Gamma Glutamyl Transferase

GGT

CPT: 82977

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Medically Supportive ICD Codes are listed on subsequent page(s) of this document

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity

Gamma glutamyl transferase (GGT) is an intracellular enzyme that appears in blood following leakage from cells. Renal tubules, liver, and pancreas contain high amounts, although the measurement of GGT in serum is almost always used for assessment of Hepatobiliary function. Unlike other enzymes which are found in heart, skeletal muscle, and intestinal mucosa as well as liver, the appearance of an elevated level of GGT in serum is almost always the result of liver disease or injury. It is specifically useful to differentiate elevated alkaline phosphatase levels when the source of the alkaline phosphatase increase (bone, liver, or placenta) is unclear. The combination of high alkaline phosphatase and a normal GGT does not, however, rule out liver disease completely.

As well as being a very specific marker of Hepatobiliary function, GGT is also a very sensitive marker for hepatocellular damage. Abnormal concentrations typically appear before elevations of other liver enzymes or biliuria are evident. Obstruction of the biliary tract, viral infection (e.g., hepatitis, mononucleosis), metastatic cancer, exposure to hepatotoxins (e.g., organic solvents, drugs, alcohol), and use of drugs that induce microsomal enzymes in the liver (e.g., cimetidine, barbiturates, phenytoin, and carbamazepine) all can cause a moderate to marked increase in GGT serum concentration. In addition, some drugs can cause or exacerbate liver dysfunction (e.g., atorvastatin, troglitazone, and others as noted in FDA Contraindications and Warnings.)

GGT is useful for diagnosis of liver disease or injury, exclusion of hepatobiliary involvement related to other diseases, and patient management during the resolution of existing disease or following injury.

Indications

1. To provide information about known or suspected hepatobiliary disease, for example:
   a. Following chronic alcohol or drug ingestion
   b. Following exposure to hepatotoxins
   c. When using medication known to have a potential for causing liver toxicity (e.g., following the drug manufacturer's recommendations)
   d. Following infection (e.g., viral hepatitis and other specific infections such as amebiasis, tuberculosis, psittacosis, and similar infections)
2. To assess liver injury/function following diagnosis of primary or secondary malignant neoplasms
3. To assess liver injury/function in a wide variety of disorders and diseases known to cause liver involvement (e.g., diabetes mellitus, malnutrition, disorders of iron and mineral metabolism, sarcoidosis, amyloidosis, lupus, and hypertension)
4. To assess liver function related to gastrointestinal disease
5. To assess liver function related to pancreatic disease
6. To assess liver function in patients subsequent to liver transplantation
7. To differentiate between the different sources of elevated alkaline phosphatase activity

Limitations

When used to assess liver dysfunction secondary to existing non-hepatobiliary disease with no change in signs, symptoms, or treatment, it is generally not necessary to repeat a GGT determination after a normal result has been obtained unless new indications are present. If the GGT is the only "liver" enzyme abnormally high, it is generally not necessary to pursue further evaluation for liver disease for this specific indication.

When used to determine if other abnormal enzyme tests reflect liver abnormality rather than other tissue, it generally is not necessary to repeat a GGT more than one time per week.

Because of the extreme sensitivity of GGT as a marker for cytochrome oxidase induction or cell membrane permeability, it is generally not useful in monitoring patients with known liver disease.

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

Code	Description
C61	Malignant neoplasm of prostate
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.9	**Type 2 diabetes mellitus without complications**
E78.00	Pure hypercholesterolemia, unspecified
E78.2	**Mixed hyperlipidemia**
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E83.40	Disorders of magnesium metabolism, unspecified
E83.42	Hypomagnesemia
E83.52	Hypercalcemia
K74.60	Unspecified cirrhosis of liver
K76.0	Fatty (change of) liver, not elsewhere classified
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
R74.0	Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase [LDH]
R74.8	Abnormal levels of other serum enzymes
Z48.23	Encounter for aftercare following liver transplant
Z79.01	Long term (current) use of anticoagulants
Z79.899	Other long term (current) drug therapy
Z94.4	Liver transplant status

Visit **SonoraQuest.com/Medicare** to view current limited coverage tests, reference guides, and policy information.
To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ▶

Last updated: 01/01/20

Disclaimer:
This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Sonora Quest Laboratories does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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