

Prior Authorization Grid 2023

Important Information for ALL Providers

- All services must be medically necessary, subject to OHP regulations. If a service performed is non-funded by OHP (and is not an additional benefit offered by UHA), the claim will be denied as a non-covered service per OHP criteria (see Prioritized List at <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>).
- 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.
- Single Case Agreements (SCA) and Special Financial Arrangements (SFA) must be requested on the PA. In-network providers claims will be paid at their contracted rate unless otherwise indicated.
- In-network providers must submit PA requests through CIM. All communications and notifications will be sent securely within CIM.
- Medical notes and supporting documentation must be submitted with the prior authorization (PA) request.
- Please see our [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\)](#) criteria.
- UHA may not authorize services under the following circumstances:
 - The request received by UHA was not complete;
 - The provider did not hold the appropriate license, certificate, or credential at the time services were requested;
 - The recipient was not eligible for Medicaid at the time services were requested;
 - The provider cannot produce appropriate documentation to support medical appropriateness, or the appropriate documentation was not submitted to UHA;
 - The services requested are not in compliance with OAR 410-120-1260 through 410-120-1860.
- Any requests for authorization after 30 days from the date of service (90 days for Behavioral Health services) requires documentation from the provider that indicates why authorization could not be obtained within 30 days of the date of service. Prior authorization of services shall be subject to periodic utilization review and retrospective review to ensure services meet the definition of medical appropriateness.
- Updates to this grid will occur quarterly.

Prior Authorization Required	No Prior Authorization
<ul style="list-style-type: none"> • Services performed or supplied by out-of-network (OON) providers unless otherwise noted within this PA Grid. • Second opinions for OON providers • Services requiring a PA are available on the UHA's website. If a provider does not have the required form, they can contact Member Services and one will be faxed or mailed. • When UHA is the secondary insurance (payer) a PA is not required if the primary insurance authorization guidelines are met, except when a pharmacy claim exceeds fifty dollars. All pharmacy claims exceeding fifty dollars will be reviewed by a pharmacist. 	<ul style="list-style-type: none"> • Emergent care according to OAR 410-141-3840. UHA will not limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms • UHA does not require PA for or restrict freedom of choice to providers of family planning services as referenced in UHA's Member Handbook. Additionally, members are permitted to self-refer to any provider for the provision of family planning services, including those not within UHA's Provider Network. • Provision of sexual abuse exams

Behavioral/Mental Health

○ No PA required for in-network Behavioral Health services unless listed in the table below. All out-of-network requests require a PA.

Inpatient and Residential Treatment	<ul style="list-style-type: none"> ○ PRTS ○ Acute Rehabilitation ○ Psychiatric Inpatient Hospital 	Outpatient Services	<ul style="list-style-type: none"> ○ Psychological Evaluations ○ Electroconvulsive Therapy (ECT) ○ Applied Behavior Analysis (ABA) ○ Transcranial Magnetic Stimulation (TMS) ○ Intensive In-Home Behavioral Health (IIBHT)
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Substance Use Disorder (SUD)

○ No PA required for in-network SUD services unless listed in the table below. All out-of-network (OON) requests require a PA.

Detoxification	Residential Treatment	Partial Hospitalization	MAT (No PA required for OON request for the first 30 days)
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Dental

Comprehensive Dental Services

PA required for facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center, hospital, or office setting under general anesthesia.

Pharmacy

PAD, Injectable and Infused Medications

See [UHA PA Grid – Pharmacy](#) for details.

Medical

Acupuncture and Chiropractic Therapy

PA required for all providers.

- Chiropractic is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 402).
- Initial requests must have an PCP evaluation to be submitted by specialist with the PA request.
- Subsequent visits for same condition are requested by Chiropractor/Acupuncturist.

Audiology

- PA required for all hearing aids.
- See [Appendix III](#) below for exclusions.

Durable Medical Equipment (DME), Prosthetics and Medical Supplies

See [UHA PA Grid – DME](#) for details.

<p>Dermatology</p>	<p>PA required for all providers.</p> <ul style="list-style-type: none"> Initial requests must have an PCP evaluation to be submitted by specialist with the PA request. Subsequent visits for same condition are requested by Dermatologist.
<p>Genetic Testing</p>	<p>PA required for all providers for all testing with exception to the exclusions listed in Appendix IV below.</p>
<p>Inpatient Services</p>	<p>PA required for:</p> <ul style="list-style-type: none"> Acute Physical Rehabilitation Skilled Nursing Facilities
	<p>Hospital notification and concurrent review is required for:</p> <ul style="list-style-type: none"> Acute Care Hospital Long Term Acute Care
<p>Outpatient Diagnostic and Therapeutic Radiology Services</p>	<ul style="list-style-type: none"> PA required for all providers for all MRI with exception to the exclusions listed in Appendix II below. No PA required for in-network providers for home sleep studies. PA required for all providers for sleep studies performed in a facility. See Appendix II below for exclusions.
<p>Outpatient and Office Procedures (CPT 10000-69999)</p>	<ul style="list-style-type: none"> PA required for all outpatient procedures provided in hospital outpatient setting or Ambulatory Surgery Center (including Hyperbaric Oxygen Therapy). See Appendix I for list of CPT codes not requiring PA when performed in-network for a diagnosis on a funded line of the Prioritized List of Health Services.

Physical, Occupational and Speech Therapy Services

- No PA required for any provider for evaluations, for any diagnosis.
- No PA required for in-network providers for the first 8 visits with a funded and paired diagnosis. Applies to each diagnosis/condition.
- PA required for in-network providers for 9+ visits.
- PA required for all out-of-network providers.

Acupuncture and Chiropractic Therapy

- PA required for all providers.
 - Chiropractic is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 402).
 - Initial requests must have an PCP evaluation to be submitted by specialist with the PA request.
 - Subsequent visits for same condition are requested by Chiropractor/Acupuncturist.

Appendix I: CPT Codes **Not** Requiring Prior Authorization

for In-Network Providers when performed in-network for a diagnosis **on a funded line** of the Prioritized List of Health Services.

Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999)

10004	10005	10006	10007	10008	10009	10010	10011	10012	10021
11042	11043	11044	11045	11046	11047	10060	10061	10120	10121
10140	10160	11102	11103	11104	11105	11106	11107	11201	11300
11301	11302	11303	11305	11306	11307	11308	11310	11311	11312
11313	11719	11720	11721	11730	11732	11740	11750	11976	11980
11981	11982	11983	12001	12002	12004	12005	12006	12007	12011
12013	12014	12015	12016	12017	12018	12020	12021	12031	12032
12034	12035	12036	12037	12041	12042	12044	12045	12046	12047
12051	12052	12053	12054	12055	12056	12057	13100	13101	13102

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13120	13121	13132	13133	13151	13152	13153	13160	16000	16020
16025	16030	17000	17003	17004	17110	17111	17250	19000	19001
19081	19082	19083	19084	19085	19081	19086	20200	20205	20206
20220	20225	20500	20501	20526	20527	20550	20551	20600	20604
20606	20610	20611	20612	20670	20606	21310	21315	21320	21337
21345	21400	21431	21450	21480	21485	21820	23350	23500	23505
23520	23525	23540	23545	23570	23600	23605	23620	23625	23650
23570	23600	23605	23620	23625	23650	23655	23665	23675	24220
24500	24505	24530	24535	24560	24565	24576	24577	24600	24605
24620	24650	24655	24670	24675	25246	25500	25505	25520	25530
25535	25560	25565	25600	25605	25622	25624	25630	25635	25650
25660	25675	25680	25690	26010	26011	26600	26605	26641	26645
26670	26675	26700	26705	26720	26725	26740	26742	26750	26755
26770	26775	27093	27095	27096	27197	27220	27222	27230	27232
27238	27240	27246	27250	27252	27256	27257	27265	27266	27267
27268	27369	27500	27501	27502	27503	27508	27516	27520	27530
27532	27538	27550	27552	27560	27562	27648	27750	27752	27760
27767	27768	27780	27781	27786	27788	27808	27810	27816	27818
27824	27825	27830	27831	27840	28190	28400	28405	28430	28435
28470	28475	28490	28495	28510	28515	28665	28530	28540	28545
28570	28575	28600	28605	28630	28635	28660	29000	29010	29015
29035	29040	29044	29046	29049	29055	29058	29065	29075	29085

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29086	29105	29125	29126	29130	29131	29200	29240	29260	29280
29305	29325	29345	29355	29358	29365	29405	29425	29435	29440
29445	29450	29505	29515	29520	29530	29540	29550	29580	29581
29584	29700	29705	29710	29720	29730	29740	29750	29799	30300
30901	30903	30905	30906	31231	31237	31238	31575	36400	36405
36406	36410	36415	36416	36591	36592	36593	36596	36600	38220
38221	38222	38505	38790	38792	40490	40800	40806	40808	40810
40830	40831	41000	41005	41006	41007				
41008	41009	41100	41105	41108	41110	42100	42400	42550	42650
42660	42700	42720	42800	42804	42806	42809	42970	43200	43201
43202	43204	43205	43210	43211	43212	43213	43214	43215	43216
43217	43220	43226	43227	43229	43231	43232	43233	43235	43236
43237	43238	43239	43240	43241	43242	43243	43244	43245	43246
43247	43248	43249	43250	43251	43253	43254	43255	43259	43266
43270	43273	43450	44360	44361	44388	44389	44390	44391	44392
44394	44401	44402	44403	44404	44405	44406	44407	44408	45300
45303	45305	45307	45308	45309	45315	45317	45320	45321	45327
45330	45331	45332	45333	45334	45335	45337	45338	45340	45341
45342	45346	45347	45349	45350	45378	45379	45380	45381	45382
45384	45385	45386	45388	45389	45390	45393	46083	46600	46606
46900	46910	46916	47000	49320	49321	49322	49427	49450	49451
49452	49460	49465	50690	51100	51101	51102	51600	51700	51701
51702	51703	51705	51710	51728	51729	51736	51741	51784	51785

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for In-Network Providers when performed in-network for a diagnosis **on a funded line** of the Prioritized List of Health Services.

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51792	51797	51798	52000	52001	52281	53600	53601	53605	53620
53621	53660	53661	54050	54055	54056	54100	54240	54250	54500
54800	55250	55700	56405	56420	56440	56442	56501	56515	56605
56606	56820	56821	57061	57065	57100	57105	57160	57170	57180
57420	57421	57452	57454	57455	57456	57460	57461	57500	57520
57522	57800	58100	58110	58120	58300	58301	58340	58345	58558
58660	58661	58662	59025	59120	59121	59130	59136	59140	59150
59151	59160	59200	59320	59325	59412	59425	59426	59430	59812
59820	59821	59830	59850	59851	59852	59855	59856	59857	59870
59871	60100	60300	59840	59841	61070	61215	62270	62272	62273
62284	62302	62304	62305	62367	62368	62369	65205	65210	65220
65222	65235	65410	65430	68100	69000	69005	69020	69100	69200
69209	69210	69220	69433	69433					

Appendix II: CPT Codes **Not** Requiring Prior Authorization

for In and Out-of-Network Provider. [* Indicates That Other Coverage Limitations May Apply]

Radiology Services (CPT 70010 – 79999)

70010	70015	70030	70100	70110	70120	70130	70134	70140	70150
70160	70170	70190	70200	70210	70220	70240	70250	70260	70300
70310	70320	70328	70330	70332	70350	70355	70360	70370	70371
70380	70390	70450	70460	70470	70480	70481	70482	70486	70487
70488	70490	70491	70492	71045	71046	71047	71048	71100	71101
71110	71111	71120	71130	71250	71260	71270	72020	72040	72050

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for In and Out-of-Network Provider. [* Indicates That Other Coverage Limitations May Apply]
Radiology Services (CPT 70010 – 79999)

72052	72070	72072	72074	72080	72081	72082	72083	72084	72100
72110	72114	72120	72125	72126	72127	72128	72129	72130	72131
72132	72133	72170	72190	72192	72193	72194	72200	72202	72220
72240	72255	72265	72270	72275	73000	73010	73020	73030	73040
73050	73060	73070	73080	73085	73090	73092	73100	73110	73115
73120	73130	73140	73200	73201	73202	73206	73501	73502	73503
73521	73522	73523	73525	73551	73552	73560	73562	73564	73565
73580	73590	73592	73600	73610	73615	73620	73630	73650	73660
73700	73701	73702	74018	74019	74021	74022	74150	74160	74170
74175	74176	74190	74210	74220	74221	74230	74235	74240	74246
74248	74250	74270	74280	74283	74290	74300	74301	74328	74329
74330	74340	74355	74360	74400	74410	74415	74420	74425	74430
74440	74445	74450	74455	74470	74485	74710	74713	74740	74775
75565	75600	75605	75625	75630	75705	75710	75716	75726	75731
75733	75736	75741	75743	75746	75756	75774	75801	75803	75809
75820	75822	75825	75827	75831	75833	75840	75842	75860	75870
75872	75880	75885	75887	75889	75891	75893	75901	75902	75984
75989	76000	76010	76080	76098	76100	76101	76102	76120	76125
76380	76390	76391	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	76885	76886	76932	76936	76937	76940	76941	76942	76945
76946	76948	76965	76975	76977	76981	76982	76983	76998	77001

Appendix II: CPT Codes **Not** Requiring Prior Authorization

for In and Out-of-Network Provider. [* Indicates That Other Coverage Limitations May Apply]

Radiology Services (CPT 70010 – 79999)

77002	77003	77011	77012	77013	77014	77022	77046	77047	77053
77054	77065	77066*	77067 *	77071	77072	77073	77074	77075	77076
77077	77078	77080	77081	77085	77261	77262	77263	77280	77300
77306	77316	77317	77321	77331	77332	77333	77334	77336	77370
77401	77417	77423	77427	77431	77470	77789	77790	78012	78013
78014	78015	78016	78020	78102	78103	78104	78110	78111	78120
78121	78122	78130	78140	78185	78191	78201	78202	78215	78216
78230	78231	78232	78258	78261	78262	78267	78268	78290	78300
78305	78350	78351	78428	78445	78457	78458	78466	78468	78469
78472	78481	78483	78494	78496	78579	78580	78597	78600	78601
78605	78610	78650	78660	78700	78701	78707	78708	78725	78730
78740	78761	78800	78801	78835	79005	79101	79200	79403	79440

*Ultrasounds needed for medical reasons do not require a PA. Two screening ultrasounds with each pregnancy are allowed without a PA.

*No PA will be required for mammograms if the following are met: 1) age 40 and older, allowed one every 12 months, OR age 35-39, one baseline mammogram allowed; 3) PA required if under the age of 35, must have a medical diagnosis to be appropriate.

Appendix III: CPT Codes **Not** Requiring Prior Authorization

for In-Network Providers

Hearing and Other Codes Services (CPT 70010 – 79999)

V5011	V5014	V5130	V5200	V5240	V5241	V5264	V5266	V5267	V5274
V5266	93241	93242	93243	93244	93245	93246	93247	93248	

Appendix IV: CPT Codes Not Requiring Prior Authorization

for In and Out-of-Network Provider. [* Indicates That Out-of-Network Providers Require a Prior Authorization]

Laboratory Codes (CPT 88047 – 89230 & misc.)

80047	80143	80145	80151	80161	80167	80179	80181	80183	80187
80189	80193	80204	80210	80230	80235	80280	80285	80414	80415
81163 *	81164 *	81165 *	81166 *	81167 *	81172 *	81202 *	81436 *	81508	81509 *
81510	81511	81512	81596	82009	82077	82642	82672	82681	83033
83970	83992	83993	84030	84145	84410	85598	86008	86325	86328
86481	86769	87426	87483 *	87563	87634	87635	87636	87637	87662
87811	87910	87912	0202U *	0241U	36405	36406	36410	36415	80048
80050	80051	80053	80055	80061	80069	80074	80076	80081	80150
80155	80156	80157	80158	80159	80162	80163	80164	80165	80168
80169	80170	80171	80173	80175	80176	80177	80178	80180	80184
80185	80186	80188	80190	80192	80194	80195	80197	80198	80200
80201	80202	80299	80305	80306	80307	80400	80402	80406	80408
80410	80412 *	80416 *	80417	80420 *	80422	80424	80426 *	80428	80430
80432 *	80434 *	80435	80436	80438	80439	80500	80502	81000	81001
81002	81003	81005	81007	81015	81020	81025	81050	81161 *	81162 *
81170 *	81201 *	81203 *	81212 *	81215 *	81216 *	81217 *	81220 *	81222 *	81223 *
81224 *	81228 *	81229 *	81247 *	81248 *	81249 *	81288 *	81292 *	81293 *	81294 *
81295 *	81296 *	81297 *	81298 *	81299 *	81300 *	81317 *	81318 *	81319 *	81321 *
81322	81323 *	81435 *	81507 *	81595 *	82010	82013	82016	82017	82024
82030	82040	82042	82043	82044	82045	82075	82085	82088	82103
82104	82105	82108	82120	82127	82128	82131	82135	82136	82139
82140	82143	82150	82154	82157	82160	82163	82164	82172	82175
82180	82190	82232	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	82615	82626
82627	82633	82634	82638	82652	82656	82657	82658	82664	82668
82670	82671	82677	82679	82693	82696	82705	82710	82715	82725
82726	82728	82731	82735	82746	82747	82759	82760	82775	82776
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	83009	83010	83012	83013	83014	83015	83018	83026	83030
83036	83045	83050	83051	83060	83065	83068	83069	83070	83080
83088	83090	83150	83491	83497	83498	83499	83500	83505	83516
83518	83519	83520	83525	83527	83528	83540	83550	83570	83582
83586	83593	83605	83615	83625	83630	83632	83633	83655	83661
83662	83663	83664	83670	83690	83718	83719	83721	83727	83735
83775	83785	83789	83825	83835	83857	83864	83872	83873	83874
83876	83880	83883	83885	83915	83916	83918	83919	83921	83930
83935	83937	83945	83950	83986	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
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	84402	84403	84425	84430	84432
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	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	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	85610
85611	85612	85613	85635	85651	85652	85660	85670	85675	85705
85730	85732	85810	86000	86003	86021	86022	86023	86038	86039
86060	86063	86077	86078	86079	86140	86141	86146	86147	86148
86155	86156	86157	86160	86161	86162	86171	86185	86200	86215
86225	86226	86235	86255	86256	86277	86280	86294	86300	86301
86304	86308	86309	86310	86316	86317	86318	86320	86327	86329
86331	86332	86334	86335	86336	86337	86340	86341	86343	86344
86352	86353	86355	86357	86359	86360	86361	86367	86376	86382
86384	86403	86406	86430	86431	86480	86485	86486	86490	86510
86580	86590	86592	86593	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	86771	86774
86777	86778	86780	86784	86787	86788	86789	86790	86793	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	86900	86901
86902	86904	86905	86906	86920	86921	86922	86940	86941	86965
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	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
87277	87278	87279	87280	87281	87283	87285	87290	87299	87300
87301	87305	87320	87324	87327	87328	87329	87332	87335	87336
87337	87338	87339	87340	87341	87350	87380	87385	87389	87390
87391	87400	87420	87425	87427	87430	87449	87451	87471	87472
87475	87476	87480	87481	87482	87485	87486	87487	87490	87491
87492	87493	87495	87496	87497	87498	87500	87501	87502	87503
87505	87506	87507	87510	87511	87512	87516	87517	87520	87521
87522	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	87580	87581
87582 *	87590	87591	87592	87623	87624	87625	87631	87632 *	87633 *
87640	87641	87650	87651	87652	87653	87660	87661	87797	87798
87799	87800	87801	87802	87803	87804	87806	87807	87808	87809
87810	87850	87880	87899	87900	87901	87902	87904	87906	88104
88106	88108	88112	88130	88140	88141	88142	88143	88147	88148

88150	88152	88153	88155	88160	88161	88162	88164	88165	88166
88167	88172	88173	88174	88175	88177	88182	88184	88185	88187
88188	88189	88230	88233	88235 *	88237 *	88239 *	88240	88241	88245 *
88248 *	88249 *	88261 *	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	88355 *	88356 *
88358 *	88360	88361	88362 *	88363	88364 *	88365 *	88366 *	88367	88368
88369	88371	88372	88373	88374 *	88377 *	88381 *	88387	88388	88720
81420									