

ALIGNMENT HEALTHCARE PRIOR AUTHORIZATION GUIDELINES

Alignment Healthcare Participating Providers are required to comply with Alignment’s prior authorization policy for services that require prior authorization. These guidelines provide information about the services that require prior authorization, which services are automatically approved and how to submit requests for authorization.

Failure to comply with Alignment’s prior authorization policy or failure to obtain prior authorization from Alignment may result in Participating Providers’ being financially responsible for such services, up to and including offsets from future payments to the Participating Providers. Medicare Advantage health plans must follow Centers for Medicare & Medicaid Services (CMS) regulations, and all services and procedures, regardless of place of service, must be covered by CMS or an additional benefit offered by the health plan. Please refer to Alignment Healthcare’s Provider Operations Manual and/or the health plan’s Evidence of Coverage for more information.

KEY CONTACT INFORMATION

Utilization Management

Phone 8 a.m.-5 p.m. PT, Monday-Friday	844-310-2247
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Prior Authorization

Access Express Login	https://providers.ahcusa.com
Pre-service Email	umdept@ahcusa.com
Prior Authorization Fax	562-207-4628
Prior Authorization Phone (CA & NV), 8 a.m.-5 p.m. PT, Monday-Friday	323-728-7232
Prior Authorization Phone (NC), 8 a.m.-5 p.m. ET, Monday-Friday	844-215-2442



SERVICES THAT DO NOT REQUIRE AUTHORIZATION

The following services are automatically approved by the health plan with or without authorization:

- All IN-NETWORK specialist office visits, including initial and follow-up visits (there are no quantity limits or limits to level of services)
- Simple radiology (X-rays, ultrasounds, select CTs and MRIs) at IN-NETWORK facilities
- Any HEDIS-related measures (e.g., mammogram, colonoscopy) at IN-NETWORK facilities
- Preferred Part B drugs subject to step therapy

Note: PPO plan members have no network requirement but may be subjected to higher copays and/or co-insurance for using out-of-network providers.

INPATIENT ADMISSIONS & OBSERVATIONS

Prior authorization is not required for emergent inpatient or observation admissions. Hospitals are required to notify the health plan of an inpatient or observation stay once the member is stable and prior to admission. Out-of-network providers must obtain authorization for admission once the member is stable to avoid denial of payment based on post stabilization policies. Notification can be in the form of faxed face sheets or phone calls to the health plan.

PREFERRED PROVIDER ORGANIZATION (PPO) PLANS

PPO members using in-network providers pay zero or lower copays and co-insurance. PPO members can elect to use out-of-network providers but may be subjected to higher copays or co-insurance by choosing to do so. All services, procedures and medications listed on the prior authorization list still require clinical review for final determination.



SERVICES REQUIRING AUTHORIZATION

Participating Providers are required to submit requests for services through Access Express, by fax, or by phone. Alignment’s Utilization Management staff, or Alignment’s designee, will review the request, and the request will either be approved or denied. Only a licensed physician can deny services. This will be communicated in writing to the requesting Participating Provider. The member will be notified orally and in writing. **The categories that usually require additional Utilization Management review, include but are not limited to:**

- Services with the following place-of-service codes:

9	Prison
21	Inpatient Hospital
22	On-Campus Outpatient Hospital
31	Skilled Nursing Facility
33	Custodial Care Facility
34	Hospice
51	Inpatient Psychiatric Facility
52	Psychiatric Facility - Partial Hospitalization
56	Psychiatric Residential Treatment Center
61	Comprehensive Inpatient Rehabilitation Facility

- Services from out-of-network providers, except for PPO plan members, who are not restricted to use in-network providers, unless the services, procedures or medications are listed on the prior authorization list
- All chemotherapy and high-cost drugs, including but not limited to monoclonal antibodies, immunotherapy, skin substitute, and any medications on the non-preferred drug list of the health plan’s step therapy program
- Home health and related services, outpatient occupational therapy, physical therapy, and speech therapy will be pended for further review after the first 12 visits every 6 months
- Chiropractor services are only approved for confirmed diagnosis of subluxation
- Others: High-cost radiology (some MRIs and nuclear studies), high-cost durable medical equipment (DMEs)/prosthetics/orthotics, genetic/molecular testing, hospital-based procedures, high-cost implants/stimulators, cosmetic procedures, radiation oncology, transplants, experimental/investigational requests, any codes that are not covered by Medicare
- Any codes listed in the prior authorization list



PRIOR AUTHORIZATION LIST

The list represents medical services and Part B medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require authorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines and must be medically necessary, as established by the Centers for Medicare & Medicaid Services (CMS). Please contact the health plan or consult its Evidence of Coverage for confirmation of coverage.

Services or medications provided without authorization may be subject to retrospective medical necessity review. Submitting all relevant clinical information at the time of the request will facilitate a more expeditious determination. If additional clinical information is required, a health plan representative or designee will request the specific information needed to complete the authorization process. Providers can refer to the Alignment Healthcare Provider Operations Manual for guidelines to submit an authorization request. Providers who participate in an independent practice association (IPA) may be subject to an IPA prior authorization list and should refer to their IPA for guidance.

Note: An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility, and medical necessity. This list is subject to change at any time without notification.

Category	Codes Requiring Prior Authorization								
Bone Growth Stimulator	20974	20975	20979						
Breast Reconstruction (Non-Mastectomy)	11920 11921 11922 19316	19318 19324 19325 19328	19330 19340 19342 19350	19357 19361 19364 19366	19367 19368 19369 19370	19371 19380 19396 L8600	19105		
Cochlear Implants	69714 69715 69718	69930 L8614 L8619	L8690 L8691 L8692						
Reconstructive Procedures That Treat a Medical Condition or Improve or Restore Physiologic Function	11960 11971 15820 15821 15822 15823 15830 15847 17106 17107	17108 17999 21137 21138 21139 21172 21175 21179 21180 21181	21182 21183 21184 21230 21235 21248 21249 21255 21256 21260	21261 21263 21267 21268 21275 21299 21740 21742 21743 28344	30540 30545 30560 30620 31295 31296 31297 31298 67900 67901	67902 67903 67904 67906 67908 67909 67911 67912 67914 67915	67916 67917 67921 67922 67923 67924 67950 67961 67966 15824	15825 15826 15828 15829 17380	
Dermatology	15780 15781	15782 15783	15786 15787	15788 15789	15792 15793	15876 15877	15878 15879		



Category	Codes Requiring Prior Authorization								
Durable Medical Equipment Codes That Require Prior Authorization Regardless of Dollar Amount	E0466	K0835	K0877	E0616	E1003	E1172	E1530	K0051	
	E0666	K0836	K0878	E0617	E1004	E1180	E1540	K0056	
	E1230	K0837	K0879	E0618	E1005	E1190	E1550	K0065	
	E1239	K0838	K0880	E0635	E1006	E1195	E1560	K0072	
	E2310	K0839	K0884	E0636	E1007	E1200	E1575	K0073	
	E2311	K0840	K0885	E0639	E1008	E1222	E1580	K0098	
	E2321	K0841	K0886	E0640	E1009	E1224	E1590	K0105	
	K0800	K0842	K0890	E0692	E1010	E1227	E1592	K0108	
	K0801	K0843	K0891	E0693	E1011	E1228	E1594	K0455	
	K0802	K0848	K0898	E0694	E1017	E1229	E1600	K0609	
	K0806	K0849	K0899	E0700	E1018	E1231	E1615	K0730	
	K0808	K0850	E0170	E0710	E1020	E1232	E1620	K0743	
	K0812	K0851	E0193	E0740	E1029	E1233	E1625	K0744	
	K0813	K0852	E0194	E0746	E1030	E1234	E1630	K0745	
	K0814	K0853	E0246	E0761	E1035	E1235	E1632	K0746	
	K0815	K0854	E0277	E0764	E1036	E1236	E1634	E1390	
	K0816	K0855	E0300	E0770	E1037	E1237	E1635	K0738	
	K0820	K0856	E0302	E0782	E1050	E1238	E1636	A4575	
	K0821	K0857	E0304	E0783	E1070	E1270	E1637	A4604	
	K0822	K0858	E0316	E0784	E1084	E1280	E1639	A7033	
	K0823	K0859	E0328	E0785	E1085	E1295	E1699	A7035	
	K0824	K0860	E0329	E0786	E1086	E1296	E1812	A7036	
	K0825	K0861	E0350	E0830	E1087	E1297	K0020	A7037	
	K0826	K0862	E0373	E0970	E1089	E1298	K0037	A7039	
	K0827	K0863	E0459	E0983	E1100	E1310	K0039	A7045	
	K0828	K0864	E0462	E0984	E1110	E1399	K0044	A7046	
	K0829	K0869	E0465	E0986	E1161	E1500	K0046		
	K0830	K0870	E0483	E0988	E1170	E1510	K0047		
	K0831	K0871	E0603	E1002	E1171	E1520	K0050		
	Non-Emergency Air Transport								
	Non-Urgent Ambulance Transportation by Air Between Specified Locations	A0430	A0431	A0435	A0436				
	Orthognathic Surgery / Tx Of Maxillofacial (Jaw)	21120	21127	21146	21155	21194	21206	21244	
		21121	21141	21147	21159	21195	21210	21245	
21122		21142	21150	21160	21196	21215	21246		
21123		21143	21151	21188	21198	21240	21247		
21125		21145	21154	21193	21199	21242			
Orthotics Prior Authorization Required for Orthotics Codes Listed with a Retail Purchase or Cumulative Rental Cost of More Than \$1,000	L0112	L0624	L1200	L2000	L2232	L3208	L3649	L3976	
	L0140	L0629	L1300	L2005	L2320	L3209	L3674	L3977	
	L0150	L0631	L1310	L2010	L2387	L3211	L3720	L3978	
	L0170	L0632	L1499	L2020	L2520	L3212	L3764	L4000	
	L0200	L0634	L1630	L2030	L2525	L3213	L3765	L4030	
	L0220	L0636	L1640	L2034	L2526	L3214	L3766	L4040	
	L0452	L0638	L1680	L2036	L2627	L3215	L3891	L4045	
	L0462	L0700	L1685	L2037	L2628	L3250	L3900	L4050	
	L0464	L0710	L1700	L2038	L2800	L3251	L3901	L4055	
	L0466	L0810	L1710	L2040	L2861	L3252	L3904	L4631	
	L0468	L0820	L1720	L2050	L3160	L3253	L3921		
	L0480	L0830	L1730	L2060	L3201	L3254	L3956		
	L0482	L0859	L1755	L2070	L3202	L3255	L3961		
	L0484	L0999	L1834	L2080	L3203	L3257	L3967		
	L0486	L1000	L1844	L2090	L3204	L3265	L3971		
	L0622	L1001	L1904	L2126	L3206	L3320	L3973		
	L0623	L1005	L1920	L2136	L3207	L3485	L3975		



Category	Codes Requiring Prior Authorization								
Prosthetics Prior Authorization Required Only for Prosthetics with a Retail Purchase or a Cumulative Rental Cost of More Than \$1,000	L5010	L5505	L5683	L5856	L6120	L6588	L6885	L7180	
	L5020	L5510	L5700	L5857	L6130	L6590	L6895	L7181	
	L5050	L5520	L5701	L5858	L6200	L6621	L6900	L7185	
	L5060	L5530	L5702	L5930	L6205	L6624	L6905	L7186	
	L5100	L5535	L5703	L5960	L6250	L6638	L6910	L7190	
	L5105	L5540	L5707	L5961	L6300	L6646	L6920	L7191	
	L5150	L5560	L5724	L5966	L6310	L6648	L6925	L7499	
	L5160	L5570	L5726	L5968	L6320	L6693	L6930	L8035	
	L5200	L5580	L5728	L5973	L6350	L6696	L6935	L8039	
	L5210	L5585	L5780	L5979	L6360	L6697	L6940	L8041	
	L5220	L5590	L5781	L5980	L6370	L6707	L6945	L8042	
	L5230	L5595	L5782	L5981	L6380	L6709	L6950	L8043	
	L5250	L5600	L5795	L5987	L6382	L6712	L6955	L8044	
	L5270	L5610	L5814	L5988	L6384	L6713	L6960	L8049	
	L5280	L5611	L5818	L5990	L6400	L6714	L6965	L8499	
	L5301	L5613	L5822	L6000	L6450	L6715	L6970	L8505	
	L5312	L5614	L5824	L6010	L6500	L6721	L6975	L8604	
	L5321	L5616	L5826	L6020	L6550	L6722	L7007	L8609	
	L5331	L5639	L5828	L6026	L6570	L6880	L7008	L8699	
	L5341	L5643	L5830	L6050	L6580	L6881	L7009		
	L5400	L5649	L5840	L6055	L6582	L6882	L7040		
	L5420	L5651	L5845	L6100	L6584	L6883	L7045		
	L5500	L5681	L5848	L6110	L6586	L6884	L7170		
	Advanced Imaging Certain PET Scans, Nuclear Scans, Nuclear Cardiology Procedures and MRI	74181	78418	78457	75558	78600	78707	78466	78135
		74182	78419	78458	75559	78601	78708	78468	78140
		74183	78420	78459	75560	78605	78709	78469	78185
		78830	78422	78466	75561	78606	78725	78472	78191
78831		78424	78467	75562	78607	78414	78473	78195	
78832		78425	78468	75563	78608	78428	78481	78199	
78835		78428	78469	75564	78609	78429	78483	78012	
78600		78429	78470	75565	78610	78430	78491	78013	
78601		78430	78471	77046	78630	78431	78492	78014	
78605		78431	78472	77047	78635	78432	78494	78015	
78606		78432	78473	77048	78645	78433	78496	78016	
78607		78433	78481	77049	78650	78434	78499	78018	
78608		78434	78483	72195	78300	78445	78102	78020	
78609		78435	78491	72196	78305	78451	78103	78070	
78610		78445	78492	72197	78306	78452	78104	78071	
78630		78451	78494	71550	78315	78453	78110	78072	
78635		78452	78496	71551	78350	78454	78111	78075	
78645		78453	78499	71552	78351	78456	78120	78099	
78650		78454	70554	78805	78399	78457	78121	G0219	
78414		78455	70555	78806	78700	78458	78122	G0235	
78415	78456	75557	78807	78701	78459	78130	G0252		
Rhinoplasty	30400	30420	30435	30460	30465	30560			
	30410	30430	30450	30462	30120	30620			
Sleep Apnea Procedures and Surgeries Applies to Inpatient and Outpatient but Not Limited To Palatopharyngoplasty - Oral Pharyngeal Reconstructive Surgery that Includes Laser-Assisted Uvulopalatoplasty. (Codes Do Not Apply to Sleep Studies)	21685	41512	41530	41599	42145				
Stimulators Bone Growth	E0747	E0748	E0749	E0760					
Neurostimulator	61850	61867	61886	63685	64590	95972	64585	L8680	
	61863	61868	63650	64555	95970	64561	64590	L8687	
	61864	61885	63655	64568	95971	64581	64595		
Intensity Modulated Radiation Therapy (IMRT)	77385	77386	G6015	G6016					



Category	Codes Requiring Prior Authorization							
Stereotactic Radiosurgery (SRS) And Stereotactic Body Radiation Therapy (SBRT)	77371	77280	77332	77401	77523	77771	G6005	G6014
	77372	77285	77333	77417	77525	77772	G6006	G6015
	77373	77290	77334	77427	77750	77778	G6007	G6016
	G0173	77293	77336	77431	77761	77789	G6008	G6017
	G0251	77295	77338	77432	77762	77790	G6009	G0458
	G0339	77300	77370	77435	77763	77799	G6010	
	G0340	77301	77371	77470	77767	G6002	G6011	
	77262	77321	77372	77520	77768	G6003	G6012	
	77263	77331	77373	77522	77770	G6004	G6013	
	Bone Marrow Harvest	38240	38241	38242				
Heart/Lung Transplant	33927	33929	33935	33940	33945			
	33928	33930	33933	33944				
Lung Transplant	32850	32851	32852	32853	32854	32856	S2060	S2061
Kidney Transplant	50300	50323	50360	50370	50547			
	50320	50340	50365	50380				
Pancreas Transplant	48551	48552	48554	G0341	G0342	G0343		
Liver Transplant	47135	47143	47147					
Intestine Transplant	44132	44133	44135	44136				
Services Related to Transplant	33975	38209	44137	47144				
	33976	38210	44715	47145				
	33979	38211	44720	47146				
	33981	38212	44721	50325				
	33982	38213	47133	S2152				
	33983	38214	47140	01990				
	32855	38215	47141	V2785				
	38208	38232	47142	29868				
CAR-T Cell Therapy	0537T	64704	0200T	0222T				
	0538T	64708	0201T	0230T				
	0539T	64712	0202T	0231T				
	0540T	64713	0213T	0274T				
	36473	64714	0214T	0275T				
	36475	64716	0215T	22857				
	36478	64718	0216T	22858				
	37700	64719	0217T	22862				
	37718	64721	0218T	22865				
	37722	64722	0219T	22899				
	37780	64726	0220T					
	64702	64999	0221T					
Molecular Genetics/Special Labs	81162	81264	81301	81433	81545	81241	81302	81174
	81170	81270	81310	81435	86316	81291	81330	81204
	81206	81272	81311	81436	88264	81400	81403	81221
	81207	81273	81313	81437	88271	81401	81404	81222
	81208	81275	81314	81438	88272	81200	81405	81223
	81210	81276	81315	81445	88273	81205	81420	81224
	81212	81287	81316	81450	88274	81209	81507	81228
	81215	81288	81317	81455	88275	81220	81503	81230
	81217	81292	81318	81479	88280	81229	82541	81231
	81218	81293	81319	81519	88283	81242	82542	81232
	81219	81294	81321	81520	88285	81243	83516	81238
	81235	81295	81322	81525	88289	81251	83520	
	81245	81296	81323	81528	81225	81254	83704	
	81246	81297	81340	81535	81226	81250	81161	
	81261	81298	81341	81536	81227	81255	81171	
	81262	81299	81342	81538	81355	81260	81172	
	81263	81300	81432	81540	81240	81290	81173	



Category	Codes Requiring Prior Authorization							
Reproductive Procedures	58321	58970	89254	89260	89280	89337	89352	89251
	58322	58974	89255	89261	89281	89342	89353	
	58323	58976	89257	89264	89290	89343	89354	
	58670	59012	89258	89268	89291	89344	89356	
	58671	89253	89259	89272	89335	89346	89250	
Rehabilitative Services	97112	97113	C1300	G0277	28890	97545	97546	
Medication Assistance Treatment	G2067	G2071	G2075	G2079	91112	65785	92998	90849
	G2068	G2072	G2076	G2080	92145	92970	01999	64615
	G2069	G2073	G2077	G0498	55874	92971	38120	66183
	G2070	G2074	G2078	0042T	33477	92997	33274	
Part B Medication Prior Authorization List	J0121	J0570	J0894	J1557	J2010	J2724	J3360	J7203
	J0122	J0571	J0895	J1559	J2062	J2725	J3364	J7205
	J0129	J0572	J0897	J1560	J2150	J2730	J3365	J7207
	J0130	J0573	J0945	J1561	J2170	J2760	J3380	J7208
	J0132	J0574	J1000	J1562	J2180	J2778	J3385	J7209
	J0135	J0575	J1095	J1566	J2182	J2783	J3396	J7210
	J0178	J0583	J1096	J1568	J2186	J2785	J3397	J7211
	J0179	J0584	J1097	J1569	J2210	J2786	J3398	J7296
	J0180	J0585	J1110	J1571	J2212	J2787	J3400	J7297
	J0185	J0586	J1120	J1572	J2260	J2788	J3411	J7298
	J0190	J0587	J1130	J1573	J2265	J2790	J3415	J7300
	J0200	J0588	J1165	J1575	J2274	J2791	J3430	J7301
	J0202	J0593	J1180	J1595	J2278	J2792	J3470	J7303
	J0205	J0594	J1190	J1599	J2300	J2793	J3471	J7304
	J0207	J0595	J1205	J1600	J2320	J2796	J3472	J7306
	J0210	J0596	J1212	J1602	J2323	J2797	J3473	J7309
	J0215	J0597	J1230	J1610	J2325	J2798	J3485	J7310
	J0220	J0598	J1240	J1620	J2326	J2810	J3486	J7311
	J0221	J0599	J1245	J1627	J2350	J2820	J3490	J7313
	J0222	J0600	J1260	J1628	J2353	J2840	J3520	J7314
	J0256	J0604	J1265	J1640	J2354	J2850	J3530	J7315
	J0257	J0606	J1290	J1655	J2355	J2860	J3570	J7316
	J0270	J0620	J1300	J1675	J2357	J2910	J3590	J7318
	J0275	J0630	J1301	J1726	J2358	J2940	J3591	J7320
	J0278	J0636	J1303	J1729	J2360	J2941	J7100	J7322
	J0280	J0638	J1320	J1730	J2370	J2993	J7110	J7324
	J0282	J0640	J1322	J1740	J2400	J2995	J7121	J7326
	J0285	J0641	J1324	J1742	J2407	J3000	J7170	J7327
	J0287	J0642	J1325	J1743	J2425	J3031	J7175	J7328
	J0288	J0695	J1327	J1744	J2426	J3060	J7177	J7329
	J0289	J0706	J1330	J1745	J2430	J3070	J7178	J7330
	J0291	J0710	J1364	J1746	J2440	J3090	J7179	J7331
	J0295	J0712	J1380	J1786	J2460	J3095	J7180	J7332
	J0300	J0714	J1428	J1790	J2502	J3101	J7181	J7336
	J0330	J0716	J1430	J1800	J2503	J3110	J7182	J7340
	J0348	J0717	J1435	J1810	J2504	J3111	J7183	J7342
	J0350	J0720	J1436	J1817	J2505	J3230	J7185	J7345
	J0364	J0725	J1437	J1826	J2507	J3240	J7186	J7401
	J0365	J0740	J1438	J1830	J2513	J3245	J7187	J7500
	J0380	J0743	J1439	J1833	J2515	J3246	J7188	J7502
	J0390	J0745	J1442	J1835	J2545	J3250	J7189	J7503
	J0395	J0770	J1443	J1840	J2547	J3262	J7190	J7504
	J0400	J0775	J1444	J1850	J2560	J3265	J7191	J7505
	J0401	J0780	J1451	J1890	J2562	J3280	J7192	J7507
	J0470	J0795	J1452	J1930	J2590	J3285	J7193	J7508
	J0480	J0800	J1453	J1931	J2597	J3305	J7194	J7509
	J0485	J0834	J1454	J1943	J2650	J3310	J7195	J7510
J0490	J0840	J1455	J1944	J2670	J3315	J7196	J7511	
J0500	J0841	J1457	J1945	J2680	J3316	J7197	J7512	
J0515	J0850	J1458	J1953	J2690	J3320	J7198	J7513	
J0517	J0875	J1459	J1955	J2700	J3350	J7199	J7515	
J0520	J0883	J1460	J1960	J2704	J3355	J7200	J7517	
J0565	J0884	J1555	J1980	J2710	J3357	J7201	J7518	
J0567	J0890	J1556	J1990	J2720	J3358	J7202	J7520	



Category	Codes Requiring Prior Authorization							
Part B Medication Prior Authorization List (continued)	J7525	J8499	J9055	J9225	J9357	Q4116	Q4163	Q4209
	J7527	J8501	J9057	J9226	J9360	Q4117	Q4164	Q4210
	J7599	J8510	J9060	J9228	J9370	Q4118	Q4165	Q4211
	J7604	J8515	J9065	J9229	J9371	Q4121	Q4166	Q4212
	J7605	J8520	J9098	J9230	J9390	Q4122	Q4167	Q4213
	J7607	J8521	J9100	J9245	J9395	Q4123	Q4168	Q4214
	J7608	J8530	J9118	J9261	C9399	Q4124	Q4169	Q4215
	J7628	J8540	J9119	J9262	J9400	Q4125	Q4170	Q4216
	J7629	J8560	J9120	J9263	J9600	Q4126	Q4171	Q4217
	J7637	J8562	J9130	J9264	J9999	Q4127	Q4173	Q4218
	J7638	J8565	J9145	J9266	Q0081	Q4128	Q4174	Q4219
	J7639	J8597	J9150	J9267	Q0083	Q4130	Q4175	Q4220
	J7640	J8600	J9151	J9268	Q0084	Q4131	Q4176	Q4221
	J7641	J8610	J9153	J9269	Q0085	Q4132	Q4177	Q4222
	J7642	J8650	J9155	J9270	Q0138	Q4133	Q4178	Q4226
	J7643	J8655	J9160	J9271	Q0139	Q4134	Q4179	Q5103
	J7647	J8670	J9165	J9280	Q0515	Q4135	Q4180	Q5104
	J7648	J8700	J9171	J9285	Q2017	Q4136	Q4181	Q5107
	J7649	J8705	J9173	J9293	Q2026	Q4137	Q4182	Q5109
	J7650	J8999	J9175	J9295	Q2028	Q4138	Q4183	Q5110
	J7657	J9000	J9176	J9299	Q2041	Q4139	Q4184	Q5111
	J7658	J9015	J9178	J9301	Q2042	Q4140	Q4185	Q5112
	J7659	J9017	J9179	J9302	Q2043	Q4141	Q4186	Q5113
	J7660	J9019	J9181	J9303	Q2049	Q4142	Q4187	Q5114
	J7665	J9020	J9185	J9305	Q2050	Q4143	Q4188	Q5115
	J7667	J9022	J9190	J9306	Q3027	Q4145	Q4189	Q5116
	J7668	J9023	J9200	J9307	Q3028	Q4146	Q4190	Q5117
	J7669	J9025	J9201	J9308	Q4082	Q4147	Q4191	Q5118
	J7670	J9027	J9202	J9309	Q4100	Q4148	Q4192	A9513
	J7674	J9030	J9203	J9311	Q4101	Q4149	Q4193	A9543
	J7676	J9032	J9204	J9312	Q4102	Q4150	Q4194	C9041
	J7677	J9033	J9205	J9313	Q4103	Q4151	Q4195	C9043
	J7680	J9034	J9206	J9315	Q4104	Q4152	Q4196	C9046
	J7681	J9036	J9207	J9320	Q4105	Q4153	Q4197	C9047
	J7682	J9039	J9208	J9325	Q4106	Q4154	Q4198	C9053
	J7683	J9040	J9209	J9328	Q4107	Q4155	Q4200	C9056
	J7684	J9041	J9210	J9330	Q4108	Q4156	Q4201	C9058
	J7685	J9042	J9211	J9340	Q4110	Q4157	Q4202	C9132
	J7686	J9043	J9212	J9351	Q4111	Q4158	Q4203	C9250
	J7699	J9044	J9213	J9352	Q4112	Q4159	Q4204	
J7799	J9045	J9214	J9354	Q4113	Q4160	Q4205		
J7999	J9047	J9215	J9355	Q4114	Q4161	Q4206		
J8498	J9050	J9216	J9356	Q4115	Q4162	Q4208		