



**BlueCross BlueShield
of Oklahoma**

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Gamma-glutamyl Transferase

Policy Number: CPCPLAB056

Version 1.0

Plan Effective Date: Nov. 1, 2022

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

The testing described below is applicable only for adult individuals aged 18 years and older.

1. Serum GGT testing* (See Note 1) **may be reimbursable** in individuals with elevated alkaline phosphatase activity.
2. Serum GGT testing* (See Note 1) to assess liver injury, function, and/or disease **may be reimbursable** in individuals who meet at least one of the following:
 - a. Chronic alcohol or drug ingestion
 - b. Long-term drug therapy known to have a potential for causing liver toxicity
 - c. Exposure to hepatotoxins

- d. Viral hepatitis, amoebiasis, tuberculosis, psittacosis, or similar infections that may cause hepatic injury
 - e. Primary or secondary malignant neoplasms
 - f. Diabetes mellitus
 - g. Malnutrition
 - h. Disorders of iron and mineral metabolism
 - i. Sarcoidosis
 - j. Amyloidosis
 - k. Lupus
 - l. Hypertension
 - m. Gastrointestinal disease
 - n. Pancreatic disease
 - o. As part of liver function assessment subsequent to liver transplantation
3. Serum GGT testing **is not reimbursable** as part of a wellness check or for general encounters without abnormal findings.

***Note 1:** A maximum of one unit of GGT per week will be reimbursed for adult individuals. In accordance with NCD 190.32, “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 (CMS, 2019).”

Procedure Codes

Codes
82977

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Policy Update History:

11/1/2022	New policy
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