

Cardiology/ Cardiothoracic/ Vascular Surgery

A comprehensive illustrated guide to coding
and reimbursement

2021

optum360coding.com

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Sample

Getting Started with Coding Companion

Coding Companion for Cardiology/Cardiothoracic/Vascular Surgery is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT Codes

For ease of use, evaluation and management codes related to Cardiology/Cardiothoracic/Vascular Surgery are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the pages following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2021 edition password is: XXXXXXXX Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

32800 Repair lung hernia through chest wall

could be found in the index under the following main terms:

Hernia

Repair
Lung, 32800

Repair

Lung
Hernia, 32800

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

99446-99449 [99451, 99452]

- 99446** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- 99447** 11-20 minutes of medical consultative discussion and review
- 99448** 21-30 minutes of medical consultative discussion and review
- 99449** 31 minutes or more of medical consultative discussion and review
- 99451** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
- 99452** Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

Explanation

Interprofessional telephone/internet/electronic health record consultation services are utilized when the attending qualified clinician requests the input of another provider with specific knowledge of the condition. This specialist may assist in diagnosis or treatment of the patient without seeing the patient and often occurs when the situation is urgent and/or complex in nature. The patient may be a new or established patient with a new problem or exacerbation of a current problem in the eyes of the consulting physician; however, the consultant may not have seen the patient within the previous 14 days. This code may not be reported for transfer of care or to schedule a face-to-face with the consultant within the next 14 days or next available appointment opening. This discussion includes appropriate review of medical records, laboratory and radiology results, medication review/tolerance, and pathology results. The consult should account for more than 50 percent of the time in discussion; if more than one discussion is necessary, the time is cumulative with the code reported one time. The patient's medical record should contain a request for consult with an explanation as to the medical necessity of the request and the consulting physician should provide a verbal and written report to the requesting/treating clinician. These codes are not reportable if the discussion requires less than five minutes of time. Report 99446 for encounters of five- to 10 minutes duration; 99447 for 11 to 20 minutes; 99448 for 21 to 30 minutes; and 99449 for encounters of more than 30 minutes duration. Report 99451 for encounters of five or more minutes that include a written report only from the consulting physician. The attending qualified clinician can report 99452 when 16 to 30 minutes of the clinician's time is spent preparing for or communicating with the consultant; 99452 can only be reported once during a 14-day period.

Coding Tips

These codes are used to report an assessment and management service requested by the patient's treating clinician for guidance from a specialist in treating the patient. These are time-based codes and time spent in medical consultation must be documented in the medical record. These codes do not differentiate between a new or established patient. Do not report these codes for the sole purpose of arranging a transfer of care or other face-to-face services. Report 99446-99449 for time spent in telephone/internet/electronic health record assessment and review with verbal and written report of findings. Report 99451-99452 for written report of findings without a verbal report.

Prolonged service codes 99354-99357 may be reported by the treating/requesting provider in addition to these services when the patient is present (on-site) and the telephone/internet/electronic health record discussion with the consultant exceeds 30 minutes. Prolonged service codes 99358-99359 may be reported by the treating/requesting provider in addition to these services when the patient is on site and the telephone/internet discussion with the consultant exceeds 30 minutes. For telephone services conducted by the physician directly with the patient, see 99441-99443. For on-line digital medical evaluation and management services provided by the physician directly with the patient, see 99421-99423. For nonphysician telephone or online medical services, see 98966-98968.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

AMA: **99446** 2019,Jun,7; 2019,Jan,3; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2013,Oct,11 **99447** 2019,Jun,7; 2019,Jan,3; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2013,Oct,11 **99448** 2019,Jun,7; 2019,Jan,3; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2013,Oct,11 **99449** 2019,Jun,7; 2019,Jan,3; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Oct,8; 2014,Jun,14; 2013,Oct,11 **99451** 2019,Jun,7; 2019,Jan,3 **99452** 2019,Jun,7; 2019,Jan,3

Relative Value Units/Medicare Edits

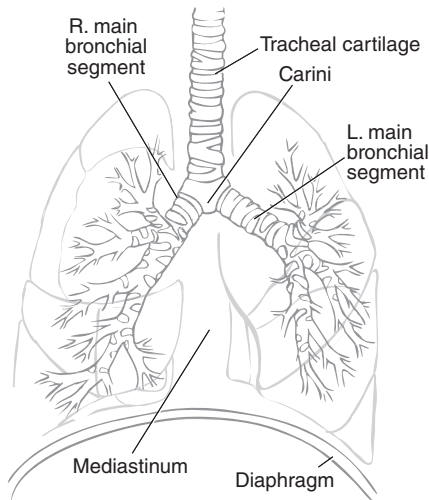
Non-Facility RVU	Work	PE	MP	Total
99446	0.35	0.14	0.02	0.51
99447	0.7	0.27	0.04	1.01
99448	1.05	0.41	0.06	1.52
99449	1.4	0.54	0.08	2.02
99451	0.7	0.29	0.05	1.04
99452	0.7	0.29	0.05	1.04
Facility RVU	Work	PE	MP	Total
99446	0.35	0.14	0.02	0.51
99447	0.7	0.27	0.04	1.01
99448	1.05	0.41	0.06	1.52
99449	1.4	0.54	0.08	2.02
99451	0.7	0.29	0.05	1.04
99452	0.7	0.29	0.05	1.04

	FUD	Status	MUE	Modifiers				IOM Reference
99446	N/A	A	1(2)	N/A	N/A	N/A	80*	None
99447	N/A	A	1(2)	N/A	N/A	N/A	80*	
99448	N/A	A	1(2)	N/A	N/A	N/A	80*	
99449	N/A	A	1(2)	N/A	N/A	N/A	80*	
99451	N/A	A	1(2)	N/A	N/A	N/A	80*	
99452	N/A	A	1(2)	N/A	N/A	N/A	80*	

* with documentation

31626

31626 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple



Explanation

The physician views the airway using a flexible fiberoptic or rigid bronchoscope that is introduced through the nasal or oral cavity. The airway is anesthetized. The bronchoscope is inserted and advanced through the nasal or oral cavity, past the larynx to inspect the bronchus, including fluoroscopic guidance, if used. After diagnostic visualization of the bronchus, one or more fiducial markers are placed.

Coding Tips

When medically necessary, report moderate (conscious) sedation provided by the performing physician with 99151-99153. When provided by another physician, report 99155-99157. Supplies used when providing this procedure may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- C33 Malignant neoplasm of trachea
- C34.01 Malignant neoplasm of right main bronchus ✓
- C34.02 Malignant neoplasm of left main bronchus ✓
- C34.11 Malignant neoplasm of upper lobe, right bronchus or lung ✓
- C34.12 Malignant neoplasm of upper lobe, left bronchus or lung ✓
- C34.2 Malignant neoplasm of middle lobe, bronchus or lung
- C34.31 Malignant neoplasm of lower lobe, right bronchus or lung ✓
- C34.32 Malignant neoplasm of lower lobe, left bronchus or lung ✓
- C34.81 Malignant neoplasm of overlapping sites of right bronchus and lung ✓
- C34.82 Malignant neoplasm of overlapping sites of left bronchus and lung ✓
- C77.1 Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
- C78.01 Secondary malignant neoplasm of right lung ✓
- C78.02 Secondary malignant neoplasm of left lung ✓
- C78.39 Secondary malignant neoplasm of other respiratory organs
- C7A.090 Malignant carcinoid tumor of the bronchus and lung
- D02.1 Carcinoma in situ of trachea

- D02.21 Carcinoma in situ of right bronchus and lung ✓
- D02.22 Carcinoma in situ of left bronchus and lung ✓

AMA: 31626 2018,Jan,8; 2017,Jun,10; 2017,Jan,8; 2016,Jan,13; 2016,Apr,5; 2015,Jun,6; 2015,Jan,16; 2014,Jan,11; 2013,Mar,8-9

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
31626	3.91	19.59	0.44	23.94
Facility RVU	Work	PE	MP	Total
31626	3.91	1.37	0.44	5.72

	FUD	Status	MUE	Modifiers			IOM Reference	
31626	0	A	1(2)	51	N/A	N/A	80*	None

* with documentation

Terms To Know

fluoroscopy. Radiology technique that allows visual examination of part of the body or a function of an organ using a device that projects an x-ray image on a fluorescent screen.

larynx. Musculocartilaginous structure between the trachea and the pharynx that functions as the valve preventing food and other particles from entering the respiratory tract, as well as the voice mechanism.

malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

mediastinum. Collection of organs and tissues that separate the pleural sacs. Located between the sternum and spine above the diaphragm, it contains the heart and great vessels, trachea and bronchi, esophagus, thymus, lymph nodes, and nerves.

93880-93882

93880 Duplex scan of extracranial arteries; complete bilateral study
93882 unilateral or limited study

Explanation

The physician or an assistant performs a Duplex ultrasound scan, which is a combination of real-time and Doppler studies of the extracranial arteries in the head and neck to evaluate vascular blood flow in relation to blockage. Ultrasound uses high frequency sound waves to provide an image. Report 93880 when the procedure is performed on both sides of the head and neck. Report 93882 when a unilateral (one side of the head or neck) or limited study is performed.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
93880	0.8	4.81	0.09	5.7
93882	0.5	3.06	0.08	3.64
Facility RVU	Work	PE	MP	Total
93880	0.8	4.81	0.09	5.7
93882	0.5	3.06	0.08	3.64

93886-93888

93886 Transcranial Doppler study of the intracranial arteries; complete study
93888 limited study

Explanation

The physician or an assistant performs a Doppler ultrasound scan of the intracranial arteries in the head and neck to evaluate vascular blood flow in relation to blockage. Code 93886 applies to a complete study of the intracranial arteries. Code 93888 applies to a limited study of the intracranial arteries.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
93886	0.91	6.68	0.08	7.67
93888	0.5	3.91	0.06	4.47
Facility RVU	Work	PE	MP	Total
93886	0.91	6.68	0.08	7.67
93888	0.5	3.91	0.06	4.47

93890

93890 Transcranial Doppler study of the intracranial arteries; vasoreactivity study

Explanation

The physician performs a vasoreactivity transcranial Doppler study of the intracranial arteries to identify cerebrovascular disease. Transcranial Doppler is a noninvasive ultrasound technology used to evaluate blood flow in the major intracranial arteries. Vasoreactivity, also referred to as vasomotor reactivity, measures changes in blood flow velocity in response to pharmacologic or other agent. A Doppler ultrasound scan of the intracranial arteries is performed and flow velocity measured. A pharmacologic or other agent is administered and Doppler ultrasound scan is again performed and flow velocity measured. Changes in blood flow velocity in the intracranial arteries are compared and analyzed.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
93890	1.0	6.74	0.08	7.82
Facility RVU	Work	PE	MP	Total
93890	1.0	6.74	0.08	7.82

93892-93893

93892 Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
93893 emboli detection with intravenous microbubble injection

Explanation

The physician performs a transcranial Doppler study of the intracranial arteries for detection of emboli. Transcranial Doppler is a noninvasive ultrasound technology used to evaluate blood flow in the major intracranial arteries. A new application of transcranial Doppler includes the classification and quantification of intracranial emboli. Intracranial circulating microemboli appear as high intensity transient signals in the transcranial Doppler waveform. Report 93892 if the study is performed without intravenous microbubble injection. Report 93893 if the study is performed with intravenous microbubble injection. Transcranial Doppler studies described as "with contrast" are performed with intravenous microbubble injection. The bubbles serve to enhance ultrasound signals thus enabling better visualization of the intracranial arteries.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
93892	1.15	7.55	0.11	8.81
93893	1.15	8.57	0.09	9.81
Facility RVU	Work	PE	MP	Total
93892	1.15	7.55	0.11	8.81
93893	1.15	8.57	0.09	9.81

93895

93895 Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral

Explanation

Carotid intima media thickness (IMT) study is a noninvasive assessment performed on the common carotid artery bilaterally. The measurements of the inner two artery layers, the intima and the media, are used as risk factor indicators for atherosclerosis and coronary heart disease. This test is performed by scanning with high-resolution B mode ultrasonography and using computer enhancement and analysis to determine the thickness of the intima and media of the carotid artery. The results evaluate for any thickening or signs of anatomical changes from early atherosclerotic disease.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
93895	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
93895	0.0	0.0	0.0	0.0

Correct Coding Initiative Update

◆Indicates Mutually Exclusive Edit

0085T 36591-36592, 96523

0126T 36591-36592, 96523

0234T 01924-01926, 0213T, 0216T, 11000-11006, 11042-11047, 34713-34716, 34812, 34820, 34833-34834, 35201-35206, 35226-35236, 35256-35266, 35286, 36000, 36002-36005, 36400-36410, 36420-36430, 36440, 36500, 36591-36592, 36600-36640, 37184, 43752, 49000-49002, 51701-51703, 61645-61650, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461, 64463, 64479, 64483, 64486-64490, 64493, 64505, 64510-64530, 69990, 75893, 76000, 76942, 76970, 76998, 77002, 93000-93010, 93040-93042, 93050, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360, 96365, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99446-99449, 99451-99452, G0471

0235T 01924-01926, 0213T, 0216T, 11000-11006, 11042-11047, 34713-34716, 34812, 34820, 34833-34834, 35201-35206, 35226-35236, 35256-35266, 35286, 36000, 36002-36005, 36400-36410, 36420-36430, 36440, 36500, 36591-36592, 36600-36640, 37184, 43752, 49000-49002, 51701-51703, 61645-61650, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461, 64463, 64479, 64483, 64486-64490, 64493, 64505, 64510-64530, 69990, 75726, 75736, 75774, 75893, 76000, 76942, 76970, 76998, 77002, 93000-93010, 93040-93042, 93050, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360, 96365, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99446-99449, 99451-99452, G0471

0236T 01924-01926, 0213T, 0216T, 11000-11006, 11042-11047, 32551, 32556-32557, 34713-34716, 34812, 34820, 34833-34834, 35201-35206, 35226-35236, 35256-35266, 35286, 36000, 36002-36005, 36400-36410, 36420-36430, 36440, 36500, 36591-36592, 36600-36640, 37184, 43752, 49000-49002, 51701-51703, 61645-61650, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461, 64463, 64479, 64483, 64486-64490, 64493, 64505, 64510-64530, 69990, 75600, 75605, 75625, 75630, 75635, 75893, 76000, 76942, 76970, 76998, 77002, 93000-93010, 93040-93042, 93050, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360, 96365, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99446-99449, 99451-99452, G0471

0237T 01924-01926, 0213T, 0216T, 11000-11006, 11042-11047, 34715-34716, 34834, 35201-35206, 35226-35236, 35256-35266, 35286, 36000, 36002-36005, 36400-36410, 36420-36430, 36440, 36500, 36591-36592, 36600-36640, 37184, 43752, 51701-51703, 61645-61650, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461, 64463, 64479, 64483, 64486-64490, 64493, 64505, 64510-64530, 69990, 75605, 75710, 75716, 75893, 76000, 76942, 76970, 76998, 77002, 93000-93010, 93040-93042, 93050, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360, 96365, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99446-99449, 99451-99452, G0471

0238T 01924, 11000-11006, 11042-11047, 35201-35206, 35226-35236, 35256-35266, 35286, 36000, 36002-36005, 36400-36410, 36420-36430, 36440, 36500, 36591-36592, 36600-36640, 43752, 51701-51703, 61650, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461, 64463, 64479, 64483, 64486-64490, 64493, 64505, 64510-64530, 69990, 75630, 75635, 75710, 75716, 75736, 75774, 75893, 76000, 76942, 76970, 76998, 77002, 93000-93010, 93040-93042, 93050, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816,

95819, 95822, 95829, 95955, 96360, 96365, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99446-99449, 99451-99452, G0471

0266T 0213T, 0216T, 0228T, 0230T, 0267T-0273T, 11000-11006, 11042-11047, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 61650, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461, 64463, 64479, 64483, 64486-64490, 64493, 64505, 64510-64530, 69990, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360, 96365, 96372, 96374-96377, 96523, 97597-97598, 97602, 99155, 99156, 99157, 99446-99449, 99451-99452, G0471

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