

## Gamma Glutamyl Transferase (82977) – NCD 190.32

Indications:
1. To provide information about known or suspected hepatobiliary disease, for example: <ol style="list-style-type: none"> <li>Following chronic alcohol or drug ingestion</li> <li>Following exposure to hepatotoxins</li> <li>When using medication known to have a potential for causing liver toxicity (<i>e.g.</i>, following the drug manufacturer’s recommendations)</li> <li>Following infection (<i>e.g.</i>, viral hepatitis and other specific infections such as amebiasis, tuberculosis, psittacosis, and similar infections)</li> </ol>
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 ( <i>e.g.</i> , 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 after liver transplantation
7. To differentiate between the different sources of elevated alkaline phosphatase activity

Limitations:
<b>When used to assess liver dysfunction secondary to existing non-hepatobiliary disease with no change in signs, symptoms, or treatment</b> , it is generally not necessary to repeat a GGT determination after a normal result has been obtained <b>unless new indications are present</b> .
If the <b>GGT is the only “liver” enzyme abnormally high</b> , it is generally not necessary to pursue further evaluation for liver disease for this specific indication.
When used <b>to determine if other abnormal enzyme tests reflect liver abnormality rather than other tissue</b> , 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 <b>generally not useful in monitoring patients with known liver disease</b> .

Most Common Diagnoses (which meet medical necessity) *	
B17.9	Acute viral hepatitis
B18.9	Chronic viral hepatitis
B25.9	Cytomegaloviral disease
B27.90	Infectious mononucleosis
C15.3 through C26.9	Malignant neoplasms of digestive organs
C90.00	Multiple myeloma, not having achieved remission
C90.02	Multiple myeloma, in relapse
E10.10 through E13.9	All diabetes diagnoses
E78.00	Hypercholesterolemia
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia
E83.42	Hypomagnesemia
E83.52	Hypercalcemia
E85.9	Amyloidosis

F10.10	Alcohol abuse
F10.20	Alcohol dependence
K70.0	Alcoholic fatty liver
K70.30	Alcoholic cirrhosis of the liver without ascites
K70.31	Alcoholic cirrhosis of the liver with ascites
K74.60	Cirrhosis of the liver
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.9	Inflammatory liver disease / hepatitis
K76.0	Nonalcoholic fatty liver disease
K76.9	Liver disease
K80.20	Calculus of gallbladder
K81.9	Cholecystitis
K83.01	Primary sclerosing cholangitis
R16.0	Hepatomegaly
R17	Jaundice
R74.01	Elevation of levels of liver transaminase levels
R74.8	Abnormal levels of other serum enzymes
Z79.620	Long term (current) use of immunosuppressive biologic
Z94.4	Liver transplant status

\*For the full list of diagnoses that meet medical necessity see the Gamma Glutamyl Transferase National Coverage Determination 190.32 document.

The above CMS and WPS-GHA guidelines are current as of: 01/01/2025.