Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Gamma-glutamyl Transferase Testing in Adults

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

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.

Indications and/or Limitations of Coverage

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.

1. For individuals with elevated alkaline phosphatase activity, serum GGT testing no more than once every two weeks **MEETS COVERAGE CRITERIA**.
2. To assess for liver injury, function, and/or disease, serum GGT testing no more than once every two weeks **MEETS COVERAGE CRITERIA** for individuals with at least one of the following conditions:
   a. For individuals with chronic alcohol use.
   b. For individuals on a long-term drug therapy known to have a potential for causing liver toxicity.
   c. For individuals with exposure to hepatotoxins.
   d. For individuals with viral hepatitis, amoebiasis, tuberculosis, psittacosis, or similar infections that may cause hepatic injury.
   e. For individuals with primary or secondary malignant neoplasms of the digestive system.
   f. For individuals with diabetes mellitus.
   g. For individuals with malnutrition.
   h. For individuals with disorders of iron and mineral metabolism.
   i. For individuals with sarcoidosis.
   j. For individuals with amyloidosis.
   k. For individuals with lupus.
   l. For individuals with hypertension.
   m. For individuals with gastrointestinal disease.
   n. For individuals with pancreatic disease.
   o. To assess liver function subsequent to liver transplantation.

3. For asymptomatic individuals, serum GGT testing during a wellness visit or a general exam without abnormal findings **DOES NOT MEET COVERAGE CRITERIA**.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
82977	Glutamyltransferase, gamma (GGT)

Evidence-based Scientific References

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Publication History

11/01/2026: Reviewed, updated scientific references
03/01/2026: Annual review; administrative updates
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.