

2025 Computed Tomography (CT) Heart

Cardiology/Diagnostic Imaging

CT-Heart-HH
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Computed Tomography (CT) Heart

CT Heart Related National Coverage Determination (NCD)/ Local Coverage Determination (LCD)CDD

Please refer to <https://www.cms.gov/medicare-coverage-database/search.aspx> if applicable to the individual's health plan membership.

Type/ID Number	Title
NCD 220.1	Computed Tomography
LCD 33423	Cardiac Computed Tomography & Angiography (CCTA)
LCD 33559	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)
LCD 33913	Artificial Intelligence Enabled CT Based Quantitative Coronary Topography (AI-QCT)/Coronary Plaque Analysis (AI-CPA)
LCD 33947	Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)
LCD 35121	Coronary Computed Tomography Angiography (CCTA)

Clinical Judgment

These medical policies are designed to provide clinical guidance and do not supplant a provider's independent professional judgment. Physicians retain full and independent authority to determine appropriate care based on each patient's individual clinical circumstances. Although services may be subject to documentation requirements, medical necessity review, or coverage limitations, nothing in this policy is intended to restrict or interfere with a physician's independent medical judgment.

CT General Contraindications

Computed tomography (CT) is contraindicated (relative) for **ANY** of the following:

- Allergy/idiosyncratic reaction to contrast material (if intravascular contrast material is used)
- Pregnancy
- Renal impairment (glomerular filtration rate [GFR] is less than 30 ml/min/1.73 m².)

References: [2]

Preamble: Pediatric Diagnostic Imaging

HealthHelp's clinical guidelines for the Diagnostic Imaging program, are intended to apply to both adults and pediatrics (21 years of age or younger), unless otherwise specified within the criteria.

CT Heart Guideline

Computed tomography (CT) of the heart is considered medically appropriate when the documentation demonstrates **ANY** of the following:

1. Anomalous coronary arteries are demonstrated on invasive coronary angiography (ICA), for further anatomic characterization.
References: [3] [5] [15]
2. Aorta evaluation and connective tissue or genetic disorder (eg, Ehler's Danlos syndrome, Loeys-Dietz syndrome, Marfan syndrome) is suspected or known.
References: [3] [5]
3. Aortic pathology (eg, aneurysm, dilation, dissection) is suspected or known.
References: [3] [5]
4. Cardiomyopathy is suspected or known (eg, dyspnea, fatigue, palpitations) and prior imaging is non-diagnostic or indeterminate.
References: [3] [5] [13]
5. Chest pain is chronic and **ALL** of the following:
 - a. Coronary artery disease (CAD) pretest probability is high.
 - b. Ischemic heart disease is known, based on prior cardiac testing.
 - c. Prior imaging is non-diagnostic or indeterminate.
 - d. **NO** prior definitive treatment.**References:** [3] [5] [8]
6. Congenital heart disease (CHD) is known, based on prior imaging or physical exam, and transthoracic echocardiogram (TTE) is non-diagnostic or indeterminate, for surveillance.
References: [3] [5] [14] [15] [7]
7. Heart failure is symptomatic (eg, dyspnea, exercise intolerance, fatigue), new or progressing, **DESPITE** guideline-directed medical therapy and TTE is non-diagnostic or indeterminate.
References: [3] [5] [4]
8. Infection (eg, endocarditis, paravalvular infection) is suspected or known and TTE or transesophageal echocardiogram (TEE) is non-diagnostic or indeterminate.
References: [3] [5] [9]
9. Left ventricular systolic dysfunction is known (left ventricular ejection fraction [LVEF] is less than 50%), **NO** severe valvular disease and initial imaging is non-diagnostic or indeterminate.
References: [3] [5]

10. Mass or lesion in the heart (eg, vegetation), cancer or thrombosis is suspected or known **AND** TTE or TEE is non-diagnostic or indeterminate **AND** cardiac magnetic resonance (CMR) is **contraindicated or unavailable**.
References: [3] [5] [12] [11]
11. Peri-procedure planning and **ANY** of the following:
 - a. Evaluation of the heart's structure and function is necessary for treatment planning (eg, ablation, pacemaker planning, revascularization procedures, valve repair, Watchman™ device).
 - b. Post-procedure follow-up of Watchman™ device for **EITHER** of the following:
 - i. Placement evaluation
 - ii. Thrombosis is suspected.
References: [3] [5] [1] [6]
12. Pulmonary hypertension is suspected or known (eg, chest pain, dyspnea, fatigue) and TTE is non-diagnostic or indeterminate.
References: [3] [5]
13. Valvular heart disease is suspected or known, based on physical exam or prior imaging, **AND** fluoroscopy, TEE or TTE is non-diagnostic or indeterminate.
References: [3] [5] [10] [4]
14. Vascular disease process of thoracic or abdominal aorta (eg, aneurysm, dissection, penetrating aortic ulcer) is suspected or known **AND** TEE or TTE is non-diagnostic or indeterminate.
References: [3] [5]

CT Heart Summary of Changes

Computed tomography (CT) heart had the following version changes from 2024 to 2025:

- Added the following to keep in line with current evidence:
 - "Anomalous coronary arteries are demonstrated on invasive coronary angiography (ICA), for further anatomic characterization" per the evidence
 - "Cardiac magnetic resonance (CMR) is **contraindicated or unavailable**" to "Mass or lesion in the heart" as CMR is more appropriate
 - "Chest pain is chronic" per the evidence
 - "Glomerular filtration rate" to "Renal impairment" under Contraindications

- "Heart failure is symptomatic (eg, dyspnea, exercise intolerance, fatigue), new or progressing, **DESPITE** optimal medical therapy and TTE is non-diagnostic or indeterminate" per the evidence
- "Left ventricular systolic dysfunction is known, NO severe valvular disease and initial imaging is non-diagnostic or indeterminate" per the evidence
- "Prior imaging is non-diagnostic or indeterminate" to "Cardiomyopathy is suspected or known" as it is too broad
- "TTE is non-diagnostic or indeterminate" to "Congenital heart disease is known" as TTE is more appropriate
- Removed the following as current evidence no longer supports the indication:
 - "Pericardial disease (eg, constriction, effusion, inflammation) is suspected" as it is redundant
 - "Tricuspid regurgitation is severe" as it is redundant with "Valvular heart disease"

CT Heart Procedure Codes

Table 1. associated procedure codes

Code	Description
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)

CT Heart Definitions

Aneurysm refers to weakness in an artery wall, allowing it to abnormally balloon out or widen.

Anomalous coronary artery (ACA) is a heart defect that occurs when the coronary arteries are malformed or abnormal. This condition is also known as a congenital coronary artery anomaly (CAA).

CAD pre-test probability by age, gender and symptoms

Table 1. Pretest probability of CAD by age, gender and symptoms ^a.

Age (years)	Gender	Typical/Definite Angina Pectoris	Atypical/Probable Angina Pectoris	Non-Anginal Chest Pain	Asymptomatic
≤39	Men	Intermediate	Intermediate	Low	Very Low
	Women	Intermediate	Very Low	Very Low	Very Low
40-49	Men	High	Intermediate	Intermediate	Low
	Women	Intermediate	Low	Very Low	Very Low
50-59	Men	High	Intermediate	Intermediate	Low
	Women	Intermediate	Intermediate	Low	Very Low
≥60	Men	High	Intermediate	Intermediate	Low
	Women	High	Intermediate	Intermediate	Low

^aPatel, M.R., Bailey, S.R., et al (2012). ACCF/SCAI/AATS/AHA/ASE/ASNC/HFSA/HRS/SCCM/SCCT/ SCMR/STS 2012 Appropriate Use Criteria for Diagnostic Catheterization. Journal of Thoracic and Cardiovascular Surgery, 144 (1), 39-71.

High: Greater than 90% pre-test probability

Intermediate: Between 10% and 90% pre-test probability

Low: Between 5% and 10% pre-test probability

Very Low: Less than 5% pre-test probability

Cardiac ablation is a procedure performed in a cardiac catheterization laboratory during an electrophysiology study (EPS) for the purpose of destroying myocardial tissue by delivery of radio-frequency energy, electrical or cryo-energy. The procedure is used to correct heart arrhythmias.

Cardiac Magnetic Resonance (CMR), also known as cardiac MRI, is a non-invasive medical imaging technology that uses magnetic resonance imaging (MRI) techniques to produce detailed images of the beating heart.

Cardiomyopathy is a disease of the heart muscle characterized by structural and functional abnormalities in the absence of significant coronary artery disease, hypertension, valvular disease or congenital heart disease.

Computed tomography (CT) is an imaging test that uses X-rays to computer analysis to generate cross sectional images of the internal structures of the body that can be displayed in multiple planes.

Congenital heart disease (CHD) is a term for a variety of birth defects that affect heart anatomy and function. Congenital is defined as present since birth. CHD occurs when the heart, or blood vessels near the heart, do not develop normally. Common heart defects include: atrial septal defect, coarctation of the aorta, d-transposition of the great arteries, Ebstein's anomaly, patent ductus arteriosus, tetralogy of fallot, total anomalous pulmonary venous connection and ventricular septal defect.

Coronary artery disease (CAD) is caused by plaque buildup in the walls of the arteries that supply blood to the heart (called coronary arteries) and other parts of the body.

Dilation is the action or condition of becoming or being made wider, larger or more open.

Dissection is the abnormal and usually abrupt formation of a tear or separation of the layers inside the wall of an artery.

Effusion is an abnormal accumulation of fluid in a body cavity, such as the pleural space or pericardial space.

Ehlers-Danlos syndrome is a group of hereditary connective tissue disorders that manifests clinically with skin hyperelasticity, hypermobility of joints, atrophic scarring and fragility of tissues.

Endocarditis is inflammation of the inside lining of the heart chambers and heart valves (endocardium). It is caused by a bacterial or rarely, a fungal infection.

Fluoroscopy is a medical procedure that makes a real-time video of the movements inside a part of the body by passing X-rays through the body over a period of time.

Guideline directed medical therapy (GDMT) for heart failure are specific treatments (eg, medications, implantable cardiac defibrillators [ICD]) used by health care providers as a standardized treatment for heart failure.

These medications include:

- Angiotensin converting enzyme inhibitors (ACE-I) (eg, enalapril, lisinopril)
- Angiotensin receptor blockers (ARB) (eg, losartan, olmesartan)
- Angiotensin receptor-Neprilysin inhibitors (ARNI) (eg, Entresto)
- Aldosterone antagonists (eg, eplerenone, spirololactone)
- Beta blockers (eg, atenolol, metoprolol)
- Hydralazine/isosorbide dinitrate (HYD/ISDN)
- Hyperpolarization activated cyclic nucleotide-gated (HCN) channel blockers (eg, Ivabradine).
- Loop diuretics (eg, hydrochlorothiazide, metolazone)

Heart failure (HF) (also known as **congestive heart failure [CHF]**) is a condition that develops when the heart is unable to pump enough blood for the body's needs. HF occurs when the heart cannot fill with enough blood or is too weak to pump properly. Decompensated heart failure is sudden worsening (exacerbation) of heart failure symptoms (eg, difficulty breathing, lower extremity edema, fatigue) to where the heart can no longer continue to compensate for its full function.

Indeterminate findings are inconclusive or insufficient for treatment planning.

Invasive coronary angiography (ICA) is part of a heart (cardiac) catheterization and uses contrast material and X-rays for imaging of the arteries of the heart. It can define the presence and severity of a luminal obstruction of an epicardial coronary artery, including its location, length, diameter, and coronary blood flow.

Ischemic Heart Disease is a term given to heart problems caused by narrowed heart arteries. When arteries are narrowed, less blood and oxygen reaches the heart muscle, increasing the risk of myocardial infarction. This is also called coronary artery disease and coronary heart disease.

Left ventricular systolic dysfunction (LVSD) is a condition where the left ventricle of the heart has impaired ability to contract effectively, leading to reduced ejection fraction and decreased cardiac output.

Loeys-Dietz syndrome is a disorder that affects the connective tissues of the body and increases the risk of aneurysm in arteries such as the aorta.

Magnetic resonance imaging (MRI) is a non-invasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.

Marfan syndrome is a disorder of connective tissue inherited as a dominant trait, characterized by abnormal elongation of the long bones and often with ocular and circulatory defects.

Non-diagnostic is a result that does not lead to a confirmed diagnosis.

Pacemaker is a small, battery-powered device that's surgically implanted in the chest or abdomen to monitor and regulate the heart's rhythm and rate. A pacemaker sends electrical impulses to the heart to help it beat at a normal rhythm and rate. The device has long, thin wires that connect it to the heart through a large vein.

Paravalvular leak is a leak caused by a space between the natural heart tissue and the valve replacement. This sometimes occurs post valve replacement (mechanical or bioprosthetic) and most commonly affects the mitral valve, but it can also occur in the aortic and tricuspid valves.

Pediatric approximate ages are defined by the US Department of Health (USDH), the Food and Drug Administration (FDA), and the American Academy of Pediatrics (AAP) as the following:

1. Infancy, between birth and 2 years of age
2. Childhood, from 2 to 12 years of age
3. Adolescence, from 12 to 21 years of age, further defined by the AAP into:
 - a. Early (ages 11–14 years)
 - b. Middle (ages 15–17 years),
 - c. Late (ages 18–21 years)
 - d. Older ages may be appropriate for children with special healthcare needs.

Penetrating aortic ulcer (PAU) is a tear in the lining of the aorta caused by plaque buildup. The aorta is the body's largest artery, carrying oxygen-rich blood from the heart.

Periprocedural is a medical term that means occurring before, during, or after a medical procedure. "Perioperative" is another term that refers to the time around surgery.

Pulmonary hypertension is increased pressure in the pulmonary circulation that results in thickening and narrowing of the pulmonary arteries. Pulmonary hypertension can be either

primary, the cause being idiopathic (unknown origin) or it can be secondary which occurs as a result of an identified medical condition.

Regurgitation is the backward flow of blood through a defective heart valve.

Revascularization is a medical procedure that restores blood flow to an organ or body part that has been ischemic, or without enough blood. It can be used to treat existing blood flow problems, such as heart attacks, or to prevent similar problems from occurring in the future.

Surveillance is ongoing systematic collection and analysis of data and the provision of information which leads to action being taken to prevent and control a disease.

Thrombosis is the formation of a blood clot (partial or complete blockage) within blood vessels, whether venous or arterial, limiting the natural flow of blood and resulting in clinical sequela.

Transesophageal echocardiography (TEE) uses high-frequency sound waves (ultrasound) to make detailed pictures of the heart and the blood vessels that lead to and from it. Unlike a standard echocardiogram, the ECHO transducer that produces the sound waves for TEE is attached to a thin tube that passes through the mouth and throat, and into the esophagus. The esophagus is close to the upper chambers of the heart and clear images of the heart structures and valves can be obtained.

Transthoracic echocardiogram (TTE) involves placing a device called a transducer on the chest. The device sends ultrasound waves through the chest wall to the heart. As the ultrasound waves bounce off the structures of the heart, a computer converts them into pictures on the computer screen. A TTE uses sound waves to create pictures of the heart chambers, valves, walls and the blood vessels attached to your heart. The test is also called echocardiography or diagnostic cardiac ultrasound.

Tricuspid regurgitation is a condition that occurs when the valve's flaps (cusps or leaflets) do not close properly. Blood can leak backward into the atrium from the leaky tricuspid valve, causing the heart to pump harder to move blood through the valve.

Valvular heart disease is a condition when any valve in the heart has damage or is diseased. When heart valves are diseased, the heart cannot effectively pump blood throughout the body and has to work harder to pump, either while the blood is leaking back into the chamber or against a narrowed opening. This can lead to heart failure, sudden cardiac arrest and death.

Watchman™ device is an FDA-approved left atrial appendage closure device used to reduce the risk of thromboembolism in patients with nonvalvular atrial fibrillation who are suitable for warfarin but seek a non-pharmacologic alternative.

CT Heart References

- [1] Agarwal, P.P., Nasr, L.A., . . . Koweek, L.M. (2024). ACR Appropriateness Criteria Preprocedural Planning for Left Atrial Procedures in Atrial Fibrillation. *Journal of the American College of Radiology*, 21(6), S237-S248.

- [2] American College of Radiology. (2023). ACR Manual on Contrast Media. *American College of Radiology*. Retrieved: March 2025. https://www.acr.org/-/media/ACR/Files/Clinical-Resources/Contrast_Media.pdf
- [3] American College of Radiology. (2021). ACR–NASCI–SPR Practice Parameter for the Performance and Interpretation of Cardiac Computed Tomography (CT). *Practice Parameter*, 1-20.
- [4] Bolen, M.A., Saeedan, M.N.B., . . . Abbara, S. (2022). ACR Appropriateness Criteria Dyspnea-Suspected Cardiac Origin (Ischemia Already Excluded). *Journal of the American College of Radiology*, 19(5S), S37-S52.
- [5] Doherty, J.U., Kort, S., . . . Wong, J.B (2019). 2019 ACC/AATS/AHA/ASE/ASNC/HRS/SCAI/SCCT/SCMR/STS 2019 Appropriate Use Criteria for Multimodality Imaging in the Assessment of Cardiac Structure and Function in Nonvalvular Heart Disease. *Journal of the American College of Cardiology*, 73(4), 488-516.
- [6] Hedgire, S.S., Saboo, S.S., . . . Steigner, M.L. (2023). ACR Appropriateness Criteria Preprocedural Planning for Transcatheter Aortic Valve Replacement: 2023 Update. *Journal of the American College of Radiology*, 20(11), S501-S512.
- [7] Krishnamurthy, R., Suman, G., . . . Abbara, S. (2023). ACR Appropriateness Criteria Congenital or Acquired Heart Disease. *Journal of the American College of Radiology*, 20(11), S351-S381.
- [8] Litmanovich, D., Koweek, L.M.H., . . . Abbara, S. (2022). ACR Appropriateness Criteria Chronic Chest Pain-High Probability of Coronary Artery Disease: 2021 Update. *Journal of the American College of Radiology*, 19(5S), S1-S18.
- [9] Malik, S.B., Hsu, J.Y., . . . Abbara, S. (2021). ACR Appropriateness Criteria Infective Endocarditis. *Journal of the American College of Radiology*, 18(5S), S52-S61.
- [10] Otto, C.M., Nishimura, R.A., . . . Toly, C. (2021). 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, 77(4), e25–e197.
- [11] Parato, V.M., Nocco, S., . . . Petrella, L. (2022). Imaging of cardiac masses: an updated overview. *Journal of Cardiovascular*, 32(2), 65-75.
- [12] Parenti, V.G., Vijay, K., . . . Dill, K.E. (2023). ACR Appropriateness Criteria Workup of Noncerebral Systemic Arterial Embolic Source. *Journal of the American College of Radiology*, 20(5), S285-S300.
- [13] Rajiah, P., Kirsch, J., . . . Abbara, S. (2021). ACR Appropriateness Criteria Nonischemic Myocardial Disease with Clinical Manifestations (Ischemic Cardiomyopathy Already Excluded). *Journal of the American College of Radiology*, 18(5), S83-S105.
- [14] Sachdeva, R., Valente, A.M., . . . Zaidi, A.N. (2020). ACC/AHA/ASE/HRS/ISACHD/SCAI/SCCT/SCMR/SOPE 2020 Appropriate Use Criteria for Multimodality Imaging During the



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Follow-Up Care of Patients With Congenital Heart Disease. *Journal of the American College of Radiology*, 75(6), 657-703.

- [15] Stout, K.K., Daniels, C.J., . . . Van Hare, G.F. (2019). 2018 AHA/ACC Guideline for the Management of Adults With Congenital Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*, 139(14), e698–e800.

Disclaimer section

Purpose

The purpose of the HealthHelp's clinical guidelines is to assist healthcare professionals in selecting the medical service that may be appropriate and supported by evidence to safely improve outcomes. Medical information is constantly evolving, and HealthHelp reserves the right to review and update these clinical guidelines periodically. HealthHelp reserves the right to include in these guidelines the clinical indications as appropriate for the organization's program objectives. Therefore the guidelines are not a list of all the clinical indications for a stated procedure, and associated Procedure Code Tables may not represent all codes available for that state procedure or that are managed by a specific client-organization.

Clinician Review

These clinical guidelines neither preempt clinical judgment of trained professionals nor advise anyone on how to practice medicine. Healthcare professionals using these clinical guidelines are responsible for all clinical decisions based on their assessment. All Clinical Reviewers are instructed to apply clinical indications based on individual patient assessment and documentation, within the scope of their clinical license.

Payment

The use of these clinical guidelines does not provide authorization, certification, explanation of benefits, or guarantee of payment; nor do the guidelines substitute for, or constitute, medical advice. Federal and State law, as well as member benefit contract language (including definitions and specific contract provisions/exclusions) take precedence over clinical guidelines and must be considered first when determining eligibility for coverage. All final determinations on coverage and payment are the responsibility of the health plan. Nothing contained within this document can be interpreted to mean otherwise.

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National and Local Coverage Determination (NCD and LCD)



NOTICE

To ensure appropriate review occurs to the most current NCD and/or LCD, always defer to <https://www.cms.gov/medicare-coverage-database/search.aspx>.

Background

National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) are payment policy documents outlined by the Centers for Medicare and Medicaid Services (CMS) and the government's delegated Medicare Audit Contractors (MACs) that operate regionally in jurisdictions.

CMS introduced variation between different jurisdictions/Medicare Audit Contractors (MACs) and their associated covered code lists with the transition to ICD 10. The variation resulted in jurisdictions independently defining how codes are applied for exclusions, limitations, groupings, ranges, etc. for the medical necessity indications outlined in the NCD and LCD. Due to this variation, there is an inconsistent use/application of codes and coverage determinations across the United States between the different MACs.

In addition, **WITHOUT** notice, CMS can change the codes that indicate medical necessity and the format of the coverage determinations/associated documents (eg, Articles). This is an additional challenge for organizations to keep up with ongoing, unplanned changes in covered codes and medical necessity indications.

Medical Necessity Codes

Due to the variation in code application between jurisdictions/MACs and that updates can happen without notification, HealthHelp is not able to guarantee full accuracy of the codes listed for any Coverage Determination, and advises that prior to use, the associated Coverage Determination Articles are reviewed to ensure applicability to HealthHelp's programs and any associated NCDs and LCDs.



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For Internal Use Only:

11248 11249 11253 11282 11325 11328 11333 11349 11350 11351 11352 11354 11355 11356
11358 11359 11360 11361 11362 11365 11366 11367 11368 11369 11370 11374 11375 11394
11395 11396 11565