

Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)
Date: AUGUST 22, 2003

Transmittal AB-03-126

CHANGE REQUEST 2736

SUBJECT: Change in Type of Service for L0480

I. GENERAL INFORMATION

A. Background:

The Type of Service (TOS) for HCPCS code L0480 is incorrect. It is currently a "9" and should be changed to a "P".

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
1	CWF must change the Type of Service for code L0480 from a "9" to a "P".	CWF

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
	N/A

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
	N/A

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. ATTACHMENT(S): None

Effective Date: January 1, 2004 Implementation Date: January 1, 2004 Discard Date: January 1, 2005 Pre-Implementation Contact: Appropriate Regional Office	Post-Implementation Contact: Appropriate Regional Office These instructions should be implemented within your current operating budget
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CMS-Pub. 60AB