

# Prior Authorization Requirements for UnitedHealthcare Connected TX (Medicare-Medicaid Plan) Effective July 1, 2019

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Connected TX (Medicare-Medicaid plan) inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **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:** 866-604-3267
- **Fax:** 877-940-1972; fax form is available at **UHCprovider.com/TXCommunityPlan** >Prior Authorization and Notification Resources >Prior Authorization Forms

**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			
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call <b>888-887-9003</b> when referring for mental health and substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	
<b>BRCA genetic testing</b>	Prior authorization required	81163	81164	81165	81166
		81212	81215	81216	81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19366	19367	19368
		19369	19370	19371	19380
		19396	L8600		
<b>Cardiology</b>	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 by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/TXCommunityPlan</b> >Prior Authorization and Notification Resources >Cardiology Prior Authorization and Notification Program.			

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Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69711	69714	69715
		69718	69799	69930	92601
		92602	92603	92604	L8614
		L8619	L8690	L8691	L8692
		V5273			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11920	11921	11922	11950
		11951	11952	11954	11960
		11971	15775	15776	15780
		15781	15782	15783	15786
		15787	15788	15789	15792
		15793	15819	15820	15821
		15822	15823	15824	15825
		15826	15828	15829	15830
		15832	15833	15834	15835
		15836	15837	15838	15839
		15847	15877	15878	15879
		17106	17107	17108	17380
		17999	19300	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21270	21275
		21299	21740	21742	21743
		28344	30120	30540	30545
		30560	30620	31295	31296
31297	31298	40500	67900		
67901	67902	67903	67904		
67906	67908	67909	67912		
67950	67961	67966	69090		
69300	69320	Q2026	Q2027		
	Q2202	S2202			
<b>Durable medical equipment (DME) - incontinence supplies</b>	Prior authorization required for incontinence supplies through the service coordinator when not provided by Longhorn Health Solutions.	To obtain incontinence supplies from Longhorn Health Solutions, please call <b>866-295-2319</b> .			
		To obtain incontinence supplies from a provider other than Longhorn Health Solutions, please call the service coordinator at <b>800-349-0550</b> .			
<b>Durable medical equipment (DME)</b>	Prior authorization required  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .  Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	Prior authorization required <b>regardless of billed amount</b> :			
		E0466	E0666	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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Durable medical equipment (DME) (cont'd)</b>		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				
			<b>Prior authorization required only for a retail purchase or cumulative rental cost of more than \$1,000:</b>			
			A9280	A9900	A9999	B9999
			E0170	E0193	E0194	E0203
			E0231	E0246	E0277	E0300
			E0302	E0304	E0316	E0328
			E0329	E0350	E0373	E0459
			E0462	E0465	E0483	E0486
			E0603	E0616	E0617	E0618
			E0635	E0636	E0638	E0639
			E0640	E0642	E0670	E0692
			E0693	E0694	E0700	E0710
			E0740	E0745	E0746	E0761
			E0762	E0764	E0770	E0782
		E0783	E0784	E0785	E0786	
		E0830	E0970	E0983	E0984	
		E0986	E0988	E1002	E1003	
		E1004	E1005	E1006	E1007	
		E1008	E1009	E1010	E1011	
		E1017	E1018	E1020	E1029	
		E1030	E1035	E1036	E1037	
		E1050	E1070	E1084	E1085	
		E1086	E1087	E1089	E1100	
		E1110	E1161	E1170	E1171	
		E1172	E1180	E1190	E1195	
		E1200	E1222	E1224	E1227	
		E1228	E1229	E1231	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E1270	E1280	
		E1295	E1296	E1297	E1298	
		E1310	E1399	E1500	E1510	
		E1520	E1530	E1540	E1550	
		E1560	E1575	E1580	E1590	
		E1592	E1594	E1600	E1615	
		E1620	E1625	E1630	E1632	
		E1634	E1635	E1636	E1637	
		E1639	E1699	E1800	E1801	
		E1802	E1805	E1810	E1811	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont'd)</b>		E1812	E1815	E1818	E1825
		E1830	E1840	E2227	E2312
		E2322	E2325	E2327	E2328
		E2329	E2330	E2376	E2402
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		K0005	K0007	K0020	K0037
		K0039	K0044	K0046	K0047
		K0050	K0051	K0056	K0065
		K0072	K0073	K0098	K0105
		K0108	K0455	K0609	K0730
		K0743	K0744	K0745	K0746
		L0462	L0464	L1000	L1005
		L2136	L3999	L5000	L5400
		L5420	L5535	L5585	L5999
		L6380	L6382	L6384	Q0479
		Q0480	Q0481	Q0482	Q0483
		Q0484	Q0489	Q0495	Q0496
		Q0503	S1040	T1999	T5999
		V2786			
<b>Enteral services</b>	Prior authorization required	B4100	B4102	B4103	B4104
In-home nutritional therapy, either enteral or through a gastrostomy tube					
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	20985	22505	22867	22869
		25259	27275	27860	28446
		29880	31634	33477	37204
		37210	43257	53855	53860
		54240	55840	58353	58356
		58563	62263	62264	62290
		62291	62292	64566	64722
		64744	65765	65767	66180
		78351	82523	85547	90867
		90868	90869	91117	91132
		91133	93668	94011	94012
		94013	95250	95251	95905
		95965	95966	95967	96000
		96001	96003	96004	96902
		99174	0019T	0030T	0054T
		0055T	0085T	0100T	0101T
		0102T	0103T	0106T	0107T
		0108T	0109T	0110T	0111T
		0123T	0124T	0172T	0173T
		0174T	0175T	0181T	0183T
		0186T	0190T	0191T	0192T
		0198T	0199T	0200T	0201T
		0205T	0206T	0207T	0213T

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Experimental and investigational (and/or linked services) (cont'd)</b>		0214T	0215T	0216T	0217T
		0218T	0223T	0224T	0225T
		0230T	0231T	0233T	0239T
		0243T	0244T	0250T	0251T
		0252T	0253T	0256T	0257T
		0258T	0259T	0263T	0264T
		0265T	0266T	0267T	0268T
		0269T	0270T	0271T	0272T
		0273T	0274T	0275T	0276T
		0277T	0281T	0282T	0283T
		0284T	0285T	0286T	0287T
		0288T	0291T	0292T	0293T
		0294T	0299T	0300T	0301T
		A4575	A4638	A6000	A9274
		A9276	A9277	A9278	E0446
		E1831	G0295	G0329	G0341
		G0342	G0343	G9147	M0076
		P2031	P2033	P2038	S0810
		S1030	S1031	S2102	S2300
		S2325	S3652	S3890	S3902
	S9001	S9025	S9055	S9349	
	S9988	S9990	S9991		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		F64.0	F64.1	F64.2	<b>F64.8</b>
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		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
<b>Hysterectomy – inpatient only</b>	Prior authorization required	58260	58262	58263	58267
Vaginal hysterectomies		58270	58275	58280	58290
		58291	58292	58293	58294
<b>Hysterectomy – inpatient and outpatient procedures</b>	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy – inpatient and outpatient procedures (cont'd)</b>		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required	<b>Crysvita<sup>®</sup></b> J0584 <b>Luxturna<sup>™</sup></b> J3398 <b>Onpatro<sup>™</sup></b> C9036      J3490*      J3590* <b>Radicava<sup>®</sup></b> J1301 <b>Soliris<sup>®</sup></b> J1300 <b>Spinraza<sup>™</sup></b> J2326 <b>Unclassified codes*</b> C9399      J3490      J3590			
* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpatro <sup>™</sup> and Ultomiris <sup>™</sup> .					
<b>Inpatient admissions</b>	Notification required				
<b>Inpatient admissions-post acute services:</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
	<b>Note:</b> These plans are excluded from the skilled nursing facility prior authorization requirement: <ul style="list-style-type: none"> <li>• UnitedHealthcare<sup>®</sup> Assisted Living Plans (HMO SNP), (HMO-POS SNP), (PPO SNP) UnitedHealthcare<sup>®</sup> Nursing Home</li> </ul>				
<b>Joint replacement</b>	Prior authorization required	23470	23472	24360	24361
Joint, total hip and knee replacement procedures		24362	24363	26340	27120
		27122	27125	27130	27132
		27134	27137	27138	27412
		27445	27446	27447	27486
		27487	29866	29867	29868
		G0428	J7330	S2112	
<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0140	A0424		
<b>Non-emergent ground ambulance</b>	Prior authorization required	A0382	A0398	A0420	A0422
		A0424	A0425	A0426	A0428
		A0433	A0434		
<b>Orthognathic surgery</b>	Prior authorization required	21120	21121	21122	21123
Treatment of maxillofacial/jaw functional impairment		21125	21127	21141	21142
		21143	21145	21146	21147

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont'd)		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		
	Orthotics	Prior authorization required for Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112	L0140	L0150
L0200			L0220	L0452	L0466
L0468			L0480	L0482	L0484
L0486			L0622	L0623	L0624
L0629			L0631	L0632	L0634
L0636			L0638	L0700	L0710
L0810			L0820	L0830	L0859
L1001			L1200	L1300	L1310
L1499			L1630	L1640	L1680
L1685			L1700	L1710	L1720
L1730			L1755	L1834	L1844
L1846			L1904	L1920	L2000
L2005			L2010	L2020	L2030
L2034			L2036	L2037	L2038
L2040			L2050	L2060	L2070
L2080			L2090	L2126	L2232
L2320			L2387	L2520	L2525
L2526			L2627	L2628	L2800
L2861			L3020	L3160	L3201
L3202			L3203	L3204	L3206
L3207			L3208	L3209	L3211
L3212			L3213	L3214	L3215
L3250			L3251	L3252	L3253
L3254			L3255	L3257	L3265
L3320			L3485	L3649	L3674
L3720			L3764	L3765	L3766
L3891			L3900	L3901	L3904
L3921	L3956	L3961	L3967		
L3971	L3973	L3975	L3976		
L3977	L3978	L4000	L4030		
L4040	L4045	L4050	L4055		
		L4631			
Outpatient therapy	Prior authorization required	70371	92506	92507	92508
		92526	92626	92627	92630
		92633	96105	97010	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Outpatient therapy (cont'd)</b>	registered with Optum, you can edit and submit the form at <a href="http://myoptumhealthphysicalhealth.com">myoptumhealthphysicalhealth.com</a> > Resource Library > Clinical Submission Forms. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> .  <b>For patients younger than 16:</b> Care providers must also submit the top two sections of the Patient Summary Form PSF-750 online – you don't have to complete the patient section in the bottom third of the form. If you can't submit the form online, please call OptumHealth Physical Health at <b>800-873-4575</b> .	97150	97164*	97168*	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97760	97761	97762	97799
		G0129	G0151	G0152	G0281
		G0282	G0283	G0515	G9041
		G9043	G9044	S8990	S9128
		S9129	S9131	S9152	
		<b>OR billed with these Revenue codes:</b>			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	440**	441**	977
		978			
		* Prior authorization not required for nursing facilities			
** Prior authorization required for nursing facilities only					
<b>Potentially unproven services (and/or linked services)</b>	Prior authorization required	28890	36514	64405	
<b>Private duty nursing</b>	Prior authorization required	T1000			
<b>Prosthetics</b>	Prior authorization required for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5987	L5988
		L5990	L6000	L6010	L6020
		L6025	L6026	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
L6370	L6400	L6450	L6500		



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prosthetics (cont'd)</b>		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6624	L6638	L6646
		L6648	L6693	L6696	L6697
		L6707	L6709	L6712	L6713
		L6714	L6715	L6721	L6722
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7260	L7261
		L7499	L8035	L8039	L8041
		L8042	L8043	L8044	L8049
		L8499	L8505	L8604	L8609
		L8629	L8631	L8659	L8699
		V2627			
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>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. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/TXCommunityPlan">UHCprovider.com/TXCommunityPlan</a> &gt;Prior Authorization and Notification Resources &gt;Radiology Prior Authorization and Notification Program t.</p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465	30520		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea		42299	S2080		
<b>Spinal surgery</b>	Prior authorization required	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (cont'd)</b>		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	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		64633	64634	0092T	0095T
		0098T	0163T	0164T	0165T
		0195T	0196T	0202T	0219T
		0220T	0221T	0222T	0232T
			S2348		

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth Stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64553	64555
		64568	64570	64590	64595

<b>Transplants</b>	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 <b>800-418-4994</b> or the notification number on the back of the
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Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants</b>		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		
		<b>CAR-T Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b>	Prior authorization required	61888	64569	64573	C1767
Implantation of a device that sends electrical impulses into one of the cranial nerves		C1778	L8681	L8689	
<b>Vein procedures</b>	Prior authorization required	36469	36473	36475	36476
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36478	36479	37700	37718
		37722	37735	37780	37785
<b>Ventricular assist devices (VAD)</b>	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 <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			