

Urology/ Nephrology

A comprehensive illustrated guide to coding
and reimbursement

2021

optum360coding.com

Contents

Getting Started with Coding Companion	i
CPT Codes	i
ICD-10-CM.....	i
Detailed Code Information	i
Appendix Codes and Descriptions.....	i
CCI Edit Updates	i
Index.....	i
General Guidelines	i

Urology and Nephrology Procedures and Services.....	1
E/M Services	1
Integumentary.....	32
Arteries and Veins	50
Lymph Nodes	70
Abdomen	79
Kidney	104
Ureter	171
Bladder.....	213
Urethra.....	286

Penis.....	327
Testis	363
Epididymis.....	378
Tunica Vaginalis	385
Scrotum.....	388
Vas Deferens	393
Spermatic Cord.....	397
Seminal Vesicles.....	401
Prostate	404
Reproductive	418
Intersex Surgery.....	419
Vagina.....	420
Medicine Services.....	429
HCPCS.....	443
Appendix	445

Correct Coding Initiative Update 25.3	457
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Index.....	525
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Getting Started with Coding Companion

Coding Companion for Urology/Nephrology 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 Urology/Nephrology 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: XXXXXX. 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:

69501 Transmastoid antrotomy (simple mastoidectomy)
could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

OR

Excision

Mastoid

Simple, 69501

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

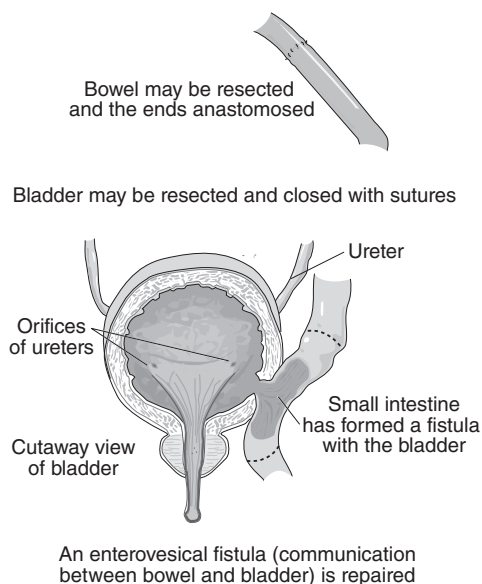
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

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.

44660-44661

44660 Closure of enterovesical fistula; without intestinal or bladder resection
44661 with intestine and/or bladder resection



Explanation

The physician closes a connection between the small bowel and bladder (enterovesical fistula). The physician makes an abdominal incision. Next, the enterovesical fistula is identified and divided. The ends of the fistula are closed with sutures. In 44661, the connection of the fistula to the bladder is resected and the bladder is closed with sutures; the segment of intestine containing the fistula is resected and the ends are reapproximated. The incision is closed.

Coding Tips

For closure of an intestinal cutaneous fistula, see 44640; enteroenteric or enterocolic, see 44650; renocolic, abdominal approach, see 50525; thoracic approach, see 50526; gastrocolic, see 43880; rectovesical, see 45800–45805.

ICD-10-CM Diagnostic Codes

N32.1 Vesicointestinal fistula
 N32.2 Vesical fistula, not elsewhere classified
 N49.8 Inflammatory disorders of other specified male genital organs
 Q64.73 Congenital urethrorectal fistula
 Q64.79 Other congenital malformations of bladder and urethra
 Q64.8 Other specified congenital malformations of urinary system
 T81.83XA Persistent postprocedural fistula, initial encounter

AMA: **44660** 2014,Jan,11; 2013,Jan,11-12; 2013,Dec,3 **44661** 2014,Jan,11; 2013,Jan,11-12; 2013,Dec,3

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
44660	23.91	10.69	4.12	38.72
44661	27.35	12.18	5.54	45.07
Facility RVU	Work	PE	MP	Total
44660	23.91	10.69	4.12	38.72
44661	27.35	12.18	5.54	45.07

	FUD	Status	MUE	Modifiers				IOM Reference
44660	90	A	1(3)	51	N/A	62*	80	None
44661	90	A	1(3)	51	N/A	62*	80	

* with documentation

Terms To Know

anastomosis. Surgically created connection between ducts, blood vessels, or bowel segments to allow flow from one to the other.

enterovesical fistula. Abnormal communication between the small intestine and the bladder.

incision. Act of cutting into tissue or an organ.

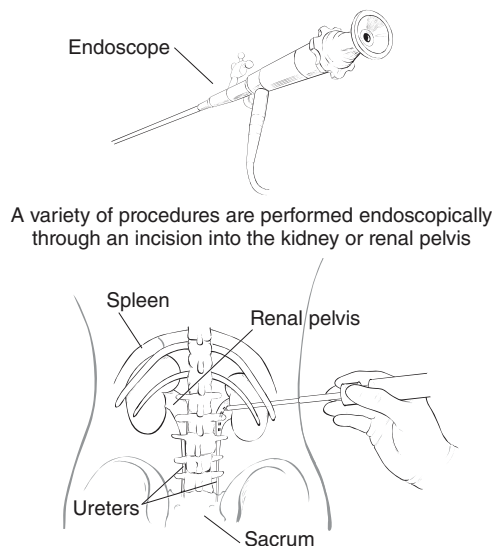
peritonitis. Inflammation and infection within the peritoneal cavity, the space between the membrane lining the abdominopelvic walls and covering the internal organs.

regional enteritis. Chronic inflammation of unknown origin affecting the ileum and/or colon.

resection. Surgical removal of a part or all of an organ or body part.

suture. Numerous stitching techniques employed in wound closure.

50575 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)



Explanation

The physician examines the kidney and ureter with an endoscope passed through an incision in the kidney (nephrotomy) or renal pelvis (pyelotomy), and dilates ureter and ureteropelvic junction. After accessing the renal and ureteric structures with an incision in the skin of the flank, the physician incises the kidney or renal pelvis and guides the endoscope through the incision. To better view renal and ureteric structures, the physician may flush (irrigate) or introduce by drops (instillate) a saline solution. The physician may introduce contrast medium for radiologic study of the renal pelvis and ureter (ureteropyelogram). For endopyelotomy, the physician places endoscope through the ureter and/or the pelvis, incises the pelvis, enlarges the ureteropelvic junction, and sutures the junction as in a Y-V pyeloplasty. The physician inserts the stent through the renal pelvis into the junction, sutures the incisions, inserts a drain tube, and performs a layered closure.

Coding Tips

Other open renal endoscopy procedures include examination (50570), ureteral catheterization (50572), biopsy (50574), fulguration/incision (50576), and removal of a foreign body or calculus (50580). If the nephrotomy or pyelotomy is done for an additional, significantly identifiable endoscopic service, report both the appropriate endoscopic procedure code (50570–50580) and 50045 or 50120. For percutaneous renal endoscopic procedures (through established nephrostomy/pyelostomy), see 50551–50562.

ICD-10-CM Diagnostic Codes

- C64.1 Malignant neoplasm of right kidney, except renal pelvis ✓
- C64.2 Malignant neoplasm of left kidney, except renal pelvis ✓
- C65.1 Malignant neoplasm of right renal pelvis ✓
- C65.2 Malignant neoplasm of left renal pelvis ✓
- C79.01 Secondary malignant neoplasm of right kidney and renal pelvis ✓
- C79.02 Secondary malignant neoplasm of left kidney and renal pelvis ✓
- C7A.093 Malignant carcinoid tumor of the kidney

- C80.2 Malignant neoplasm associated with transplanted organ
- D09.19 Carcinoma in situ of other urinary organs
- D30.01 Benign neoplasm of right kidney ✓
- D30.02 Benign neoplasm of left kidney ✓
- D30.11 Benign neoplasm of right renal pelvis ✓
- D30.12 Benign neoplasm of left renal pelvis ✓
- D3A.093 Benign carcinoid tumor of the kidney
- D41.01 Neoplasm of uncertain behavior of right kidney ✓
- D41.02 Neoplasm of uncertain behavior of left kidney ✓
- D41.11 Neoplasm of uncertain behavior of right renal pelvis ✓
- D41.12 Neoplasm of uncertain behavior of left renal pelvis ✓
- D41.21 Neoplasm of uncertain behavior of right ureter ✓
- D41.22 Neoplasm of uncertain behavior of left ureter ✓
- D49.511 Neoplasm of unspecified behavior of right kidney ✓
- D49.512 Neoplasm of unspecified behavior of left kidney ✓
- D49.59 Neoplasm of unspecified behavior of other genitourinary organ
- N10 Acute pyelonephritis
- N11.1 Chronic obstructive pyelonephritis
- N12 Tubulo-interstitial nephritis, not specified as acute or chronic
- N13.0 Hydronephrosis with ureteropelvic junction obstruction
- N13.1 Hydronephrosis with ureteral stricture, not elsewhere classified
- N13.2 Hydronephrosis with renal and ureteral calculous obstruction
- N13.39 Other hydronephrosis
- N13.8 Other obstructive and reflux uropathy
- Q62.0 Congenital hydronephrosis
- Q62.11 Congenital occlusion of ureteropelvic junction
- Q62.12 Congenital occlusion of ureterovesical orifice
- Q62.2 Congenital megaureter
- Q62.31 Congenital ureterocele, orthotopic
- Q62.32 Cecoureterocele
- Q62.39 Other obstructive defects of renal pelvis and ureter

AMA: 50575 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
50575	13.96	5.07	1.61	20.64
Facility RVU	Work	PE	MP	Total
50575	13.96	5.07	1.61	20.64

	FUD	Status	MUE	Modifiers				IOM Reference
50575	0	A	1(2)	51	50	N/A	N/A	None

* with documentation

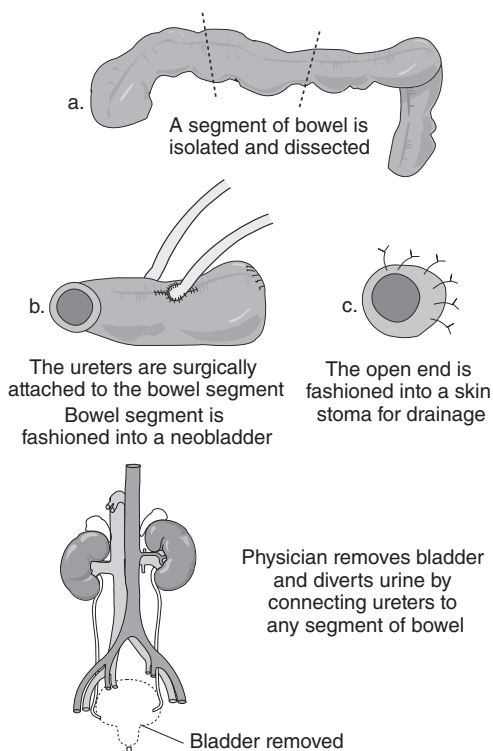
Terms To Know

flank. Part of the body found between the posterior ribs and the uppermost crest of the ilium, or the lateral side of the hip, thigh, and buttock.

stent. Tube to provide support in a body cavity or lumen.

51596

51596 Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder



Explanation

The physician removes the bladder (cystectomy) and diverts urine by any method, using any bowel segment to create a new bladder. To access the bladder and ureters, the physician makes a midline incision in the skin of the abdomen and cuts the corresponding muscles, fat, and fibrous membranes (fascia). The physician dissects and ligates the hypogastric and vesical vessels, and severs the bladder from the urethra. Blunt dissection from adherent rectum, surrounding peritoneum, and vas deferens and prostate may be needed. After controlling bleeding, the physician diverts urine by connecting the ureters to a segment of large or small bowel fashioned into a bladder with an opening into the skin. To provide support during healing, the physician inserts a slender tube into each ureter. After completing the urinary diversion procedure, the physician inserts drain tubes and performs a layered closure.

Coding Tips

For cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations, see 51580; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes, see 51585. For cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis, see 51590; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes, see 51595. For continent diversion performed without bladder removal, see 50825.

ICD-10-CM Diagnostic Codes

- C67.0 Malignant neoplasm of trigone of bladder
- C67.1 Malignant neoplasm of dome of bladder
- C67.2 Malignant neoplasm of lateral wall of bladder

- C67.3 Malignant neoplasm of anterior wall of bladder
- C67.4 Malignant neoplasm of posterior wall of bladder
- C67.5 Malignant neoplasm of bladder neck
- C67.6 Malignant neoplasm of ureteric orifice
- C67.8 Malignant neoplasm of overlapping sites of bladder
- C79.11 Secondary malignant neoplasm of bladder
- D09.0 Carcinoma in situ of bladder
- D30.3 Benign neoplasm of bladder
- D41.4 Neoplasm of uncertain behavior of bladder
- D49.4 Neoplasm of unspecified behavior of bladder
- N30.10 Interstitial cystitis (chronic) without hematuria
- N30.11 Interstitial cystitis (chronic) with hematuria

AMA: 51596 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
51596	44.26	18.58	5.14	67.98
Facility RVU	Work	PE	MP	Total
51596	44.26	18.58	5.14	67.98

	FUD	Status	MUE	Modifiers				IOM Reference
51596	90	A	1(2)	51	N/A	62*	80	None

* with documentation

Terms To Know

blunt dissection. Surgical technique used to expose an underlying area by separating along natural cleavage lines of tissue, without cutting.

chronic interstitial cystitis. Persistently inflamed lesion of the bladder wall, usually accompanied by urinary frequency, pain, nocturia, and a distended bladder.

ligation. Tying off a blood vessel or duct with a suture or a soft, thin wire.

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.

neoplasm. New abnormal growth, tumor.

prostate. Male gland surrounding the bladder neck and urethra that secretes a substance into the seminal fluid.

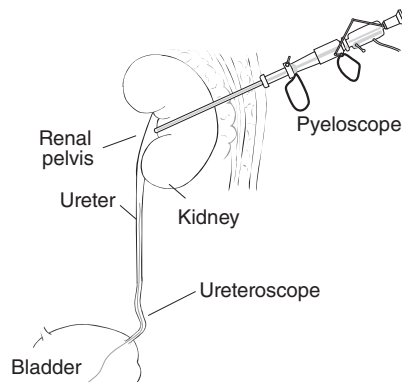
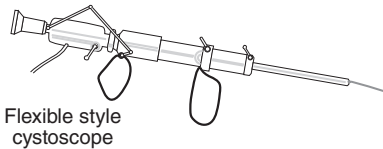
secondary. Second in order of occurrence or importance, or appearing during the course of another disease or condition.

trigone. Triangular, smooth area of mucous membrane at the base of the bladder, located between the ureteric openings in back and the urethral opening in front.

52352-52353

- 52352** Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
- 52353** with lithotripsy (ureteral catheterization is included)

Instrumentation is inserted first into the urethra and bladder and then deep into the ureter



A cystourethroscopy with ureteroscopy and/or pyeloscopy is performed for diagnostic purposes along with removal or manipulation of a calculus or lithotripsy

Explanation

The physician examines the urinary collecting system with endoscopes passed through the urethra into the bladder (cystourethroscope), ureter (ureterscope), and renal pelvis (pyeloscope), and removes or manipulates a stone (calculus). To extract or manipulate a calculus, the physician passes the appropriate surgical instruments through an endoscope to perform the procedure. A ureteral catheter is inserted and the endoscope and instruments are removed. Report 52352 if the physician passes a stone basket through an endoscope to extract or manipulate a calculus. Report 52353 if the physician uses an ultrasonic, electrohydraulic, or laser technique to fragment the calculus.

Coding Tips

Surgical cystourethroscopy always includes a diagnostic cystourethroscopy. Do not report 52353 with 52332 or 52356 when performed together on the same side. Insertion and removal of a temporary stent is included in these procedures. For insertion of a self-retaining, indwelling stent performed during cystourethroscopic procedures, report 52332 in addition to the primary procedure performed and append modifier 51.

ICD-10-CM Diagnostic Codes

- N13.2 Hydronephrosis with renal and ureteral calculous obstruction
- N20.0 Calculus of kidney
- N20.1 Calculus of ureter
- N20.2 Calculus of kidney with calculus of ureter
- N21.0 Calculus in bladder
- N21.1 Calculus in urethra
- N21.8 Other lower urinary tract calculus

AMA: 52352 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11
52353 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,May,3; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
52352	6.75	2.69	0.79	10.23
52353	7.5	2.95	0.86	11.31
Facility RVU	Work	PE	MP	Total
52352	6.75	2.69	0.79	10.23
52353	7.5	2.95	0.86	11.31

	FUD	Status	MUE	Modifiers				IOM Reference
52352	0	A	1(2)	51	50	N/A	N/A	100-03,230.1
52353	0	A	1(2)	51	50	N/A	N/A	

* with documentation

Terms To Know

calculus. Abnormal, stone-like concretion of calcium, cholesterol, mineral salts, or other substances that forms in any part of the body.

catheterization. Use or insertion of a tubular device into a duct, blood vessel, hollow organ, or body cavity for injecting or withdrawing fluids for diagnostic or therapeutic purposes.

hematuria. Blood in urine, which may present as gross visible blood or as the presence of red blood cells visible only under a microscope.

hydronephrosis. Distension of the kidney caused by an accumulation of urine that cannot flow out due to an obstruction that may be caused by conditions such as kidney stones or vesicoureteral reflux.

hydroureter. Abnormal enlargement or distension of the ureter with water or urine caused by an obstruction.

lithotripsy. Destruction of calcified substances in the gallbladder or urinary system by smashing the concretion into small particles to be washed out. This may be done by surgical or noninvasive methods, such as ultrasound.

manipulate. Treatment by hand.

G0420-G0421

G0420 Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour

G0421 Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour

Explanation

Face-to-face kidney disease education services provide patients with chronic kidney disease the information they need to manage concurrent health issues and to prevent complications. These services also include an explanation of the need to delay dialysis, as well as the treatment options available for renal replacement. These educational services may be done on an individual basis or in a group setting.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
G0420	2.12	0.93	0.12	3.17
G0421	0.5	0.21	0.03	0.74
Facility RVU	Work	PE	MP	Total
G0420	2.12	0.93	0.12	3.17
G0421	0.5	0.21	0.03	0.74

76700-76705

76700 Ultrasound, abdominal, real time with image documentation; complete

76705 limited (eg, single organ, quadrant, follow-up)

Explanation

Diagnostic ultrasound is an imaging technique bouncing sound waves far above the level of human perception through interior body structures. The sound waves pass through different densities of tissue and reflect back to a receiving unit at varying speeds. The unit converts the waves to electrical pulses that are immediately displayed in picture form on screen. Real time scanning displays structure images and movement with time. Report 76700 for ultrasound and real time of the entire abdomen and 76705 for a single quadrant or organ of the abdomen.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
76700	0.81	2.6	0.06	3.47
76705	0.59	1.94	0.04	2.57
Facility RVU	Work	PE	MP	Total
76700	0.81	2.6	0.06	3.47
76705	0.59	1.94	0.04	2.57

76770-76775

76770 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete

76775 limited

Explanation

Diagnostic ultrasound is an imaging technique bouncing sound waves far above the level of human perception through interior body structures. The sound waves pass through different densities of tissue and reflect back to a receiving unit at varying speeds. The unit converts the waves to electrical pulses that are immediately displayed in picture form on screen. Real time scanning displays structure images and movement with time. Report 76770 for ultrasound and real time for a complete retroperitoneal exam that includes renal, aortic, and lymphatic structures and 76775 for a limited retroperitoneal exam.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
76770	0.74	2.41	0.04	3.19
76775	0.58	1.04	0.04	1.66
Facility RVU	Work	PE	MP	Total
76770	0.74	2.41	0.04	3.19
76775	0.58	1.04	0.04	1.66

76776

76776 Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

Explanation

This code reports ultrasound of a transplanted kidney, with duplex Doppler studies. Diagnostic ultrasound is an imaging technique bouncing sound waves far above the level of human perception through interior body structures. The sound waves pass through different densities of tissue and reflect back to a receiving unit at varying speeds. The unit converts the waves to electrical pulses that are immediately displayed in picture form on screen. Duplex studies combine real time with Doppler, which uses the frequency shifts of the emitted waves against their echoes to measure velocity, such as for blood flow.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
76776	0.76	3.58	0.07	4.41
Facility RVU	Work	PE	MP	Total
76776	0.76	3.58	0.07	4.41

76870

76870 Ultrasound, scrotum and contents

Explanation

Diagnostic ultrasound is an imaging technique bouncing sound waves far above the level of human perception through interior body structures. The sound waves pass through different densities of tissue and reflect back to a receiving unit at varying speeds. The unit converts the waves to electrical pulses that are immediately displayed in picture form on screen. This code reports ultrasonography of the scrotum and scrotal contents.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
76870	0.64	2.28	0.04	2.96
Facility RVU	Work	PE	MP	Total
76870	0.64	2.28	0.04	2.96

76872-76873

76872 Ultrasound, transrectal;

76873 prostate volume study for brachytherapy treatment planning (separate procedure)

Explanation

Diagnostic ultrasound is an imaging technique bouncing sound waves far above the level of human perception through interior body structures. The sound waves pass through different densities of tissue and reflect back to a receiving unit at varying speeds. The unit converts the waves to electrical pulses that are immediately displayed in picture form on screen. Report 76872 for transrectal ultrasound or echography for either sex; Report 76873 for a prostate volume

50575 0213T,0216T,0228T,0230T,11000-11006,11042-11047,12001-12007,12011-12057,13100-13133,13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,36600,36640,43752,50382-50384,50387,50436-50437,50562-50570,50605,50684,50693-50695,51701-51703,62320-62327,64400-64410,64413-64435,64445-64450,64461-64463,64479-64505,64510-64530,69990,76000,77001-77002,92012-92014,93000-93010,93040-93042,93318,93355,94002,94200,94250,94680-94690,94770,95812-95816,95819,95822,95829,95955,96360-96368,96372,96374-96377,96523,97597-97598,97602,99155,99156,99157,99211-99223,99231-99255,99291-99292,99304-99310,99315-99316,99334-99337,99347-99350,99374-99375,99377-99378,99446-99449,99451-99452,99495-99496,G0463-G0471

50576 0213T,0216T,0228T,0230T,10005,10007,10009,10011,10021,11000-11006,11042-11047,12001-12007,12011-12057,13100-13133,13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,36600,36640,43752,50432,50436-50437,50555,50562-50570,50574,50684,50955,50974,51701-51703,62320-62327,64400-64410,64413-64435,64445-64450,64461-64463,64479-64505,64510-64530,69990,76000,77001-77002,92012-92014,93000-93010,93040-93042,93318,93355,94002,94200,94250,94680-94690,94770,95812-95816,95819,95822,95829,95955,96360-96368,96372,96374-96377,96523,97597-97598,97602,99155,99156,99157,99211-99223,99231-99255,99291-99292,99304-99310,99315-99316,99334-99337,99347-99350,99374-99375,99377-99378,99446-99449,99451-99452,99495-99496,G0463-G0471

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