

Prior Authorization Requirements for Florida

Effective July 1, 2019

General Information

This list contains prior authorization requirements for inpatient and outpatient services for care providers who participate with UnitedHealthcare Community Plan in Florida. To request prior authorization, please submit your request online, or by phone.

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone: 877-842-3210**

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	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Acupuncture	Prior authorization required	97810	97811	97813	97814
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	95980
		95981	95982		
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific mental health and substance abuse/substance use services codes that require prior authorization, please call the number on the member's health plan ID card.			
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast pump, electric	Prior authorization required	E0604			
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442			
		Filgrastim-aafi (Nivestym™)			
		Q5110			
		Filgrastim-sndz (Zarxio®)			
		Q5101			
		Pegfilgrastim (Neulasta®)			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (cont'd)		J2505			
		Pegfilgrastim-cbqv (UDENYCA™)			
		Q5111			
		Pegfilgrastim-jmdb (Fulphila™)			
		Q5108			
		Sargramostim (Leukine®)			
		J2820			
		Tbo-filgrastim (Granix®)			
		J1447			
		<u>Bone-modifying agents that require prior authorization:</u>			
		Denosumab (Xgeva®)			
		J0897			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95951			
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code 			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129 .			
Chiropractic	Prior authorization required	98940	98941	98942	98943
Circumcision	<u>For Florida MMA only:</u>	54161			
	Prior authorization required for patients ages 12 weeks and older				
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cochlear implants and other auditory implants (cont'd)

A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech

Cosmetic and reconstructive	Prior authorization required	11960	11971	15820	15821	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847	
		15877	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	
		21181	21182	21183	21184	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230	21235	21256	21275
			21280	21282	21295	21740
			21742	21743	28344	30620
			67900	67901	67902	67903
			67904	67906	67908	67909
		67911	67912	67914	67915	
		67916	67917	67921	67922	
	67923	67924	67950	67961		
	67966	Q2026				

Durable medical equipment (DME):	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0265		
		E0270	E0300	E0328	E0329		
		E0445	E0457	E0460	E0465		
		E0466	E0470	E0471	E0483		
		Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0486	E0620	E0652	E0675	
			E0693	E0694	E0745	E0762	
			E0764	E0766	E0784	E0984	
			E0986	E1002	E1003	E1004	
			Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care.</i>	E1005	E1006	E1007	E1008
				E1010	E1030	E1035	E1036
	E1130			E1161	E1231	E1232	
	E1233	E1234		E1235	E1236		
	E1237	E1238		E1399	E1825		
	E2227	E2228		E2310	E2311		
	E2322	E2325		E2327	E2329		
	E2351	E2373		E2510	E2511		
	E2512	E2599		E2626	E2627		
	E2628	E2629		E2630	K0005		
	K0008	K0013	K0108	K0848			
	K0849	K0850	K0851	K0852			
	K0853	K0854	K0855	K0856			
	K0857	K0858	K0859	K0860			
	K0861	K0862	K0863	K0864			
	S1040	T1999	T5999	V2786			
	V5269	V5270	V5271	V5272			
	V5281	V5282	V5283	V5286			
	V5287	V5288	V5290				

Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services (cont'd)		B4150	B4152	B4153	B4155
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4158 B9998	B4159	B4160	B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0085T
		0191T	A4638	A6000	A9274
		E0231	E1831	S0810	S1030
		S1031	S9988	S9990	S9991
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA genetic test	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers requesting laboratory testing need to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		81203	81204	81205	81206
	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81207	81208	81209	81210
		81212	81215	81216	81217
		81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81310
		81311	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322
		81323	81324	81325	81326

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing to include BRCA genetic testing (cont'd)		81327	81328	81329	81330	
		81331	81332	81333	81334	
		81335	81336	81337	81340	
		81341	81342	81343	81344	
		81345	81346	81350	81355	
		81361	81362	81363	81364	
		81370	81371	81372	81373	
		81374	81375	81376	81377	
		81378	81379	81380	81381	
		81382	81383	81400	81401	
		81402	81403	81404	81405	
		81406	81407	81408	81410	
		81411	81412	81413	81414	
		81415	81416	81417	81420	
		81425	81426	81427	81430	
		81431	81432	81433	81434	
		81435	81436	81437	81438	
		81439	81440	81442	81443	
		81445	81448	81450	81455	
		81460	81465	81470	81471	
		81479	81507	81518	81519	
		81520	81521	81545	81595	
		81599	0001U	0004M	0011M	
		0012M	0012U	0013M	0013U	
		0014U	0016U	0017U	0018U	
		0019U	0022U	0023U	0026U	
		0027U	0029U	0030U	0031U	
		0032U	0033U	0034U	0036U	
		0037U	0040U	0045U	0046U	
		0047U	0048U	0049U	0050U	
		0055U	0056U	0057U	0060U	
		0069U	0070U	0071U	0072U	
		0073U	0074U	0075U	0076U	
		0078U	0081U	0084U	0087U	
		0088U	0089U	0090U	0091U	
		0094U	0101U	0102U	0103U	
		0104U	S3870			
	Home health care	Prior authorization required only in outpatient settings, to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
	Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme®			

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)		J1786			
		Cinqair[®]			
		J2786			
		Crysvita[®]			
		J0584			
		Elelyso[®]			
		J3060			
		Entyvio[®]			
		J3380			
		Exondys 51[™]			
		J1428			
		Fasenra[™]			
		J0517			
		Ilaris[®]			
		J0638			
		Ilumya[™]			
		J3245			
		Inflectra[®]			
		Q5103			
		IVIG			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Lemtrada[®]			
		J0202			
		Luxturna[™]			
		J3398			
		Makena[®]			
		J1726	J1729	J2675	
		Nucala[®]			
		J2182			
	Ocrevus[™]				
	J2350				
	Onpattro[™]				
	C9036	J3490**	J3590**		
	Orencia[®]				
	J0129				
	Parsabiv[™]				
	J0606				
	Probuphine[®]				
	J0570				
	Radicava[®]				
	J1301				
	Remicade[®]				
	J1745				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

Renflexis[®]
Q5104
Simponi Aria[®]
J1602
Soliris[®]
J1300
Spinraza[™]
J2326
Sublocade[™]
Q9991 Q9992
Synagis^{®*}
90378

Therapeutic radiopharmaceuticals

A9513 A9606 A9699
Trogarzo[™]
J1746
Unclassified codes**
C9399 J3490 J3590
Xolair[®]
J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For Unclassified codes C9399, J3490 and J3590, prior authorization is required for Onpatro[™], Gamifant[®] and Ultomiris[®]

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Massage therapy	Prior authorization required	97010	97112	97124	97140
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics:	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0170	L0456	L0458	L0460
		L0462	L0464	L0470	L0480
		L0482	L0484	L0486	L0488
		L0491	L0624	L0629	L0631
		L0700	L0710	L0810	L0820
		L0830	L0859	L1000	L1005
		L1200	L1300	L1310	L1499
		L1680	L1685	L1686	L1690
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1847	L1850	L1860
		L1932	L1945	L1950	L1951
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2114	L2116	L2126
		L2132	L2134	L2136	L2350
		L2510	L2526	L2627	L2628
		L3010	L3020	L3031	L3230
		L3649	L3671	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3960
		L3961	L3971	L3975	L3976
		L3977	L3999	L4000	L4010
		L4020	L4210	L4350	L4392
		L4394	L5000	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5280
L5301	L5321	L5331	L5341		
L5400	L5420	L5460	L5530		
L5535	L5540	L5560	L5580		
L5585	L5590	L5595	L5600		
L5610	L5613	L5614	L5616		
L5639	L5640	L5642	L5643		
L5644	L5646	L5647	L5648		
L5649	L5651	L5653	L5661		
L5673	L5682	L5700	L5702		
L5705	L5706	L5716	L5718		
L5722	L5724	L5726	L5728		
L5780	L5790	L5795	L5811		
L5812	L5814	L5816	L5818		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990
		L5999	L6000	L6010	L6020
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6380
		L6382	L6384	L6400	L6450
		L6500	L6550	L6570	L6580
		L6582	L6584	L6586	L6588
		L6590	L6621	L6623	L6624
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6704
		L6707	L6708	L6709	L6715
		L6880	L6881	L6882	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8609	L8610	L8612	L8631
		L8659			
Outpatient therapy	Prior authorization required	For prior authorization of the following evaluation and re-evaluation codes listed below:			
		<ul style="list-style-type: none"> The request must be submitted by a primary care provider. Please submit requests online by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. 			
		70371	92521	92522	92523
		92524	92597	92609	92610
		92626	92627	92630	96105
		97161	97162	97163	97164
		97165	97166	97167	97168
		S9152			
		For prior authorization of the following Outpatient therapy codes, please call OptumHealth Physical Health at 800-873-4575 or the			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)		notification number on the back of the member's health plan ID card.			
		92507	92508	92526	92633
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97112	97113
		97116	97139	97140	97150
		97530	97533	97535	97537
		97542	97545	97546	97750
		97755	97760	97761	97762
		97799	97110*	G0129	G0151
		G0152	G0281	G0282	G0283
		G0515	G9041	G9043	G9044
		S8990	S9129	S9131	
		OR billed with the following Revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
		* Prior authorization is not required for Place of Service Home/12/Bill Type 3XX.			
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
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 by using the Prior Authorization and Notification tool on Link. To access the tool, go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/FLcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Carpal tunnel surgery 64721			
		Cataract surgery 66821 66982 66984			
Prior authorization isn't required if performed at a participating		Colonoscopy			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont'd)	Ambulatory Surgery Center (ASC).	45378	45380	45384	45385
	Prior authorization requirements don't apply to Monroe County.	Ear, nose and throat (ENT) procedures			
		69436			
		Gynecologic procedures			
		57522	58558	58563	
		Hernia repair			
		49505			
		Miscellaneous			
		20680			
		Ophthalmologic			
		65426			
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
42830					
Upper and lower gastrointestinal endoscopy					
43235	43239	43249			
Urologic procedures					
52000	52005				
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal surgery	Prior authorization required	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		
Spinal surgery(cont'd)		63198	63199	63200	63250

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0095T	0098T
		0164T			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), 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.			
		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		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509