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# Program Memorandum Intermediaries/Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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Transmittal AB-01-51

Date: APRIL 5, 2001

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## CHANGE REQUEST 1627

### **SUBJECT: Clarification Related to Troponin**

In August 1998 we published Program Memorandum (PM) AB-98-42, regarding Medicare coverage of Troponin (CPT codes 84484 and 84512). PM AB-98-42 clarified the billing unit for the various numbers and mixes of Troponin isoforms, and contained a discard date of April 1, 1999. The instruction has not been manualized or otherwise extended.

The purpose of this PM is to clarify that Medicare has no national coverage policy in effect for Troponin. In the absence of a national coverage policy, you are free to develop local medical review policies (LMRP) in order to advise the provider community of the position you intend to take in adjudicating claims for Medicare items and services. You must develop these local policies in accordance with the provisions of Chapter 1, Section 2 of the Program Integrity Manual. You may not use PM AB 98-42 as the rationale for any LMRP you develop.

**The *effective date* for this PM is May 1, 2001.**

**The *implementation date* for this PM is May 1, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after April 30, 2002.**

**If you have any questions, contact Jackie Sheridan at (410) 786-4635.**