BlueCross BlueShield of New Mexico

If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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 Testing in Adults

Policy Number: CPCPLAB056

Version 1.0

Approval Date: October 30, 2024

Plan Effective Date: January 15, 2025

Description

BCBSNM 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

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.

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

2. To assess for liver injury, function, and/or disease, serum GGT testing no more than once every two weeks **may be reimbursable** for individuals with at least **one** of the following:
    a. Chronic alcohol use;
    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. For asymptomatic individuals, serum GGT testing during a wellness visit or a general exam without abnormal findings **is not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82977

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Policy Update History

Approval Date	Effective Date; Summary of Changes
10/30/2024	01/15/2025: Document updated with literature review. The following changes were made to Reimbursement Information: Note added clarifying the criteria in the policy applies only to individuals ages 18 years of age or older. References revised. Title changed from Gamma-glutamyl Transferase.
11/01/2023	Document updated with literature review. The following changes were made to Reimbursement Information: removed drug ingestion from 2a; frequency added to #1 and #2 from Note 1. Note 1 removed; other revisions made for clarity. References revised.
11/1/2022	New policy