

	<i>Gamma-glutamyl Transferase Testing in Adults</i>	
	Policy Number: POL-PP-282 AHS – G2173	Original Creation Date: 7/1/2025
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	Policy Status: Active	Next Review Date: 10/1/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Gamma-glutamyl transferase (GGT), also known as gamma-glutamyl transpeptidase (GGTP) is an enzyme that has a half-life of between fourteen and twenty-six days and is present in the cell membrane of many different tissue types, including the heart, brain, seminal vesicles, kidneys, bile duct, spleen, and gallbladder. GGT is traditionally considered a predictive marker for liver dysfunction, bile duct ailments, and alcohol consumption. However, new research suggests that GGT may be useful as an early predictive marker for several other conditions including heart failure, arterial stiffness, arterial plaque, gestational diabetes, atherosclerosis, several infectious diseases, and numerous types of cancer. Terms such as male and female are used when necessary to refer to sex assigned at birth.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

This policy is specific to individuals 18 years of age or older. Criteria below do not apply to individuals less than 18 years of age.

For individuals with elevated alkaline phosphatase activity, serum GGT testing no more than once every two weeks **may be reimbursed**.

To assess for liver injury, function, and/or disease, serum GGT testing no more than once every two weeks **may be reimbursed** for individuals with at least one of the following conditions:

- For individuals with chronic alcohol use.
- For individuals on a long-term drug therapy is known to have a potential for causing liver toxicity.
- For individuals with exposure to hepatotoxins.
- For individuals with viral hepatitis, amoebiasis, tuberculosis, psittacosis, or similar infections that may cause hepatic injury.
- For individuals with primary or secondary malignant neoplasms of the digestive system.
- For individuals with diabetes mellitus.
- For individuals with malnutrition.
- For individuals with disorders of iron and mineral metabolism.
- For individuals with sarcoidosis.
- For individuals with amyloidosis.
- For individuals with lupus.
- For individuals with hypertension.
- For individuals with gastrointestinal disease.
- For individuals with pancreatic disease.
- To assess liver function subsequent to liver transplantation.

For asymptomatic individuals, serum GGT testing during a wellness visit or a general exam without abnormal findings **may not be reimbursed**

Coding

CPT	Code Description
82977	Glutamyltransferase, gamma (GGT)

References and Resources

Avalon Medical Policy AHS – G2173 – Gamma-glutamyl Transferase Testing in Adults

Related Documents

Avalon Medical Policy AHS - G2036 Hepatitis Testing

Avalon Medical Policy AHS – G2110 Serum Marker Panels for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4th Quarter updates