

Gold Kidney Health Plan is committed to facilitating timely access to care for our members while minimizing administrative burden for our providers across our Medicare Advantage plans in **Arizona and Florida.** This document outlines those requirements and should be reviewed prior to rendering services.

For questions or more information, please call Member Services:

1 (844) 294-6535

HOURS OF OPERATION
Oct 1 - March 31:
8 a.m. - 8 p.m., local time, 7 days a week (except holidays)

April 1 - Sept 30:
8 a.m. - 8 p.m., local time, Monday - Friday (except holidays)

Definitions

Prior Authorization (also referred to as preauthorization, precertification, or preadmission) is a process through which a physician or other healthcare provider must obtain advance approval from Gold Kidney Health Plan to determine whether a service, procedure, and item will be covered.

Notification refers to the process by which a physician or other healthcare provider informs Gold Kidney Health Plan of the intent to provide a covered item or service to a Gold Kidney member. Notification is distinct from prior authorization and does not result in an approval or denial determination

Scope of Authorization Requirements

This document outlines authorization requirements for services, procedures, and items provided in the following settings:

- Physician offices and clinics
- Outpatient facilities (including hospital outpatient departments and ambulatory surgical centers)
- Inpatient facilities (including acute care hospitals, long-term acute care hospitals, inpatient rehabilitation facilities, and skilled nursing facilities)
- Home and community-based settings

It identifies which services, procedures, and items **require prior authorization** and which **do not** prior to being provided or administered. A comprehensive list of CPT & HCPCS codes that **do not require prior authorization** is included at the end of this document.

All services must be provided in accordance with Medicare coverage guidelines established by the Centers for Medicare & Medicaid Services (CMS) and must meet CMS medical necessity requirements. Medicare coverage guidance may be reviewed through the Medicare Coverage Database at: **www.cms.gov/Medicare-coverage-database**

Investigational and experimental procedures generally are **not covered benefits.** For confirmation of coverage, please refer to the member's **Evidence of Coverage (EOC)** or contact Member Services.

Important Notes

- Authorization requirements apply to **all members enrolled in Gold Kidney Health Plan (HMO-POS C-SNP)** plans.
- Providers are strongly encouraged to verify **member eligibility, benefits, and prior authorization requirements** prior to rendering services.
- **Referrals or prior authorization are not required** for specialist consultation services. However, **procedures or diagnostic services performed by specialists may require prior authorization,** as outlined in this document.
- **Emergency services** and **urgently needed services** do **not** require prior authorization.
- When a **single comprehensive or bundled procedure code** is available, providers should request prior authorization for that code rather than submitting separate requests for **multiple related or unbundled codes.**
- Services, procedures, or items that require prior authorization but are provided without an approved authorization may be considered for retrospective medical necessity review only when the failure to obtain prior authorization was due to an emergency, a system failure, or another documented, justifiable circumstance.
- Retrospective authorization requests must be submitted within **ninety (90) calendar days** of the date of service or facility discharge and **before** claim submission and must include documentation explaining why prior authorization was not obtained before the service was provided.
- Codes may not be categorized in an area that you are familiar with. Providers should **search the entire document** to confirm authorization requirements.

Information Required for Prior Authorization Requests

Information required may include, but is not limited to:

- Member name, ID number, and date of birth
- Requested service and date(s)
- CPT/HCPCS and ICD-10-CM codes
- Place of service
- Ordering provider NPI and Tax ID
- Rendering provider or facility NPI and Tax ID
- Clinical documentation supporting the request

Submitting complete and relevant clinical information at the time of request will facilitate a timely determination. If additional information is required, Gold Kidney Health Plan's Utilization Management (UM) team will request the specific documentation needed.

How to Request Prior Authorization

For Medical Services, Procedures, and Items

Electronic Submission
Fax Request to: **1 (866) 515-7869**

Call Gold Kidney Member Services at **1 (844) 294-6535 (TTY 711)**

Use of the authorization request form is encouraged and is available at:
www.goldkidney.com/provider-resources-forms/

For Part D Medications

Electronic Submission via MedImpact
Fax Request to: **1 (858) 790-7100**

Call the MedImpact Authorization Line at **1 (800) 788-2949** or call MedImpact Customer Service at **1 (888) 672-7206 (TTY 711)**

Use of the authorization request form is encouraged and is available at:
www.goldkidney.com/pharmacy-search-forms/

Utilization Management Disclaimers

- Gold Kidney applies UM criteria that are based on **CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and evidence-based clinical guidelines.**
- Certain services or procedure codes **may not require prior authorization,** meaning prior medical review is not required; however, this **does not guarantee of payment.** Payment is subject to Medicare coverage guidelines, member eligibility, benefit coverage, and proper claim submission.
- Prior authorization determinations are also **not a guarantee of payment.** Payment is subject to member eligibility, benefit coverage, and proper claim submission.
- UM decisions are made in a **timely, consistent, and non-discriminatory manner,** consistent with CMS beneficiary protection requirements.

Updates to Authorization Requirements

Gold Kidney may update authorization requirements due to:

- CMS regulatory or sub-regulatory guidance
- Formulary updates or new-to-market drugs
- Step therapy or utilization edits

Updates may be implemented without advance written notice when permitted by CMS.

Procedures & Services	Subject to Authorization	Details/Notes/Comments
Emergency Care and Urgent Care Services	No	Emergency care and urgently needed services furnished in emergency departments and urgent care settings, when provided in accordance with Medicare guidelines, are not subject to prior authorization requirements.
Emergency Ambulance Services	No	Emergency ground and air ambulance services are not subject to prior authorization requirements. However, when requested, the provider must supply evidence that the member's medical condition required immediate and rapid ambulance transportation that could not have been provided by ground ambulance, as well as the pick-up and drop-off locations for the transport.
Non-Emergency Ambulance Services	Yes	Non-emergency ambulance services are subject to prior authorization requirements.
Inpatient Hospital Admissions	Yes	All inpatient hospital admissions, including emergency-to-inpatient admissions, planned inpatient surgeries or procedures, psychiatric admissions, and partial hospitalization, are subject to authorization requirements. Providers must request authorization for these admissions within 24–48 hours of admission, and ongoing clinical updates may be required to support continued length of stay (LOS).
Outpatient Hospital Observation Stay Admissions	Yes	All observation stay admissions, including emergency-to-observation stays and planned surgeries or procedures that convert to an observation stay, are subject to authorization requirements. Providers must notify Gold Kidney Health Plan within 24–48 hours of admission, and clinical updates are required to support continued length of stay (LOS).
Long-Term Acute Care Hospitals (LTACHs) and Inpatient Rehabilitation Facilities (IRFs) Admission	Yes	Admissions to Long-Term Acute Care Hospitals (LTACHs) and Inpatient Rehabilitation Facilities (IRFs) are subject to prior authorization requirements, and clinical updates are required to support continued length of stay (LOS).
Skilled Nursing Facilities (SNFs) Admissions	Yes	Admissions to Skilled Nursing Facilities (SNFs) are subject to prior authorization requirements, and clinical updates are required to support continued length of stay (LOS).
Home Healthcare Services	Yes	Home health care services provided by any home health agency are subject to prior authorization requirements. Authorization must be obtained prior to the start of services for all skilled home health services, including but not limited to nursing visits, physical therapy, occupational therapy, speech therapy, medical social work, and home health aide services.
Home Infusion Therapy Services	Yes	Home infusion therapy services provided by any home health agency or individual provider are subject to prior authorization requirements. Authorization must be obtained prior to the start of services for all home infusion therapy services, including, but not limited to, infusion therapy administered in the home setting, associated nursing visits, and the supplies and equipment necessary to deliver the infusion.

Procedures & Services	Subject to Authorization	Details/Notes/Comments
Hospital and Ambulatory Procedures or Surgeries	Yes	Hospital outpatient and ambulatory procedures or surgeries related to cardiac/vascular, neurologic, orthopedic, oncologic, pulmonary, urologic, gastrointestinal (including endoscopy and colonoscopy), pain management (including epidural steroid injections, facet joint injections, and nerve blocks), interventional radiology, ophthalmologic, otolaryngologic (ENT), and gynecologic services are subject to prior authorization requirements.
Outpatient Radiological Services (X-Ray and Ultrasound etc.)	No	Outpatient radiological services, including diagnostic X-ray, ultrasound, breast mammography, bone/joint studies such as DEXA, are not subject to prior authorization requirements.
Outpatient Advanced Radiological Services (CT, MRI, Nuclear Medicine)	Yes	Outpatient advanced radiological services, including computed tomography (CT), magnetic resonance imaging (MRI), and nuclear medicine studies, are subject to prior authorization requirements.
Genetic & Molecular Lab Services (Genetic & Molecular Pathology)	Yes	Routine laboratory and pathology services are not subject to prior authorization requirements. However, genetic and molecular laboratory and pathology services, including hereditary cancer panels, BRCA testing, pharmacogenomic testing, molecular tumor profiling, next-generation sequencing, and other advanced genetic diagnostics, are subject to prior authorization requirements.
Dialysis Services (Home and ESRD Facility)	No	Dialysis services, including home dialysis and dialysis furnished in ESRD facilities, are covered in accordance with Medicare guidelines and are not subject to prior authorization requirements.
Chemotherapy & Radiation Therapy	Yes	Chemotherapy (intravenous, oral, and injectable) and radiation therapy, including external beam radiation, intensity-modulated radiation therapy (IMRT), stereotactic radiosurgery, and brachytherapy, are subject to prior authorization requirements.
Transplant Services	Yes	Transplant services, including pre-transplant and post-transplant evaluations, as well as transplant surgery, are subject to prior authorization requirements.
Sleep Medicine	Yes	Sleep studies, including in-laboratory polysomnography, split-night sleep studies, CPAP/BiPAP titration studies, Multiple Sleep Latency Tests (MSLT), Maintenance of Wakefulness Tests (MWT), and Home Sleep Apnea Testing (HSAT), are subject to prior authorization requirements.
Wound Care Services	Yes	Outpatient wound care services are subject to prior authorization requirements. These services may include, but are not limited to, wound assessment and management, debridement, application of advanced wound dressings, negative pressure wound therapy, and treatment of chronic or non-healing wounds provided in outpatient hospital departments or specialized wound care clinics.

Procedures & Services	Subject to Authorization	Details/Notes/Comments
Outpatient Therapy Services (Physical, Occupational, Speech)	No	Physical therapy (PT), occupational therapy (OT), and speech therapy (ST) services provided in an office setting, hospital outpatient department, or independent clinic are not subject to prior authorization requirements. However, PT, OT, and ST services provided by a home health agency as part of a home health episode of care are subject to prior authorization requirements.
Cardiac and Pulmonary Rehabilitation Services	Yes	Cardiac and pulmonary rehabilitation services are subject to prior authorization requirements.
Chiropractic Services (Medicare Non-Covered Services)	No	Medicare Non-Covered Services (Routine Chiropractic Services): Gold Kidney covers 12 chiropractic visits per year for services other than manual manipulation of the spine to correct subluxation, including treatments to extraspinal regions such as the head, upper and lower extremities, rib cage, and abdomen.
Chiropractic Services (Medicare Covered Services)	Yes	Medicare Covered Chiropractic Services (manual manipulation of the spine to correct subluxation) are subject to authorization requirements.
Acupuncture Services (Medicare Non-Covered Services)	No	Medicare Non-Covered Services (Routine Acupuncture Services): Gold Kidney covers 12 acupuncture visits per year for pain conditions other than chronic low back pain, including shingles and nerve pain, hand and knee pain, headaches and migraines, fibromyalgia, menstrual pain, and similar routine pain conditions.
Acupuncture Services (Medicare Covered Services)	No	Medicare Covered Services (Chronic Low Back Pain): Gold Kidney covers up to 12 acupuncture visits in 90 days for chronic low back pain, defined as pain lasting 12 plus weeks, nonspecific in cause, and not related to surgery, systemic disease, or pregnancy. An additional 8 visits may be covered if the patient shows improvement, with a maximum of 20 visits per year. Treatment must stop if the patient does not improve or worsens.
Primary Care Services	No	Primary care services, including routine office visits, preventive care, and evaluation and management services, are not subject to prior authorization requirements.
Specialist Care Services	No	Specialist care consultation services are not subject to referral or prior authorization requirements; however, certain procedures, diagnostic tests, or treatments performed by specialists may require prior authorization.
Podiatry Services (Medicare Non-Covered Services)	No	Medicare Non-Covered Services (Routine Podiatry/Foot Care Services): Gold Kidney covers 12 routine foot care visits per year, including the cutting or removal of corns and calluses, trimming or debriding of nails, and hygienic or preventive care such as cleaning, soaking, and the use of skin creams for ambulatory or bedfast patients. This also includes any routine foot care provided in the absence of a localized illness, injury, or symptomatic condition of the foot.
Podiatry Services (Medicare Covered Services)	Yes	Medicare Covered Podiatry Services are subject to authorization requirements.

Procedures & Services	Subject to Authorization	Details/Notes/Comments
Telehealth Care Services	No	Telehealth care services, when provided in accordance with Medicare guidelines, are not subject to prior authorization requirements.
Partial Hospitalization Program (PHP) Services	Yes	Partial Hospitalization Programs (PHP) are subject to prior authorization requirements. PHP provides a structured, multidisciplinary treatment program of at least 20 hours per week for patients with acute mental health or substance use disorders who require a higher level of care than Intensive Outpatient Program (IOP) services to prevent inpatient hospitalization.
Intensive Outpatient Program (IOP) Services	Yes	Intensive Outpatient Programs (IOP) are subject to prior authorization requirements. IOP provides a structured, multidisciplinary treatment program of at least 9 hours per week for patients with acute mental health or substance use disorders who require more support than routine outpatient care but do not require Partial Hospitalization Program (PHP) or inpatient treatment.
Behavioral & Psychiatric Care Services (Individual & Group Sessions)	No	Behavioral and psychiatric care services, including individual and group counseling or therapy sessions, are not subject to prior authorization requirements; however, Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) are subject to prior authorization requirements.
DME, Prosthetics, Medical/Surgical Supplies (Except Diabetes Related)	Yes	Durable medical equipment (DME), whether rented or purchased, including prosthetics and medical or surgical supplies (excluding diabetes-related supplies), are subject to prior authorization requirements.
Medicare Part B Drugs (Except Insulin)	Yes	Medicare Part B drugs, excluding insulin, are subject to prior authorization requirements.

These codes do not require prior authorization; all other codes require prior authorization

11055	11056	11057	11719	11720	11721	70030	70100	70110	70120
70130	70134	70140	70150	70160	70190	70200	70210	70220	70240
70250	70260	70300	70310	70320	70328	70330	70360	70370	70371
70380	71045	71046	71047	71048	71100	71101	71110	71111	71120
71130	72020	72040	72050	72052	72070	72072	72074	72080	72081
72082	72083	72084	72100	72110	72114	72120	72170	72190	72200
72202	72220	73000	73010	73020	73030	73050	73060	73070	73080
73090	73092	73100	73110	73120	73130	73140	73501	73502	73503
73521	73522	73523	73551	73552	73560	73562	73564	73565	73590
73592	73600	73610	73620	73630	73650	73660	74018	74019	74021
74022	74210	74220	74221	74230	74240	74246	74248	74250	74251
74270	74280	76010	76100	76506	76510	76511	76512	76513	76514
76516	76519	76529	76536	76604	76641	76642	76700	76705	76706
76770	76775	76776	76800	76801	76802	76805	76810	76811	76812
76813	76814	76815	76816	76817	76818	76819	76820	76821	76825
76826	76827	76828	76830	76831	76856	76857	76870	76872	76873
76881	76882	76883	76885	76886	76977	76978	76979	76981	76982
76983	76984	77061	77062	77063	77065	77066	77067	77071	77072
77073	77074	77075	77076	77077	77080	77081	77085	77086	77089
77090	77091	77092	80047	80048	80050	80051	80053	80055	80061
80069	80074	80076	80081	80143	80145	80150	80151	80155	80156
80157	80158	80159	80161	80162	80163	80164	80165	80167	80168
80169	80170	80171	80173	80175	80176	80177	80178	80179	80180
80181	80183	80184	80185	80186	80187	80188	80189	80190	80192
80193	80194	80195	80197	80198	80199	80200	80201	80202	80203
80204	80210	80220	80230	80235	80280	80285	80299	80305	80306
80307	80320	80321	80322	80323	80324	80325	80326	80327	80328
80329	80330	80331	80332	80333	80334	80335	80336	80337	80338
80339	80340	80341	80342	80343	80344	80345	80346	80347	80348
80349	80350	80351	80352	80353	80354	80355	80356	80357	80358
80359	80360	80361	80362	80363	80364	80365	80366	80367	80368
80369	80370	80371	80372	80373	80374	80375	80376	80377	80400
80402	80406	80408	80410	80412	80414	80415	80416	80417	80418
80420	80422	80424	80426	80428	80430	80432	80434	80435	80436
80438	80439	80503	80504	80505	80506	81000	81001	81002	81003
81005	81007	81015	81020	81025	81050	82009	82010	82013	82016
82017	82024	82030	82040	82042	82043	82044	82045	82075	82077
82085	82088	82103	82104	82105	82106	82107	82108	82120	82127
82128	82131	82135	82136	82139	82140	82143	82150	82154	82157

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82160	82163	82164	82166	82172	82175	82180	82190	82232	82233
82234	82239	82240	82247	82248	82252	82261	82270	82271	82272
82274	82286	82300	82306	82308	82310	82330	82331	82340	82355
82360	82365	82370	82373	82374	82375	82376	82378	82379	82380
82382	82383	82384	82387	82390	82397	82415	82435	82436	82438
82441	82465	82480	82482	82485	82495	82507	82523	82525	82528
82530	82533	82540	82542	82550	82552	82553	82554	82565	82570
82575	82585	82595	82600	82607	82608	82610	82615	82626	82627
82633	82634	82638	82642	82652	82653	82656	82657	82658	82664
82668	82670	82671	82672	82677	82679	82681	82693	82696	82705
82710	82715	82725	82726	82728	82731	82735	82746	82747	82757
82759	82760	82775	82776	82777	82784	82785	82787	82800	82803
82805	82810	82820	82930	82938	82941	82943	82945	82946	82947
82948	82950	82951	82952	82955	82960	82962	82963	82965	82977
82978	82979	82985	83001	83002	83003	83006	83009	83010	83012
83013	83014	83015	83018	83020	83021	83026	83030	83033	83036
83037	83045	83050	83051	83060	83065	83068	83069	83070	83080
83088	83090	83150	83491	83497	83498	83500	83505	83516	83518
83519	83520	83521	83525	83527	83528	83529	83540	83550	83570
83582	83586	83593	83605	83615	83625	83630	83631	83632	83633
83655	83661	83662	83663	83664	83670	83690	83695	83698	83700
83701	83704	83718	83719	83721	83722	83727	83735	83775	83785
83789	83825	83835	83857	83861	83864	83872	83873	83874	83876
83880	83883	83884	83885	83915	83916	83918	83919	83921	83930
83935	83937	83945	83950	83951	83970	83986	83987	83992	83993
84030	84035	84060	84066	84075	84078	84080	84081	84085	84087
84100	84105	84106	84110	84112	84119	84120	84126	84132	84133
84134	84135	84138	84140	84143	84144	84145	84146	84150	84152
84153	84154	84155	84156	84157	84160	84163	84165	84166	84181
84182	84202	84203	84206	84207	84210	84220	84228	84233	84234
84235	84238	84244	84252	84255	84260	84270	84275	84285	84295
84300	84302	84305	84307	84311	84315	84375	84376	84377	84378
84379	84392	84393	84394	84402	84403	84410	84425	84430	84431
84432	84433	84436	84437	84439	84442	84443	84445	84446	84449
84450	84460	84466	84478	84479	84480	84481	84482	84484	84485
84488	84490	84510	84512	84520	84525	84540	84545	84550	84560
84577	84578	84580	84583	84585	84586	84588	84590	84591	84597
84600	84620	84630	84681	84702	84703	84704	84830	85002	85004
85007	85008	85009	85013	85014	85018	85025	85027	85032	85041
85044	85045	85046	85048	85049	85055	85060	85097	85130	85170
85175	85210	85220	85230	85240	85244	85245	85246	85247	85250

These codes do not require prior authorization; all other codes require prior authorization

85260	85270	85280	85290	85291	85292	85293	85300	85301	85302
85303	85305	85306	85307	85335	85337	85345	85347	85348	85360
85362	85366	85370	85378	85379	85380	85384	85385	85390	85396
85397	85400	85410	85415	85420	85421	85441	85445	85460	85461
85475	85520	85525	85530	85536	85540	85547	85549	85555	85557
85576	85597	85598	85610	85611	85612	85613	85635	85651	85652
85660	85670	85675	85705	85730	85732	85810	86000	86001	86003
86005	86008	86015	86021	86022	86023	86036	86037	86038	86039
86041	86042	86043	86051	86052	86053	86060	86063	86077	86078
86079	86140	86141	86146	86147	86148	86152	86153	86155	86156
86157	86160	86161	86162	86171	86200	86215	86225	86226	86231
86235	86255	86256	86258	86277	86280	86294	86300	86301	86304
86305	86308	86309	86310	86316	86317	86318	86320	86325	86328
86329	86331	86332	86334	86335	86336	86337	86340	86341	86343
86344	86352	86353	86355	86356	86357	86359	86360	86361	86362
86363	86364	86366	86367	86376	86381	86382	86384	86386	86403
86406	86408	86409	86413	86430	86431	86480	86481	86485	86510
86580	86581	86590	86592	86593	86596	86602	86603	86606	86609
86611	86612	86615	86617	86618	86619	86622	86625	86628	86631
86632	86635	86638	86641	86644	86645	86648	86651	86652	86653
86654	86658	86663	86664	86665	86666	86668	86671	86674	86677
86682	86684	86687	86688	86689	86692	86694	86695	86696	86698
86701	86702	86703	86704	86705	86706	86707	86708	86709	86710
86711	86713	86717	86720	86723	86727	86732	86735	86738	86741
86744	86747	86750	86753	86756	86757	86759	86762	86765	86768
86769	86771	86774	86777	86778	86780	86784	86787	86788	86789
86790	86793	86794	86800	86803	86804	86805	86806	86807	86808
86812	86813	86816	86817	86821	86825	86826	86828	86829	86830
86831	86832	86833	86834	86835	86850	86860	86870	86880	86885
86886	86890	86891	86900	86901	86902	86904	86905	86906	86910
86911	86920	86921	86922	86923	86927	86930	86931	86932	86940
86941	86945	86950	86960	86965	86970	86971	86972	86975	86976
86977	86978	86985	87003	87015	87040	87045	87046	87070	87071
87073	87075	87076	87077	87081	87084	87086	87088	87101	87102
87103	87106	87107	87109	87110	87116	87118	87140	87143	87147
87149	87150	87152	87153	87154	87158	87164	87166	87168	87169
87172	87176	87177	87181	87184	87185	87186	87187	87188	87190
87197	87205	87206	87207	87209	87210	87220	87230	87250	87252
87253	87254	87255	87260	87265	87267	87269	87270	87271	87272
87273	87274	87275	87276	87278	87279	87280	87281	87283	87285
87290	87299	87300	87301	87305	87320	87324	87327	87328	87329

These codes do not require prior authorization; all other codes require prior authorization

87332	87335	87336	87337	87338	87339	87340	87341	87350	87380
87385	87389	87390	87391	87400	87420	87425	87426	87427	87428
87430	87449	87451	87467	87468	87469	87471	87472	87475	87476
87478	87480	87481	87482	87483	87484	87485	87486	87487	87490
87491	87492	87493	87495	87496	87497	87498	87500	87501	87502
87503	87505	87506	87507	87510	87511	87512	87513	87516	87517
87520	87521	87522	87523	87525	87526	87527	87528	87529	87530
87531	87532	87533	87534	87535	87536	87537	87538	87539	87540
87541	87542	87550	87551	87552	87555	87556	87557	87560	87561
87562	87563	87564	87580	87581	87582	87590	87591	87592	87593
87594	87623	87624	87625	87626	87631	87632	87633	87634	87635
87636	87637	87640	87641	87650	87651	87652	87653	87660	87661
87662	87797	87798	87799	87800	87801	87802	87803	87804	87806
87807	87808	87809	87810	87811	87850	87880	87899	87900	87901
87902	87903	87904	87905	87906	87910	87912	87913	88104	88106
88108	88112	88125	88130	88140	88141	88142	88143	88147	88148
88150	88152	88153	88155	88160	88161	88162	88164	88165	88166
88167	88172	88173	88174	88175	88177	88300	88302	88304	88305
88307	88309	88311	88312	88313	88314	88319	88321	88323	88325
88329	88331	88332	88333	88334	88341	88342	88344	88346	88348
88350	88720	88738	88740	88741	89049	89050	89051	89055	89060
89125	89160	89190	89220	89230	89257	89260	89261	89264	89300
89310	89320	89321	89322	89325	89329	89330	89331	90460	90461
90471	90472	90473	90474	90476	90477	90480	90581	90584	90585
90586	90587	90589	90593	90611	90612	90613	90619	90620	90621
90622	90623	90624	90625	90626	90627	90632	90633	90634	90635
90636	90637	90638	90644	90647	90648	90649	90650	90651	90653
90655	90656	90657	90658	90660	90661	90662	90664	90666	90667
90668	90670	90671	90672	90673	90674	90675	90676	90677	90678
90679	90680	90681	90682	90683	90684	90685	90686	90687	90688
90689	90690	90691	90694	90695	90696	90697	90698	90700	90702
90707	90710	90713	90714	90715	90716	90717	90723	90732	90733
90734	90736	90738	90739	90740	90743	90744	90746	90747	90748
90750	90756	90758	90759	90785	90791	90792	90832	90833	90834
90836	90837	90838	90839	90840	90845	90846	90847	90849	90853
90863	90865	90867	90868	90869	90870	90875	90876	90880	90882
90885	90887	90889	90901	90912	90913	90935	90937	90940	90945
90947	90951	90952	90953	90954	90955	90956	90957	90958	90959
90960	90961	90962	90963	90964	90965	90966	90967	90968	90969
90970	90989	90993	90997	90999	91030	91065	91304	91318	91319
91320	91321	91322	91323	92002	92004	92012	92014	92020	92025

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92060	92081	92082	92083	92100	92132	92133	92134	92136	92137
92145	92201	92202	92227	92228	92229	92504	92507	92508	92511
92512	92516	92520	92521	92522	92523	92524	92526	92531	92532
92533	92534	92550	92551	92552	92553	92555	92556	92557	92558
92562	92563	92565	92567	92568	92570	92571	92572	92575	92576
92577	92579	92582	92583	92584	92587	92588	92596	92597	92607
92608	92609	92610	92625	92650	92651	92652	92653	92950	92953
93000	93005	93010	93015	93016	93017	93018	93024	93025	93040
93041	93042	93050	93303	93304	93306	93307	93308	93320	93321
93325	93350	93351	93352	93356	93784	93786	93788	93790	93792
93793	93880	93882	93886	93888	93892	93893	93895	93896	93897
93898	93922	93923	93924	93925	93926	93930	93931	93970	93971
93975	93976	93978	93979	93980	93981	93985	93986	93990	94010
94011	94012	94013	94014	94015	94016	94060	94070	94150	94200
94375	94618	94640	94642	94644	94645	94664	94667	94668	94669
94726	94727	94728	94729	94760	94761	94762	94772	94774	94775
94776	94777	94780	94781	95004	95012	95017	95018	95024	95027
95028	95044	95052	95056	95060	95065	95249	95250	95251	95812
95813	95816	95819	95822	95824	95851	95852	95857	96105	96110
96112	96113	96116	96121	96125	96127	96130	96131	96132	96133
96136	96137	96138	96139	96146	96156	96158	96159	96160	96161
96164	96165	96167	96168	96170	96171	96202	96203	97010	97012
97014	97016	97018	97022	97024	97026	97028	97032	97033	97034
97035	97036	97037	97110	97112	97113	97116	97124	97129	97130
97140	97150	97151	97152	97153	97154	97155	97156	97157	97158
97161	97162	97163	97164	97165	97166	97167	97168	97169	97170
97171	97172	97530	97533	97535	97537	97542	97545	97546	97550
97551	97552	97750	97755	97760	97761	97763	97802	97803	97804
97810	97811	97813	97814	98000	98001	98002	98003	98004	98005
98006	98007	98008	98009	98010	98011	98012	98013	98014	98015
98016	98943	98960	98961	98962	98966	98967	98968	98970	98971
98972	98975	98976	98977	98978	98980	98981	99000	99001	99002
99024	99026	99027	99050	99051	99053	99056	99058	99060	99070
99071	99072	99075	99078	99080	99082	99091	99170	99172	99173
99174	99175	99177	99183	99184	99188	99190	99191	99192	99195
99202	99203	99204	99205	99211	99212	99213	99214	99215	99242
99243	99244	99245	99281	99282	99283	99284	99285	99288	99291
99292	99341	99342	99344	99345	99347	99348	99349	99350	99358
99359	99360	99366	99367	99368	99374	99375	99377	99378	99379
99380	99381	99382	99383	99384	99385	99386	99387	99391	99392
99393	99394	99395	99396	99397	99401	99402	99403	99404	99406

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99407	99408	99409	99411	99412	99415	99416	99417	99418	99421
99422	99423	99424	99425	99426	99427	99437	99439	99446	99447
99448	99449	99450	99451	99452	99453	99454	99455	99456	99457
99458	99459	99473	99474	99483	99484	99487	99489	99490	99491
99492	99493	99494	99495	99496	99497	99498	99500	99501	99502
99503	99504	99505	99506	99507	99509	99510	99511	99512	99605
99606	99607	A0225	A0425	A0427	A0429	A0430	A0431	A0433	A0435
A0436	A4233	A4234	A4235	A4236	A4238	A4239	A4245	A4253	A4255
A4271	A4651	A4652	A4653	A4657	A4660	A4663	A4670	A4671	A4672
A4673	A4674	A4680	A4690	A4706	A4707	A4708	A4709	A4714	A4719
A4720	A4721	A4722	A4723	A4724	A4725	A4726	A4728	A4730	A4736
A4737	A4740	A4750	A4755	A4760	A4765	A4766	A4770	A4771	A4772
A4773	A4774	A4802	A4860	A4870	A4890	A4911	A4913	A4918	A4927
A4928	A4929	A4930	A4931	A4932	A5500	A5501	A5503	A5504	A5505
A5506	A5507	A5508	A5510	A5512	A5513	A5514	E0607	E1500	E1510
E1520	E1530	E1540	E1550	E1560	E1570	E1575	E1580	E1590	E1592
E1594	E1600	E1610	E1615	E1620	E1625	E1629	E1630	E1632	E1634
E1635	E1636	E1637	E1639	E1699	E2100	E2101	E2102	E2103	E2104
G0008	G0009	G0010	G0011	G0012	G0013	G0017	G0018	G0023	G0024
G0027	G0071	G0101	G0102	G0103	G0104	G0105	G0108	G0109	G0117
G0118	G0121	G0123	G0124	G0127	G0130	G0140	G0141	G0143	G0144
G0145	G0146	G0147	G0148	G0166	G0175	G0176	G0177	G0245	G0246
G0247	G0257	G0270	G0271	G0306	G0307	G0320	G0321	G0322	G0323
G0327	G0328	G0396	G0397	G0403	G0404	G0405	G0406	G0407	G0408
G0409	G0410	G0411	G0420	G0421	G0425	G0426	G0427	G0432	G0433
G0435	G0438	G0439	G0442	G0443	G0444	G0445	G0446	G0447	G0459
G0471	G0472	G0473	G0475	G0476	G0480	G0481	G0482	G0483	G0491
G0492	G0499	G0508	G0509	G0513	G0514	G0532	G0533	G0534	G0535
G0536	G0539	G0540	G0541	G0542	G0543	G0546	G0547	G0548	G0549
G0550	G0551	G0552	G0553	G0554	G0556	G0557	G0558	G0560	G0567
G1028	G2010	G2011	G2025	G2067	G2068	G2069	G2073	G2074	G2075
G2076	G2077	G2078	G2079	G2080	G2082	G2083	G2086	G2087	G2088
G2211	G2212	G2213	G2214	G2215	G2216	G2251	G2252	G9873	G9874
G9875	G9876	G9877	G9878	G9879	G9880	G9881	G9882	G9883	G9884
G9885	G9886	G9887	G9890	G9891	J1811	J1812	J1813	J1814	J1815
J1817									