MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
A02.1	Salmonella sepsis		
A06.0	Acute amebic dysentery		
A06.1	Chronic intestinal amebiasis		
A06.2	Amebic nondysenteric colitis		
A06.3	Ameboma of intestine		
A06.4	Amebic liver abscess		
A06.5	Amebic lung abscess		
A06.6	Amebic brain abscess		
A06.7	Cutaneous amebiasis		
A06.81	Amebic cystitis		
A06.82	Other amebic genitourinary infections		
A06.89	Other amebic infections		
A06.9	Amebiasis, unspecified		
A17.83	Tuberculous neuritis		
A17.9	Tuberculosis of nervous system, unspecified		
A18.31	Tuberculous peritonitis		
A18.32	Tuberculous enteritis		
A18.39	Retroperitoneal tuberculosis		
A18.82	Tuberculosis of other endocrine glands		
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified		
A18.84	Tuberculosis of heart		
A18.89	Tuberculosis of other sites		
A19.9	Miliary tuberculosis, unspecified		
A20.0	Bubonic plague		
A20.1	Cellulocutaneous plague		
A20.2	Pneumonic plague		
A20.3	Plague meningitis		
A20.7	Septicemic plague		
A20.8	Other forms of plague		
A20.9	Plague, unspecified		
A22.7	Anthrax sepsis		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
A26.0	Cutaneous erysipeloid		
A26.7	Erysipelothrix sepsis		
A26.8	Other forms of erysipeloid		
A26.9	Erysipeloid, unspecified		
A27.0	Leptospirosis icterohemorrhagica		
A30.1	Tuberculoid leprosy		
A32.0	Cutaneous listeriosis		
A32.11	Listerial meningitis		
A32.12	Listerial meningoencephalitis		
A32.7	Listerial sepsis		
A32.81	Oculoglandular listeriosis		
A32.82	Listerial endocarditis		
A32.89	Other forms of listeriosis		
A32.9	Listeriosis, unspecified		
A36.89	Other diphtheritic complications		
A39.2	Acute meningococcemia		
A39.3	Chronic meningococcemia		
A39.4	Meningococcemia, unspecified		
A39.81	Meningococcal encephalitis		
A40.0	Sepsis due to streptococcus, group A		
A40.1	Sepsis due to streptococcus, group B		
A40.3	Sepsis due to Streptococcus pneumoniae		
A40.8	Other streptococcal sepsis		
A40.9	Streptococcal sepsis, unspecified		
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus		
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus		
A41.1	Sepsis due to other specified staphylococcus		
A41.2	Sepsis due to unspecified staphylococcus		
A41.3	Sepsis due to Hemophilus influenzae		
A41.4	Sepsis due to anaerobes		
A41.50	Gram-negative sepsis, unspecified		
A41.51	Sepsis due to Escherichia coli [E. coli]		
A41.52	Sepsis due to Pseudomonas		

Source: www.cms.hhs.gov/mcd

Effective Date: 10-1-2016, last updated 10-1-2020

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
A41.53	Sepsis due to Serratia		
A41.59	Other Gram-negative sepsis		
A41.81	Sepsis due to Enterococcus		
A41.89	Other specified sepsis		
A41.9	Sepsis, unspecified organism		
A42.1	Abdominal actinomycosis		
A42.7	Actinomycotic sepsis		
A48.0	Gas gangrene		
A51.45	Secondary syphilitic hepatitis		
A52.74	Syphilis of liver and other viscera		
A69.20	Lyme disease, unspecified		
A69.21	Meningitis due to Lyme disease		
A69.22	Other neurologic disorders in Lyme disease		
A69.23	Arthritis due to Lyme disease		
A69.29	Other conditions associated with Lyme disease		
A70	Chlamydia psittaci infections		
A77.0	Spotted fever due to Rickettsia rickettsii		
A77.1	Spotted fever due to Rickettsia conorii		
A77.2	Spotted fever due to Rickettsia siberica		
A77.3	Spotted fever due to Rickettsia australis		
A77.40	Ehrlichiosis, unspecified		
A77.41	Ehrlichiosis chafeensis [E. chafeensis]		
A77.49	Other ehrlichiosis		
A77.8	Other spotted fevers		
A77.9	Spotted fever, unspecified		
A79.9	Rickettsiosis, unspecified		
A95.0	Sylvatic yellow fever		
A95.1	Urban yellow fever		
B00.0	Eczema herpeticum		
B00.7	Disseminated herpesviral disease		
B15.0	Hepatitis A with hepatic coma		
B15.9	Hepatitis A without hepatic coma		
B16.0	Acute hepatitis B with delta-agent with hepatic coma		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION		
B16.1	Acute hepatitis B with delta-agent without hepatic coma		
B16.2	Acute hepatitis B without delta-agent with hepatic coma		
B16.9	Acute hepatitis B without delta-agent and without hepatic coma		
B17.0	Acute delta-(super) infection of hepatitis B carrier		
B17.10	Acute hepatitis C without hepatic coma		
B17.11	Acute hepatitis C with hepatic coma		
B17.2	Acute hepatitis E		
B17.8	Other specified acute viral hepatitis		
B17.9	Acute viral hepatitis, unspecified		
B18.0	Chronic viral hepatitis B with delta-agent		
B18.1	Chronic viral hepatitis B without delta-agent		
B18.2	Chronic viral hepatitis C		
B18.8	Other chronic viral hepatitis		
B18.9	Chronic viral hepatitis, unspecified		
B19.0	Unspecified viral hepatitis with hepatic coma		
B19.10	Unspecified viral hepatitis B without hepatic coma		
B19.11	Unspecified viral hepatitis B with hepatic coma		
B19.20	Unspecified viral hepatitis C without hepatic coma		
B19.21	Unspecified viral hepatitis C with hepatic coma		
B19.9	Unspecified viral hepatitis without hepatic coma		
B20	Human immunodeficiency virus [HIV] disease		
B25.0	Cytomegaloviral pneumonitis		
B25.1	Cytomegaloviral hepatitis		
B25.2	Cytomegaloviral pancreatitis		
B25.8	Other cytomegaloviral diseases		
B25.9	Cytomegaloviral disease, unspecified		
B26.81	Mumps hepatitis		
B27.00	Gammaherpesviral mononucleosis without complication		
B27.01	Gammaherpesviral mononucleosis with polyneuropathy		
B27.02	Gammaherpesviral mononucleosis with meningitis		
B27.09	Gammaherpesviral mononucleosis with other complications		
B27.10	Cytomegaloviral mononucleosis without complications		
B27.11	Cytomegaloviral mononucleosis with polyneuropathy		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
B27.12	Cytomegaloviral mononucleosis with meningitis		
B27.19	Cytomegaloviral mononucleosis with other complication		
B27.80	Other infectious mononucleosis without complication		
B27.81	Other infectious mononucleosis with polyneuropathy		
B27.82	Other infectious mononucleosis with meningitis		
B27.89	Other infectious mononucleosis with other complication		
B27.90	Infectious mononucleosis, unspecified without complication		
B27.91	Infectious mononucleosis, unspecified with polyneuropathy		
B27.92	Infectious mononucleosis, unspecified with meningitis		
B27.99	Infectious mononucleosis, unspecified with other complication		
B34.1	Enterovirus infection, unspecified		
B37.7	Candidal sepsis		
B39.4	Histoplasmosis capsulati, unspecified		
B50.0	Plasmodium falciparum malaria with cerebral complications		
B50.8	Other severe and complicated Plasmodium falciparum malaria		
B51.0	Plasmodium vivax malaria with rupture of spleen		
B51.8	Plasmodium vivax malaria with other complications		
B52.0	Plasmodium malariae malaria with nephropathy		
B52.8	Plasmodium malariae malaria with other complications		
B57.30	Chagas' disease with digestive system involvement, unspecified		
B57.31	Megaesophagus in Chagas' disease		
B57.32	Megacolon in Chagas' disease		
B57.39	Other digestive system involvement in Chagas' disease		
B57.40	Chagas' disease with nervous system involvement, unspecified		
B57.41	Meningitis in Chagas' disease		
B57.42	Meningoencephalitis in Chagas' disease		
B57.49	Other nervous system involvement in Chagas' disease		
B57.5	Chagas' disease (chronic) with other organ involvement		
B58.1	Toxoplasma hepatitis		
B65.9	Schistosomiasis, unspecified		
B66.1	Clonorchiasis		
B66.3	Fascioliasis		
B67.0	Echinococcus granulosus infection of liver		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
B67.5	Echinococcus multilocularis infection of liver		
B67.8	Echinococcosis, unspecified, of liver		
B67.90	Echinococcosis, unspecified		
B67.99	Other echinococcosis		
B97.10	Unspecified enterovirus as the cause of diseases classified elsewhere		
B97.89	Other viral agents as the cause of diseases classified elsewhere		
C15.3	Malignant neoplasm of upper third of esophagus		
C15.4	Malignant neoplasm of middle third of esophagus		
C15.5	Malignant neoplasm of lower third of esophagus		
C15.8	Malignant neoplasm of overlapping sites of esophagus		
C15.9	Malignant neoplasm of esophagus, unspecified		
C16.0	Malignant neoplasm of cardia		
C16.1	Malignant neoplasm of fundus of stomach		
C16.2	Malignant neoplasm of body of stomach		
C16.3	Malignant neoplasm of pyloric antrum		
C16.4	Malignant neoplasm of pylorus		
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified		
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified		
C16.8	Malignant neoplasm of overlapping sites of stomach		
C16.9	Malignant neoplasm of stomach, unspecified		
C17.0	Malignant neoplasm of duodenum		
C17.1	Malignant neoplasm of jejunum		
C17.2	Malignant neoplasm of ileum		
C17.3	Meckel's diverticulum, malignant		
C17.8	Malignant neoplasm of overlapping sites of small intestine		
C17.9	Malignant neoplasm of small intestine, unspecified		
C18.0	Malignant neoplasm of cecum		
C18.1	Malignant neoplasm of appendix		
C18.2	Malignant neoplasm of ascending colon		
C18.3	Malignant neoplasm of hepatic flexure		
C18.4	Malignant neoplasm of transverse colon		
C18.5	Malignant neoplasm of splenic flexure		
C18.6	Malignant neoplasm of descending colon		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION		
C18.7	Malignant neoplasm of sigmoid colon		
C18.8	Malignant neoplasm of overlapping sites of colon		
C18.9	Malignant neoplasm of colon, unspecified		
C19	Malignant neoplasm of rectosigmoid junction		
C20	Malignant neoplasm of rectum		
C21.0	Malignant neoplasm of anus, unspecified		
C21.1	Malignant neoplasm of anal canal		
C21.2	Malignant neoplasm of cloacogenic zone		
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal		
C22.0	Liver cell carcinoma		
C22.1	Intrahepatic bile duct carcinoma		
C22.2	Hepatoblastoma		
C22.3	Angiosarcoma of liver		
C22.4	Other sarcomas of liver		
C22.7	Other specified carcinomas of liver		
C22.8	Malignant neoplasm of liver, primary, unspecified as to type		
C22.9	Malignant neoplasm of liver, not specified as primary or secondary		
C23	Malignant neoplasm of gallbladder		
C24.0	Malignant neoplasm of extrahepatic bile duct		
C24.1	Malignant neoplasm of ampulla of Vater		
C24.8	Malignant neoplasm of overlapping sites of biliary tract		
C24.9	Malignant neoplasm of biliary tract, unspecified		
C25.0	Malignant neoplasm of head of pancreas		
C25.1	Malignant neoplasm of body of pancreas		
C25.2	Malignant neoplasm of tail of pancreas		
C25.3	Malignant neoplasm of pancreatic duct		
C25.4	Malignant neoplasm of endocrine pancreas		
C25.7	Malignant neoplasm of other parts of pancreas		
C25.8	Malignant neoplasm of overlapping sites of pancreas		
C25.9	Malignant neoplasm of pancreas, unspecified		
C26.0	Malignant neoplasm of intestinal tract, part unspecified		
C26.1	Malignant neoplasm of spleen		
C26.9	Malignant neoplasm of ill-defined sites within the digestive system		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C30.0	Malignant neoplasm of nasal cavity		
C30.1	Malignant neoplasm of middle ear		
C31.0	Malignant neoplasm of maxillary sinus		
C31.1	Malignant neoplasm of ethmoidal sinus		
C31.2	Malignant neoplasm of frontal sinus		
C31.3	Malignant neoplasm of sphenoid sinus		
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses		
C31.9	Malignant neoplasm of accessory sinus, unspecified		
C32.0	Malignant neoplasm of glottis		
C32.1	Malignant neoplasm of supraglottis		
C32.2	Malignant neoplasm of subglottis		
C32.3	Malignant neoplasm of laryngeal cartilage		
C32.8	Malignant neoplasm of overlapping sites of larynx		
C32.9	Malignant neoplasm of larynx, unspecified		
C33	Malignant neoplasm of trachea		
C34.00	Malignant neoplasm of unspecified main bronchus		
C34.01	Malignant neoplasm of right main bronchus		
C34.02	Malignant neoplasm of left main bronchus		
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung		
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung		
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung		
C34.2	Malignant neoplasm of middle lobe, bronchus or lung		
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung		
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung		
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung		
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung		
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung		
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung		
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung		
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung		
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung		
C37	Malignant neoplasm of thymus		
C38.0	Malignant neoplasm of heart		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
C38.1	Malignant neoplasm of anterior mediastinum			
C38.2	Malignant neoplasm of posterior mediastinum			
C38.3	Malignant neoplasm of mediastinum, part unspecified			
C38.4	Malignant neoplasm of pleura			
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura			
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified			
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified			
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb			
C40.01	Malignant neoplasm of scapula and long bones of right upper limb			
C40.02	Malignant neoplasm of scapula and long bones of left upper limb			
C40.10	Malignant neoplasm of short bones of unspecified upper limb			
C40.11	Malignant neoplasm of short bones of right upper limb			
C40.12	Malignant neoplasm of short bones of left upper limb			
C40.20	Malignant neoplasm of long bones of unspecified lower limb			
C40.21	Malignant neoplasm of long bones of right lower limb			
C40.22	Malignant neoplasm of long bones of left lower limb			
C40.30	Malignant neoplasm of short bones of unspecified lower limb			
C40.31	Malignant neoplasm of short bones of right lower limb			
C40.32	Malignant neoplasm of short bones of left lower limb			
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb			
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb			
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb			
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb			
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb			
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb			
C41.0	Malignant neoplasm of bones of skull and face			
C41.1	Malignant neoplasm of mandible			
C41.2	Malignant neoplasm of vertebral column			
C41.3	Malignant neoplasm of ribs, sternum and clavicle			
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx			
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified			
C43.0	Malignant melanoma of lip			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
C43.10	Malignant melanoma of unspecified eyelid, including canthus			
C43.111	Malignant melanoma of right upper eyelid, including canthus			
C43.112	Malignant melanoma of right lower eyelid, including canthus			
C43.121	Malignant melanoma of left upper eyelid, including canthus			
C43.122	Malignant melanoma of left lower eyelid, including canthus			
C43.20	Malignant melanoma of unspecified ear and external auricular canal			
C43.21	Malignant melanoma of right ear and external auricular canal			
C43.22	Malignant melanoma of left ear and external auricular canal			
C43.30	Malignant melanoma of unspecified part of face			
C43.31	Malignant melanoma of nose			
C43.39	Malignant melanoma of other parts of face			
C43.4	Malignant melanoma of scalp and neck			
C43.51	Malignant melanoma of anal skin			
C43.52	Malignant melanoma of skin of breast			
C43.59	Malignant melanoma of other part of trunk			
C43.60	Malignant melanoma of unspecified upper limb, including shoulder			
C43.61	Malignant melanoma of right upper limb, including shoulder			
C43.62	Malignant melanoma of left upper limb, including shoulder			
C43.70	Malignant melanoma of unspecified lower limb, including hip			
C43.71	Malignant melanoma of right lower limb, including hip			
C43.72	Malignant melanoma of left lower limb, including hip			
C43.8	Malignant melanoma of overlapping sites of skin			
C43.9	Malignant melanoma of skin, unspecified			
C44.00	Unspecified malignant neoplasm of skin of lip			
C44.01	Basal cell carcinoma of skin of lip			
C44.02	Squamous cell carcinoma of skin of lip			
C44.09	Other specified malignant neoplasm of skin of lip			
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus			
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus			
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus			
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus			
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus			
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172	GAMMA GT		

ICD-10 CODE	DESCRIPTION		
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus		
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus		
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus		
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus		
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus		
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus		
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus		
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus		
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus		
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus		
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus		
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus		
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus		
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus		
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus		
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus		
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus		
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus		
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal		
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal		
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal		
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal		
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal		
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal		
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal		
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal		
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal		
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular		
	canal		
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal		
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal		
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172	GAMMA GT		

ICD-10 CODE	DESCRIPTION		
C44.301	Unspecified malignant neoplasm of skin of nose		
C44.309	Unspecified malignant neoplasm of skin of other parts of face		
C44.310	Basal cell carcinoma of skin of unspecified parts of face		
C44.311	Basal cell carcinoma of skin of nose		
C44.319	Basal cell carcinoma of skin of other parts of face		
C44.320	Squamous cell carcinoma of skin of unspecified parts of face		
C44.321	Squamous cell carcinoma of skin of nose		
C44.329	Squamous cell carcinoma of skin of other parts of face		
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face		
C44.391	Other specified malignant neoplasm of skin of nose		
C44.399	Other specified malignant neoplasm of skin of other parts of face		
C44.40	Unspecified malignant neoplasm of skin of scalp and neck		
C44.41	Basal cell carcinoma of skin of scalp and neck		
C44.42	Squamous cell carcinoma of skin of scalp and neck		
C44.49	Other specified malignant neoplasm of skin of scalp and neck		
C44.500	Jnspecified malignant neoplasm of anal skin		
C44.501	Jnspecified malignant neoplasm of skin of breast		
C44.509	Jnspecified malignant neoplasm of skin of other part of trunk		
C44.510	Basal cell carcinoma of anal skin		
C44.511	Basal cell carcinoma of skin of breast		
C44.519	Basal cell carcinoma of skin of other part of trunk		
C44.520	Squamous cell carcinoma of anal skin		
C44.521	Squamous cell carcinoma of skin of breast		
C44.529	Squamous cell carcinoma of skin of other part of trunk		
C44.590	Other specified malignant neoplasm of anal skin		
C44.591	Other specified malignant neoplasm of skin of breast		
C44.599	Other specified malignant neoplasm of skin of other part of trunk		
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder		
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder		
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder		
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder		
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder		
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder		
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder		
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder		
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder		
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder		
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder		
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip		
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip		
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip		
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip		
C44.712	Basal cell carcinoma of skin of right lower limb, including hip		
C44.719	Basal cell carcinoma of skin of left lower limb, including hip		
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip		
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip		
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip		
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip		
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip		
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip		
C44.80	Unspecified malignant neoplasm of overlapping sites of skin		
C44.81	Basal cell carcinoma of overlapping sites of skin		
C44.82	Squamous cell carcinoma of overlapping sites of skin		
C44.89	Other specified malignant neoplasm of overlapping sites of skin		
C44.90	Unspecified malignant neoplasm of skin, unspecified		
C44.91	Basal cell carcinoma of skin, unspecified		
C44.92	Squamous cell carcinoma of skin, unspecified		
C44.99	Other specified malignant neoplasm of skin, unspecified		
C45.0	Mesothelioma of pleura		
C45.1	Mesothelioma of peritoneum		
C45.2	Mesothelioma of pericardium		
C46.0	Kaposi's sarcoma of skin		
C46.1	Kaposi's sarcoma of soft tissue		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172			

ICD-10 CODE	DESCRIPTION		
C46.2	Kaposi's sarcoma of palate		
C46.3	Kaposi's sarcoma of lymph nodes		
C46.4	Kaposi's sarcoma of gastrointestinal sites		
C46.50	Kaposi's sarcoma of unspecified lung		
C46.51	Kaposi's sarcoma of right lung		
C46.52	Kaposi's sarcoma of left lung		
C46.7	Kaposi's sarcoma of other sites		
C46.9	Kaposi's sarcoma, unspecified		
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck		
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder		
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder		
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder		
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip		
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip		
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip		
C47.3	Malignant neoplasm of peripheral nerves of thorax		
C47.4	Malignant neoplasm of peripheral nerves of abdomen		
C47.5	Malignant neoplasm of peripheral nerves of pelvis		
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified		
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system		
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified		
C48.0	Malignant neoplasm of retroperitoneum		
C48.1	Malignant neoplasm of specified parts of peritoneum		
C48.2	Malignant neoplasm of peritoneum, unspecified		
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum		
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck		
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder		
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder		
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip		
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip		
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip		
C49.3	Malignant neoplasm of connective and soft tissue of thorax		
C49.4	Malignant neoplasm of connective and soft tissue of abdomen		
C49.5	Malignant neoplasm of connective and soft tissue of pelvis		
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified		
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue		
C49.9	Malignant neoplasm of connective and soft tissue, unspecified		
C49.A0	Gastrointestinal stromal tumor, unspecified site		
C49.A1	Gastrointestinal stromal tumor of esophagus		
C49.A2	Gastrointestinal stromal tumor of stomach		
C49.A3	Gastrointestinal stromal tumor of small intestine		
C49.A4	Gastrointestinal stromal tumor of large intestine		
C49.A5	Gastrointestinal stromal tumor of rectum		
C49.A9	Gastrointestinal stromal tumor of other sites		
C50.011	Malignant neoplasm of nipple and areola, right female breast		
C50.012	Malignant neoplasm of nipple and areola, left female breast		
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast		
C50.021	Malignant neoplasm of nipple and areola, right male breast		
C50.022	Malignant neoplasm of nipple and areola, left male breast		
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast		
C50.111	Malignant neoplasm of central portion of right female breast		
C50.112	Malignant neoplasm of central portion of left female breast		
C50.119	Malignant neoplasm of central portion of unspecified female breast		
C50.121	Malignant neoplasm of central portion of right male breast		
C50.122	Malignant neoplasm of central portion of left male breast		
C50.129	Malignant neoplasm of central portion of unspecified male breast		
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast		
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast		
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast		
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast		
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast		
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast		
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast		
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast		
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast		
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast		
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast		
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast		
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast		
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast		
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast		
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast		
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast		
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast		
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast		
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast		
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast		
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast		
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast		
C50.611	Malignant neoplasm of axillary tail of right female breast		
C50.612	Malignant neoplasm of axillary tail of left female breast		
C50.619	Malignant neoplasm of axillary tail of unspecified female breast		
C50.621	Malignant neoplasm of axillary tail of right male breast		
C50.622	Malignant neoplasm of axillary tail of left male breast		
C50.629	Malignant neoplasm of axillary tail of unspecified male breast		
C50.811	Malignant neoplasm of overlapping sites of right female breast		
C50.812	Malignant neoplasm of overlapping sites of left female breast		
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast		
C50.821	Malignant neoplasm of overlapping sites of right male breast		
C50.822	Malignant neoplasm of overlapping sites of left male breast		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast		
C50.911	Malignant neoplasm of unspecified site of right female breast		
C50.912	Malignant neoplasm of unspecified site of left female breast		
C50.919	Malignant neoplasm of unspecified site of unspecified female breast		
C50.921	Malignant neoplasm of unspecified site of right male breast		
C50.922	Malignant neoplasm of unspecified site of left male breast		
C50.929	Malignant neoplasm of unspecified site of unspecified male breast		
C51.0	Malignant neoplasm of labium majus		
C51.1	Malignant neoplasm of labium minus		
C51.2	Malignant neoplasm of clitoris		
C51.8	Malignant neoplasm of overlapping sites of vulva		
C51.9	Malignant neoplasm of vulva, unspecified		
C52	Malignant neoplasm of vagina		
C53.0	Malignant neoplasm of endocervix		
C53.1	Malignant neoplasm of exocervix		
C53.8	Malignant neoplasm of overlapping sites of cervix uteri		
C53.9	Malignant neoplasm of cervix uteri, unspecified		
C54.0	Malignant neoplasm of isthmus uteri		
C54.1	Malignant neoplasm of endometrium		
C54.2	Malignant neoplasm of myometrium		
C54.3	Malignant neoplasm of fundus uteri		
C54.8	Malignant neoplasm of overlapping sites of corpus uteri		
C54.9	Malignant neoplasm of corpus uteri, unspecified		
C55	Malignant neoplasm of uterus, part unspecified		
C56.1	Malignant neoplasm of right ovary		
C56.2	Malignant neoplasm of left ovary		
C56.9	Malignant neoplasm of unspecified ovary		
C57.00	Malignant neoplasm of unspecified fallopian tube		
C57.01	Malignant neoplasm of right fallopian tube		
C57.02	Malignant neoplasm of left fallopian tube		
C57.10	Malignant neoplasm of unspecified broad ligament		
C57.11	Malignant neoplasm of right broad ligament		
C57.12	Malignant neoplasm of left broad ligament		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TE	ST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C57.20	Malignant neoplasm of unspecified round ligament		
C57.21	Malignant neoplasm of right round ligament		
C57.22	Malignant neoplasm of left round ligament		
C57.3	Malignant neoplasm of parametrium		
C57.4	Malignant neoplasm of uterine adnexa, unspecified		
C57.7	Malignant neoplasm of other specified female genital organs		
C57.8	Malignant neoplasm of overlapping sites of female genital organs		
C57.9	Malignant neoplasm of female genital organ, unspecified		
C58	Malignant neoplasm of placenta		
C60.0	Malignant neoplasm of prepuce		
C60.1	Malignant neoplasm of glans penis		
C60.2	Malignant neoplasm of body of penis		
C60.8	Malignant neoplasm of overlapping sites of penis		
C60.9	Malignant neoplasm of penis, unspecified		
C61	Malignant neoplasm of prostate		
C62.00	Malignant neoplasm of unspecified undescended testis		
C62.01	Malignant neoplasm of undescended right testis		
C62.02	Malignant neoplasm of undescended left testis		
C62.10	Malignant neoplasm of unspecified descended testis		
C62.11	Malignant neoplasm of descended right testis		
C62.12	Malignant neoplasm of descended left testis		
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or		
	undescended		
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended		
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended		
C63.00	Malignant neoplasm of unspecified epididymis		
C63.01	Malignant neoplasm of right epididymis		
C63.02	Malignant neoplasm of left epididymis		
C63.10	Malignant neoplasm of unspecified spermatic cord		
C63.11	Malignant neoplasm of right spermatic cord		
C63.12	Malignant neoplasm of left spermatic cord		
C63.2	Malignant neoplasm of scrotum		
C63.7	Malignant neoplasm of other specified male genital organs		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C63.8	Malignant neoplasm of overlapping sites of male genital organs		
C63.9	Malignant neoplasm of male genital organ, unspecified		
C64.1	Malignant neoplasm of right kidney, except renal pelvis		
C64.2	Malignant neoplasm of left kidney, except renal pelvis		
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis		
C65.1	Malignant neoplasm of right renal pelvis		
C65.2	Malignant neoplasm of left renal pelvis		
C65.9	Malignant neoplasm of unspecified renal pelvis		
C66.1	Malignant neoplasm of right ureter		
C66.2	Malignant neoplasm of left ureter		
C66.9	Malignant neoplasm of unspecified ureter		
C67.0	Malignant neoplasm of trigone of bladder		
C67.1	Malignant neoplasm of dome of bladder		
C67.2	Malignant neoplasm of lateral wall of bladder		
C67.3	Malignant neoplasm of anterior wall of bladder		
C67.4	Malignant neoplasm of posterior wall of bladder		
C67.5	Malignant neoplasm of bladder neck		
C67.6	Malignant neoplasm of ureteric orifice		
C67.7	Malignant neoplasm of urachus		
C67.8	Malignant neoplasm of overlapping sites of bladder		
C67.9	Malignant neoplasm of bladder, unspecified		
C68.0	Malignant neoplasm of urethra		
C68.1	Malignant neoplasm of paraurethral glands		
C68.8	Malignant neoplasm of overlapping sites of urinary organs		
C68.9	Malignant neoplasm of urinary organ, unspecified		
C7A.00	Malignant carcinoid tumor of unspecified site		
C7A.090	Malignant carcinoid tumor of the bronchus and lung		
C7A.091	Malignant carcinoid tumor of the thymus		
C7A.092	Malignant carcinoid tumor of the stomach		
C7A.093	Malignant carcinoid tumor of the kidney		
C7A.094	Malignant carcinoid tumor of the foregut, unspecified		
C7A.095	Malignant carcinoid tumor of the midgut, unspecified		
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C7A.098	Malignant carcinoid tumors of other sites		
C7B.00	Secondary carcinoid tumors, unspecified site		
C7B.01	Secondary carcinoid tumors of distant lymph nodes		
C7B.02	Secondary carcinoid tumors of liver		
C7B.03	Secondary carcinoid tumors of bone		
C7B.04	Secondary carcinoid tumors of peritoneum		
C7B.09	Secondary carcinoid tumors of other sites		
C7B.1	Secondary Merkel cell carcinoma		
C7B.8	Other secondary neuroendocrine tumors		
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site		
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and		
004.00	neck		
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes		
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes		
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen		
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites		
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites		
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site		
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes		
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes		
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen		
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION			
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites			
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site			
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck			
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes			
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes			
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb			
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb			
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes			
C81.27	Mixed cellularity Hodgkin lymphoma, spleen			
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites			
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites			
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site			
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck			
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes			
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes			
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb			
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb			
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes			
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen			
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites			
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites			
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site			
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck			
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes			
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes			
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb			
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb			
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes			
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen			
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites			
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites			
C81.70	Other Hodgkin lymphoma, unspecified site			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes		
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes		
C81.77	Other Hodgkin lymphoma, spleen		
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites		
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites		
C81.90	Hodgkin lymphoma, unspecified, unspecified site		
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck		
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes		
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes		
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb		
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb		
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes		
C81.97	Hodgkin lymphoma, unspecified, spleen		
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites		
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites		
C82.00	Follicular lymphoma grade I, unspecified site		
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck		
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes		
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes		
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb		
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb		
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes		
C82.07	Follicular lymphoma grade I, spleen		
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites		
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites		
C82.10	Follicular lymphoma grade II, unspecified site		
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck		
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes		
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb		
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb		
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes		
C82.17	Follicular lymphoma grade II, spleen		
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites		
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites		
C82.20	Follicular lymphoma grade III, unspecified, unspecified site		
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck		
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes		
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes		
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb		
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb		
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes		
C82.27	Follicular lymphoma grade III, unspecified, spleen		
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites		
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites		
C82.30	Follicular lymphoma grade IIIa, unspecified site		
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck		
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes		
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes		
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb		
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb		
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes		
C82.37	Follicular lymphoma grade IIIa, spleen		
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites		
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites		
C82.40	Follicular lymphoma grade IIIb, unspecified site		
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck		
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes		
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes		
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb		
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes		
C82.47	Follicular lymphoma grade IIIb, spleen		
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites		
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites		
C82.50	Diffuse follicle center lymphoma, unspecified site		
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck		
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes		
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes		
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb		
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb		
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes		
C82.57	Diffuse follicle center lymphoma, spleen		
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites		
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites		
C82.60	Cutaneous follicle center lymphoma, unspecified site		
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck		
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes		
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes		
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb		
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb		
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes		
C82.67	Cutaneous follicle center lymphoma, spleen		
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites		
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites		
C82.80	Other types of follicular lymphoma, unspecified site		
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck		
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes		
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes		
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb		
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb		
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes		
C82.87	Other types of follicular lymphoma, spleen		
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites		
C82.90	Follicular lymphoma, unspecified, unspecified site		
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck		
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes		
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes		
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb		
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb		
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes		
C82.97	Follicular lymphoma, unspecified, spleen		
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites		
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites		
C83.00	Small cell B-cell lymphoma, unspecified site		
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck		
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes		
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes		
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb		
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes		
C83.07	Small cell B-cell lymphoma, spleen		
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites		
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites		
C83.10	Mantle cell lymphoma, unspecified site		
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck		
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes		
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes		
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb		
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb		
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes		
C83.17	Mantle cell lymphoma, spleen		
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites		
C83.19	Mantle cell lymphoma, extranodal and solid organ sites		
C83.30	Diffuse large B-cell lymphoma, unspecified site		
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes		
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes		
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb		
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes		
C83.37	Diffuse large B-cell lymphoma, spleen		
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites		
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites		
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site		
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck		
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes		
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes		
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb		
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb		
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes		
C83.57	Lymphoblastic (diffuse) lymphoma, spleen		
C83.58	_ymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites		
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites		
C83.70	Burkitt lymphoma, unspecified site		
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck		
C83.72	Burkitt lymphoma, intrathoracic lymph nodes		
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes		
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb		
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb		
C83.76	Burkitt lymphoma, intrapelvic lymph nodes		
C83.77	Burkitt lymphoma, spleen		
C83.78	Burkitt lymphoma, lymph nodes of multiple sites		
C83.79	Burkitt lymphoma, extranodal and solid organ sites		
C83.80	Other non-follicular lymphoma, unspecified site		
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck		
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes		
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes		
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb			
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes			
C83.87	Other non-follicular lymphoma, spleen			
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites			
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites			
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site			
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck			
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes			
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes			
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb			
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower			
	limb			
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes			
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen			
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites			
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites			
C84.00	Mycosis fungoides, unspecified site			
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck			
C84.02	Mycosis fungoides, intrathoracic lymph nodes			
C84.03	Mycosis fungoides, intra-abdominal lymph nodes			
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb			
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb			
C84.06	Mycosis fungoides, intrapelvic lymph nodes			
C84.07	Mycosis fungoides, spleen			
C84.08	Mycosis fungoides, lymph nodes of multiple sites			
C84.09	Mycosis fungoides, extranodal and solid organ sites			
C84.10	Sezary disease, unspecified site			
C84.11	Sezary disease, lymph nodes of head, face, and neck			
C84.12	Sezary disease, intrathoracic lymph nodes			
C84.13	Sezary disease, intra-abdominal lymph nodes			
C84.14	Sezary disease, lymph nodes of axilla and upper limb			
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb			
C84.16	Sezary disease, intrapelvic lymph nodes			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172	GAMMA GT		

ICD-10 CODE	DESCRIPTION		
C84.17	Sezary disease, spleen		
C84.18	Sezary disease, lymph nodes of multiple sites		
C84.19	Sezary disease, extranodal and solid organ sites		
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site		
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck		
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes		
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes		
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb		
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb		
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes		
C84.47	Peripheral T-cell lymphoma, not classified, spleen		
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites		
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites		
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site		
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck		
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes		
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes		
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb		
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb		
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes		
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen		
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites		
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites		
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site		
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck		
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes		
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes		
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb		
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb		
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172			

ICD-10 CODE	DESCRIPTION			
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen			
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites			
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites			
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site			
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck			
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes			
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes			
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb			
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb			
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes			
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen			
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites			
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites			
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site			
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck			
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes			
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes			
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb			
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb			
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes			
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen			
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites			
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites			
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site			
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck			
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes			
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes			
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb			
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb			
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes			
C84.Z7	Other mature T/NK-cell lymphomas, spleen			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172	GAMMA GT		

ICD-10 CODE	DESCRIPTION		
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites		
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites		
C85.10	Unspecified B-cell lymphoma, unspecified site		
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck		
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes		
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes		
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb		
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes		
C85.17	Unspecified B-cell lymphoma, spleen		
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites		
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites		
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site		
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck		
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes		
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes		
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb		
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes		
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen		
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites		
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites		
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site		
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck		
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes		
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes		
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
C85.87	Other specified types of non-Hodgkin lymphoma, spleen		
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites		
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites		
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site		
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck		
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes		
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes		
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb		
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb		
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes		
C85.97	Non-Hodgkin lymphoma, unspecified, spleen		
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites		
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites		
C86.0	Extranodal NK/T-cell lymphoma, nasal type		
C86.1	Hepatosplenic T-cell lymphoma		
C86.2	Enteropathy-type (intestinal) T-cell lymphoma		
C86.3	Subcutaneous panniculitis-like T-cell lymphoma		
C86.4	Blastic NK-cell lymphoma		
C86.5	Angioimmunoblastic T-cell lymphoma		
C86.6	Primary cutaneous CD30-positive T-cell proliferations		
C88.2	Heavy chain disease		
C88.3	Immunoproliferative small intestinal disease		
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]		
C88.8	Other malignant immunoproliferative diseases		
C88.9	Malignant immunoproliferative disease, unspecified		
C90.00	Multiple myeloma not having achieved remission		
C90.01	Multiple myeloma in remission		
C90.02	Multiple myeloma in relapse		
C90.10	Plasma cell leukemia not having achieved remission		
C90.11	Plasma cell leukemia in remission		
C90.12	Plasma cell leukemia in relapse		
C90.20	Extramedullary plasmacytoma not having achieved remission		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION			
C90.21	Extramedullary plasmacytoma in remission			
C90.22	Extramedullary plasmacytoma in relapse			
C90.30	Solitary plasmacytoma not having achieved remission			
C90.31	Solitary plasmacytoma in remission			
C90.32	Solitary plasmacytoma in relapse			
C91.00	Acute lymphoblastic leukemia not having achieved remission			
C91.01	Acute lymphoblastic leukemia, in remission			
C91.02	Acute lymphoblastic leukemia, in relapse			
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission			
C91.11	Chronic lymphocytic leukemia of B-cell type in remission			
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse			
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission			
C91.31	Prolymphocytic leukemia of B-cell type, in remission			
C91.32	Prolymphocytic leukemia of B-cell type, in relapse			
C91.40	Hairy cell leukemia not having achieved remission			
C91.41	Hairy cell leukemia, in remission			
C91.42	Hairy cell leukemia, in relapse			
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission			
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission			
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse			
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission			
C91.61	Prolymphocytic leukemia of T-cell type, in remission			
C91.62	Prolymphocytic leukemia of T-cell type, in relapse			
C91.90	Lymphoid leukemia, unspecified not having achieved remission			
C91.91	Lymphoid leukemia, unspecified, in remission			
C91.92	Lymphoid leukemia, unspecified, in relapse			
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission			
C91.A1	Mature B-cell leukemia Burkitt-type, in remission			
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse			
C91.Z0	Other lymphoid leukemia not having achieved remission			
C91.Z1	Other lymphoid leukemia, in remission			
C91.Z2	Other lymphoid leukemia, in relapse			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
C92.00	Acute myeloblastic leukemia, not having achieved remission		
C92.01	Acute myeloblastic leukemia, in remission		
C92.02	Acute myeloblastic leukemia, in relapse		
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission		
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission		
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse		
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission		
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission		
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse		
C92.30	Myeloid sarcoma, not having achieved remission		
C92.31	Myeloid sarcoma, in remission		
C92.32	Myeloid sarcoma, in relapse		
C92.40	Acute promyelocytic leukemia, not having achieved remission		
C92.41	Acute promyelocytic leukemia, in remission		
C92.42	Acute promyelocytic leukemia, in relapse		
C92.50	Acute myelomonocytic leukemia, not having achieved remission		
C92.51	Acute myelomonocytic leukemia, in remission		
C92.52	Acute myelomonocytic leukemia, in relapse		
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission		
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission		
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse		
C92.90	Myeloid leukemia, unspecified, not having achieved remission		
C92.91	Myeloid leukemia, unspecified in remission		
C92.92	Myeloid leukemia, unspecified in relapse		
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission		
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission		
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse		
C92.Z0	Other myeloid leukemia not having achieved remission		
C92.Z1	Other myeloid leukemia, in remission		
C92.Z2	Other myeloid leukemia, in relapse		
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission		
C93.01	Acute monoblastic/monocytic leukemia, in remission		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
C93.02	Acute monoblastic/monocytic leukemia, in relapse	
C93.10	Chronic myelomonocytic leukemia not having achieved remission	
C93.11	Chronic myelomonocytic leukemia, in remission	
C93.12	Chronic myelomonocytic leukemia, in relapse	
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission	
C93.31	Juvenile myelomonocytic leukemia, in remission	
C93.32	Juvenile myelomonocytic leukemia, in relapse	
C93.90	Monocytic leukemia, unspecified, not having achieved remission	
C93.91	Monocytic leukemia, unspecified in remission	
C93.92	Monocytic leukemia, unspecified in relapse	
C93.Z0	Other monocytic leukemia, not having achieved remission	
C93.Z1	Other monocytic leukemia, in remission	
C93.Z2	Other monocytic leukemia, in relapse	
C94.00	Acute erythroid leukemia, not having achieved remission	
C94.01	Acute erythroid leukemia, in remission	
C94.02	Acute erythroid leukemia, in relapse	
C94.20	Acute megakaryoblastic leukemia not having achieved remission	
C94.21	Acute megakaryoblastic leukemia, in remission	
C94.22	Acute megakaryoblastic leukemia, in relapse	
C94.30	Mast cell leukemia not having achieved remission	
C94.31	Mast cell leukemia, in remission	
C94.32	Mast cell leukemia, in relapse	
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission	
C94.41	Acute panmyelosis with myelofibrosis, in remission	
C94.42	Acute panmyelosis with myelofibrosis, in relapse	
C94.6	Myelodysplastic disease, not classified	
C94.80	Other specified leukemias not having achieved remission	
C94.81	Other specified leukemias, in remission	
C94.82	Other specified leukemias, in relapse	
C95.00	Acute leukemia of unspecified cell type not having achieved remission	
C95.01	Acute leukemia of unspecified cell type, in remission	
C95.02	Acute leukemia of unspecified cell type, in relapse	
C95.10	Chronic leukemia of unspecified cell type not having achieved remission	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
C95.11	Chronic leukemia of unspecified cell type, in remission	
C95.12	Chronic leukemia of unspecified cell type, in relapse	
C95.90	Leukemia, unspecified not having achieved remission	
C95.91	Leukemia, unspecified, in remission	
C95.92	Leukemia, unspecified, in relapse	
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis	
C96.4	Sarcoma of dendritic cells (accessory cells)	
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified	
C96.A	Histiocytic sarcoma	
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue	
D01.40	Carcinoma in situ of unspecified part of intestine	
D01.49	Carcinoma in situ of other parts of intestine	
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts	
D01.7	Carcinoma in situ of other specified digestive organs	
D01.9	Carcinoma in situ of digestive organ, unspecified	
D03.0	Melanoma in situ of lip	
D03.10	Melanoma in situ of unspecified eyelid, including canthus	
D03.111	Melanoma in situ of right upper eyelid, including canthus	
D03.112	Melanoma in situ of right lower eyelid, including canthus	
D03.121	Melanoma in situ of left upper eyelid, including canthus	
D03.122	Melanoma in situ of left lower eyelid, including canthus	
D03.20	Melanoma in situ of unspecified ear and external auricular canal	
D03.21	Melanoma in situ of right ear and external auricular canal	
D03.22	Melanoma in situ of left ear and external auricular canal	
D03.30	Melanoma in situ of unspecified part of face	
D03.39	Melanoma in situ of other parts of face	
D03.4	Melanoma in situ of scalp and neck	
D03.51	Melanoma in situ of anal skin	
D03.52	Melanoma in situ of breast (skin) (soft tissue)	
D03.59	Melanoma in situ of other part of trunk	
D03.60	Melanoma in situ of unspecified upper limb, including shoulder	
D03.61	Melanoma in situ of right upper limb, including shoulder	
D03.62	Melanoma in situ of left upper limb, including shoulder	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
D03.70	Melanoma in situ of unspecified lower limb, including hip	
D03.71	Melanoma in situ of right lower limb, including hip	
D03.72	Melanoma in situ of left lower limb, including hip	
D03.8	Melanoma in situ of other sites	
D03.9	Melanoma in situ, unspecified	
D13.4	Benign neoplasm of liver	
D13.5	Benign neoplasm of extrahepatic bile ducts	
D13.6	Benign neoplasm of pancreas	
D13.7	Benign neoplasm of endocrine pancreas	
D18.03	Hemangioma of intra-abdominal structures	
D37.01	Neoplasm of uncertain behavior of lip	
D37.02	Neoplasm of uncertain behavior of tongue	
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands	
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands	
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands	
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified	
D37.04	Neoplasm of uncertain behavior of the minor salivary glands	
D37.05	Neoplasm of uncertain behavior of pharynx	
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity	
D37.1	Neoplasm of uncertain behavior of stomach	
D37.2	Neoplasm of uncertain behavior of small intestine	
D37.3	Neoplasm of uncertain behavior of appendix	
D37.4	Neoplasm of uncertain behavior of colon	
D37.5	Neoplasm of uncertain behavior of rectum	
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts	
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	
D38.0	Neoplasm of uncertain behavior of larynx	
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung	
D38.2	Neoplasm of uncertain behavior of pleura	
D38.3	Neoplasm of uncertain behavior of mediastinum	
D38.4	Neoplasm of uncertain behavior of thymus	
D38.5	Neoplasm of uncertain behavior of other respiratory organs	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified		
D39.0	Neoplasm of uncertain behavior of uterus		
D39.10	Neoplasm of uncertain behavior of unspecified ovary		
D39.11	Neoplasm of uncertain behavior of right ovary		
D39.12	Neoplasm of uncertain behavior of left ovary		
D39.2	Neoplasm of uncertain behavior of placenta		
D39.8	Neoplasm of uncertain behavior of other specified female genital organs		
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified		
D40.0	Neoplasm of uncertain behavior of prostate		
D40.10	Neoplasm of uncertain behavior of unspecified testis		
D40.11	Neoplasm of uncertain behavior of right testis		
D40.12	Neoplasm of uncertain behavior of left testis		
D40.8	Neoplasm of uncertain behavior of other specified male genital organs		
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified		
D41.00	Neoplasm of uncertain behavior of unspecified kidney		
D41.01	Neoplasm of uncertain behavior of right kidney		
D41.02	Neoplasm of uncertain behavior of left kidney		
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis		
D41.11	Neoplasm of uncertain behavior of right renal pelvis		
D41.12	Neoplasm of uncertain behavior of left renal pelvis		
D41.20	Neoplasm of uncertain behavior of unspecified ureter		
D41.21	Neoplasm of uncertain behavior of right ureter		
D41.22	Neoplasm of uncertain behavior of left ureter		
D41.3	Neoplasm of uncertain behavior of urethra		
D41.4	Neoplasm of uncertain behavior of bladder		
D41.8	Neoplasm of uncertain behavior of other specified urinary organs		
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ		
D42.0	Neoplasm of uncertain behavior of cerebral meninges		
D42.1	Neoplasm of uncertain behavior of spinal meninges		
D42.9	Neoplasm of uncertain behavior of meninges, unspecified		
D43.0	Neoplasm of uncertain behavior of brain, supratentorial		
D43.1	Neoplasm of uncertain behavior of brain, infratentorial		
D43.2	Neoplasm of uncertain behavior of brain, unspecified		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
D43.3	Neoplasm of uncertain behavior of cranial nerves		
D43.4	Neoplasm of uncertain behavior of spinal cord		
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system		
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified		
D44.0	Neoplasm of uncertain behavior of thyroid gland		
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland		
D44.11	Neoplasm of uncertain behavior of right adrenal gland		
D44.12	Neoplasm of uncertain behavior of left adrenal gland		
D44.2	Neoplasm of uncertain behavior of parathyroid gland		
D44.3	Neoplasm of uncertain behavior of pituitary gland		
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct		
D44.5	Neoplasm of uncertain behavior of pineal gland		
D44.6	Neoplasm of uncertain behavior of carotid body		
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia		
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland		
D45	Polycythemia vera		
D46.0	Refractory anemia without ring sideroblasts, so stated		
D46.1	Refractory anemia with ring sideroblasts		
D46.20	Refractory anemia with excess of blasts, unspecified		
D46.21	Refractory anemia with excess of blasts 1		
D46.22	Refractory anemia with excess of blasts 2		
D46.4	Refractory anemia, unspecified		
D46.9	Myelodysplastic syndrome, unspecified		
D46.A	Refractory cytopenia with multilineage dysplasia		
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts		
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality		
D46.Z	Other myelodysplastic syndromes		
D47.09	Other mast cell neoplasms of uncertain behavior		
D47.1	Chronic myeloproliferative disease		
D47.3	Essential (hemorrhagic) thrombocythemia		
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue,		
	unspecified		
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
D47.Z2	Castleman disease		
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related		
	tissue		
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage		
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue		
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system		
D48.3	Neoplasm of uncertain behavior of retroperitoneum		
D48.4	Neoplasm of uncertain behavior of peritoneum		
D48.5	Neoplasm of uncertain behavior of skin		
D48.60	Neoplasm of uncertain behavior of unspecified breast		
D48.61	Neoplasm of uncertain behavior of right breast		
D48.62	Neoplasm of uncertain behavior of left breast		
D48.7	Neoplasm of uncertain behavior of other specified sites		
D48.9	Neoplasm of uncertain behavior, unspecified		
D49.0	Neoplasm of unspecified behavior of digestive system		
D57.00	Hb-SS disease with crisis, unspecified		
D57.01	Hb-SS disease with acute chest syndrome		
D57.02	Hb-SS disease with splenic sequestration		
D57.1	Sickle-cell disease without crisis		
D57.20	Sickle-cell/Hb-C disease without crisis		
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome		
D57.212	Sickle-cell/Hb-C disease with splenic sequestration		
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified		
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration		
D57.80	Other sickle-cell disorders without crisis		
D57.811	Other sickle-cell disorders with acute chest syndrome		
D57.812	Other sickle-cell disorders with splenic sequestration		
D57.819	Other sickle-cell disorders with crisis, unspecified		
D65	Disseminated intravascular coagulation [defibrination syndrome]		
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants		
D68.4	Acquired coagulation factor deficiency		
D73.1	Hypersplenism		

Source: www.cms.hhs.gov/mcd Effective Date: 10-1-2016, last updated 10-1-2020 Gamm Glut (GGT) Page 39 of 132

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
D81.810	Biotinidase deficiency		
D84.1	Defects in the complement system		
D86.0	Sarcoidosis of lung		
D86.1	Sarcoidosis of lymph nodes		
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes		
D86.3	Sarcoidosis of skin		
D86.81	Sarcoid meningitis		
D86.82	Multiple cranial nerve palsies in sarcoidosis		
D86.83	Sarcoid iridocyclitis		
D86.84	Sarcoid pyelonephritis		
D86.85	Sarcoid myocarditis		
D86.86	Sarcoid arthropathy		
D86.87	Sarcoid myositis		
D86.89	Sarcoidosis of other sites		
D86.9	Sarcoidosis, unspecified		
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy		
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease		
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication		
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy		
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease		
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication		
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma		
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma		
E10.21	Type 1 diabetes mellitus with diabetic nephropathy		
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease		
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication		
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema		
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema		
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye		
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral		
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye		
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye		
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye		
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral		
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye		
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye		
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye		
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral		
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye		
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye		
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye		
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral		
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye		
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye		
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral		
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye		
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye		
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye		
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral		
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye		
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye		
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye		
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral		
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye		
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye		
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye		
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral		
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye		
E10.36	Type 1 diabetes mellitus with diabetic cataract		
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication		
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified		
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy		
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy			
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy			
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication			
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene			
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene			
E10.59	Type 1 diabetes mellitus with other circulatory complications			
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy			
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy			
E10.620	Type 1 diabetes mellitus with diabetic dermatitis			
E10.621	Type 1 diabetes mellitus with foot ulcer			
E10.622	Type 1 diabetes mellitus with other skin ulcer			
E10.628	Type 1 diabetes mellitus with other skin complications			
E10.630	Type 1 diabetes mellitus with periodontal disease			
E10.638	Type 1 diabetes mellitus with other oral complications			
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma			
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma			
E10.65	Type 1 diabetes mellitus with hyperglycemia			
E10.69	Type 1 diabetes mellitus with other specified complication			
E10.8	Type 1 diabetes mellitus with unspecified complications			
E10.9	Type 1 diabetes mellitus without complications			
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-			
	hyperosmolar coma (NKHHC)			
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma			
E11.21	Type 2 diabetes mellitus with diabetic nephropathy			
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease			
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication			
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema			
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema			
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular			
	edema, right eye			
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular			
	edema, left eye			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION	
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	
E11.59	Type 2 diabetes mellitus with other circulatory complications	
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy	
E11.620	Type 2 diabetes mellitus with diabetic dermatitis	
E11.621	Type 2 diabetes mellitus with foot ulcer	
E11.622	Type 2 diabetes mellitus with other skin ulcer	
E11.628	Type 2 diabetes mellitus with other skin complications	
E11.630	Type 2 diabetes mellitus with periodontal disease	
E11.638	Type 2 diabetes mellitus with other oral complications	
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma	
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma	
E11.65	Type 2 diabetes mellitus with hyperglycemia	
E11.69	Type 2 diabetes mellitus with other specified complication	
E11.8	Type 2 diabetes mellitus with unspecified complications	
E11.9	Type 2 diabetes mellitus without complications	
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-	
	hyperosmolar coma (NKHHC)	
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma	
E13.10	Other specified diabetes mellitus with ketoacidosis without coma	
E13.11	Other specified diabetes mellitus with ketoacidosis with coma	
E13.21	Other specified diabetes mellitus with diabetic nephropathy	
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease	
E13.29	Other specified diabetes mellitus with other diabetic kidney complication	
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular	
	edema	
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular	
	edema	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with
	macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with
	macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with
	macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with
	macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without
	macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without
	macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without
	macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without
	macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with
	macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with
	macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with
	macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with
	macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy
	without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy
	without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy
	without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy
	without macular edema, unspecified eye

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	
	macular edema, right eye	
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	
	macular edema, left eye	
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	
	macular edema, bilateral	
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with	
	macular edema, unspecified eye	
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without	
	macular edema, right eye	
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without	
	macular edema, left eye	
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without	
	macular edema, bilateral	
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without	
	macular edema, unspecified eye	
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	
	edema, right eye	
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	
	edema, left eye	
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	
	edema, bilateral	
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular	
	edema, unspecified eye	
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment involving the macula, right eye	
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment involving the macula, left eye	
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment involving the macula, bilateral	
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment involving the macula, unspecified eye	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment not involving the macula, right eye	
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment not involving the macula, left eye	
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment not involving the macula, bilateral	
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal	
	detachment not involving the macula, unspecified eye	
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	
	traction retinal detachment and rhegmatogenous retinal detachment, right eye	
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	
	traction retinal detachment and rhegmatogenous retinal detachment, left eye	
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	
	traction retinal detachment and rhegmatogenous retinal detachment, bilateral	
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined	
	traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	
= 40.0==0		
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified	
E40.0504	eye	
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	
E40.0500	edema, right eye	
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular	
	edema, left eye	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAM	E
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E20.1	Pseudohypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E55.0	Rickets, active
E56.1	Deficiency of vitamin K
E64.0	Sequelae of protein-calorie malnutrition
E70.20	Disorder of tyrosine metabolism, unspecified
E70.21	Tyrosinemia
E70.29	Other disorders of tyrosine metabolism
E70.30	Albinism, unspecified
E70.310	X-linked ocular albinism
E70.311	Autosomal recessive ocular albinism
E70.318	Other ocular albinism
E70.319	Ocular albinism, unspecified
E70.320	Tyrosinase negative oculocutaneous albinism
E70.321	Tyrosinase positive oculocutaneous albinism
E70.328	Other oculocutaneous albinism
E70.329	Oculocutaneous albinism, unspecified
E70.330	Chediak-Higashi syndrome
E70.331	Hermansky-Pudlak syndrome
E70.338	Other albinism with hematologic abnormality
E70.339	Albinism with hematologic abnormality, unspecified
E70.39	Other specified albinism
E70.5	Disorders of tryptophan metabolism

Source: www.cms.hhs.gov/mcd

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME	
172	GAMMA GT

ICD-10 CODE	DESCRIPTION
E70.81	Aromatic L-amino acid decarboxylase deficiency (add effective 10-1-2020)
E70.89	Other disorders of aromatic amino-acid metabolism (add effective 10-1-2020)
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E72.9	Disorder of amino-acid metabolism, unspecified
E74.00	Glycogen storage disease, unspecified
E74.01	von Gierke disease
E74.02	Pompe disease
E74.03	Cori disease
E74.04	McArdle disease
E74.09	Other glycogen storage disease
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.26	Sulfatase deficiency
E75.3	Sphingolipidosis, unspecified
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified

Source: www.cms.hhs.gov/mcd

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.9	Disorder of lipoprotein metabolism, unspecified
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
E80.4	Gilbert syndrome
E80.5	Crigler-Najjar syndrome
E80.6	Other disorders of bilirubin metabolism
E80.7	Disorder of bilirubin metabolism, unspecified
E83.00	Disorder of copper metabolism, unspecified
E83.01	Wilson's disease
E83.09	Other disorders of copper metabolism
E83.10	Disorder of iron metabolism, unspecified
E83.110	Hereditary hemochromatosis
E83.111	Hemochromatosis due to repeated red blood cell transfusions
E83.118	Other hemochromatosis
E83.119	Hemochromatosis, unspecified
E83.19	Other disorders of iron metabolism
E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.40	Disorders of magnesium metabolism, unspecified
E83.41	Hypermagnesemia
E83.42	Hypomagnesemia
E83.49	Other disorders of magnesium metabolism
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome

Source: www.cms.hhs.gov/mcd

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
E85.0	Non-neuropathic heredofamilial amyloidosis
E85.1	Neuropathic heredofamilial amyloidosis
E85.2	Heredofamilial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.01	Alpha-1-antitrypsin deficiency
E88.02	Plasminogen deficiency
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.120	Opioid abuse with intoxication, uncomplicated
F11.129	Opioid abuse with intoxication, unspecified
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F12.11	Cannabis abuse, in remission
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.23	Cannabis dependence with withdrawal
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.93	Cannabis use, unspecified with withdrawal
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced mood disorder
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced psychotic disorder, unspecified
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced persisting amnestic disorder
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced persisting dementia
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic- induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F14.10	Cocaine abuse, uncomplicated
F14.120	Cocaine abuse with intoxication, uncomplicated
1 17.120	Cocamo abaco mai internocatori, arteorripileated

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F15.10	Other stimulant abuse, uncomplicated
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction		
F15.282	Other stimulant dependence with stimulant-induced sleep disorder		
F15.288	Other stimulant dependence with other stimulant-induced disorder		
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder		
F15.90	Other stimulant use, unspecified, uncomplicated		
F16.10	Hallucinogen abuse, uncomplicated		
F16.11	Hallucinogen abuse, in remission		
F16.120	Hallucinogen abuse with intoxication, uncomplicated		
F16.20	Hallucinogen dependence, uncomplicated		
F16.21	Hallucinogen dependence, in remission		
F16.220	Hallucinogen dependence with intoxication, uncomplicated		
F16.221	Hallucinogen dependence with intoxication with delirium		
F16.229	Hallucinogen dependence with intoxication, unspecified		
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder		
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions		
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations		
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified		
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder		
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)		
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder		
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder		
F16.90	Hallucinogen use, unspecified, uncomplicated		
F17.200	Nicotine dependence, unspecified, uncomplicated		
F17.201	Nicotine dependence, unspecified, in remission		
F17.210	Nicotine dependence, cigarettes, uncomplicated		
F17.211	Nicotine dependence, cigarettes, in remission		
F17.220	Nicotine dependence, chewing tobacco, uncomplicated		
F17.221	Nicotine dependence, chewing tobacco, in remission		
F17.290	Nicotine dependence, other tobacco product, uncomplicated		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TE	ST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
F17.291	Nicotine dependence, other tobacco product, in remission		
F18.10	Inhalant abuse, uncomplicated		
F18.11	Inhalant abuse, in remission		
F18.120	Inhalant abuse with intoxication, uncomplicated		
F18.20	Inhalant dependence, uncomplicated		
F18.21	Inhalant dependence, in remission		
F18.220	Inhalant dependence with intoxication, uncomplicated		
F18.221	Inhalant dependence with intoxication delirium		
F18.229	Inhalant dependence with intoxication, unspecified		
F18.24	Inhalant dependence with inhalant-induced mood disorder		
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions		
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations		
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified		
F18.27	Inhalant dependence with inhalant-induced dementia		
F18.280	Inhalant dependence with inhalant-induced anxiety disorder		
F18.288	Inhalant dependence with other inhalant-induced disorder		
F18.29	Inhalant dependence with unspecified inhalant-induced disorder		
F18.90	Inhalant use, unspecified, uncomplicated		
F19.10	Other psychoactive substance abuse, uncomplicated		
F19.11	Other psychoactive substance abuse, in remission		
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated		
F19.20	Other psychoactive substance dependence, uncomplicated		
F19.21	Other psychoactive substance dependence, in remission		
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated		
F19.221	Other psychoactive substance dependence with intoxication delirium		
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance		
F19.229	Other psychoactive substance dependence with intoxication, unspecified		
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated		
F19.231	Other psychoactive substance dependence with withdrawal delirium		
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance		
F19.239	Other psychoactive substance dependence with withdrawal, unspecified		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TE	ST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance- induced disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F50.82	Avoidant/restrictive food intake disorder
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
G62.1	Alcoholic polyneuropathy
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita

Source: www.cms.hhs.gov/mcd Gamm Glut (GGT) Effective Date: 10-1-2016, last updated 10-1-2020 Page 61 of 132

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
G71.13	Myotonic chondrodystrophy		
G71.14	Drug induced myotonia		
G71.19	Other specified myotonic disorders		
127.83	Eisenmenger's syndrome		
150.810	Right heart failure, unspecified		
I50.811	Acute right heart failure		
I50.812	Chronic right heart failure		
I50.813	Acute on chronic right heart failure		
150.814	Right heart failure due to left heart failure		
150.82	Biventricular heart failure		
150.83	High output heart failure		
150.84	End stage heart failure		
150.89	Other heart failure		
180.241	Phlebitis and thrombophlebitis of right peroneal vein		
180.242	Phlebitis and thrombophlebitis of left peroneal vein		
180.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral		
I80.251	Phlebitis and thrombophlebitis of right calf muscular vein		
180.252	Phlebitis and thrombophlebitis of left calf muscular vein		
180.253	Phlebitis and thrombophlebitis of calf muscular vein, bilateral		
I81	Portal vein thrombosis		
182.0	Budd-Chiari syndrome		
I82.1	Thrombophlebitis migrans		
I82.210	Acute embolism and thrombosis of superior vena cava		
I82.211	Chronic embolism and thrombosis of superior vena cava		
182.220	Acute embolism and thrombosis of inferior vena cava		
182.221	Chronic embolism and thrombosis of inferior vena cava		
182.290	Acute embolism and thrombosis of other thoracic veins		
182.291	Chronic embolism and thrombosis of other thoracic veins		
182.3	Embolism and thrombosis of renal vein		
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity		
182.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity		
182.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
182.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity		
I82.411	Acute embolism and thrombosis of right femoral vein		
I82.412	Acute embolism and thrombosis of left femoral vein		
I82.413	Acute embolism and thrombosis of femoral vein, bilateral		
I82.419	Acute embolism and thrombosis of unspecified femoral vein		
I82.421	Acute embolism and thrombosis of right iliac vein		
182.422	Acute embolism and thrombosis of left iliac vein		
182.423	Acute embolism and thrombosis of iliac vein, bilateral		
182.429	Acute embolism and thrombosis of unspecified iliac vein		
I82.431	Acute embolism and thrombosis of right popliteal vein		
182.432	Acute embolism and thrombosis of left popliteal vein		
182.433	Acute embolism and thrombosis of popliteal vein, bilateral		
182.439	Acute embolism and thrombosis of unspecified popliteal vein		
I82.441	Acute embolism and thrombosis of right tibial vein		
182.442	Acute embolism and thrombosis of left tibial vein		
182.443	Acute embolism and thrombosis of tibial vein, bilateral		
182.449	Acute embolism and thrombosis of unspecified tibial vein		
I82.451	Acute embolism and thrombosis of right peroneal vein		
182.452	Acute embolism and thrombosis of left peroneal vein		
182.453	Acute embolism and thrombosis of peroneal vein, bilateral		
I82.461	Acute embolism and thrombosis of right calf muscular vein		
182.462	Acute embolism and thrombosis of left calf muscular vein		
182.463	Acute embolism and thrombosis of calf muscular vein, bilateral		
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity		
182.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity		
182.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral		
182.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity		
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
l82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
l82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
182.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
182.509	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82.511	Chronic embolism and thrombosis of right femoral vein
I82.512	Chronic embolism and thrombosis of left femoral vein
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral
I82.519	Chronic embolism and thrombosis of unspecified femoral vein
I82.521	Chronic embolism and thrombosis of right iliac vein
182.522	Chronic embolism and thrombosis of left iliac vein
182.523	Chronic embolism and thrombosis of iliac vein, bilateral
182.529	Chronic embolism and thrombosis of unspecified iliac vein
I82.531	Chronic embolism and thrombosis of right popliteal vein
182.532	Chronic embolism and thrombosis of left popliteal vein
182.533	Chronic embolism and thrombosis of popliteal vein, bilateral
182.539	Chronic embolism and thrombosis of unspecified popliteal vein

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
182.541	Chronic embolism and thrombosis of right tibial vein
182.542	Chronic embolism and thrombosis of left tibial vein
182.543	Chronic embolism and thrombosis of tibial vein, bilateral
182.549	Chronic embolism and thrombosis of unspecified tibial vein
I82.551	Chronic embolism and thrombosis of right peroneal vein
182.552	Chronic embolism and thrombosis of left peroneal vein
182.553	Chronic embolism and thrombosis of peroneal vein, bilateral
I82.561	Chronic embolism and thrombosis of right calf muscular vein
182.562	Chronic embolism and thrombosis of left calf muscular vein
182.563	Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
182.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
182.599	Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity
l82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity
l82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
l82.5Y9	Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
I82.5Z9	Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity	
I82.601	Acute embolism and thrombosis of unspecified veins of right upper extremity	
182.602	Acute embolism and thrombosis of unspecified veins of left upper extremity	
I82.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral	
182.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity	
I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity	
I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity	
I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral	
I82.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity	
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity	
182.622	Acute embolism and thrombosis of deep veins of left upper extremity	
182.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral	
182.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity	
I82.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity	
182.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity	
182.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral	
182.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity	
I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity	
182.712	Chronic embolism and thrombosis of superficial veins of left upper extremity	
I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral	
I82.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity	
182.721	Chronic embolism and thrombosis of deep veins of right upper extremity	
182.722	Chronic embolism and thrombosis of deep veins of left upper extremity	
182.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral	
182.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity	
I82.811	Embolism and thrombosis of superficial veins of right lower extremity	
182.812	Embolism and thrombosis of superficial veins of left lower extremity	
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral	
I82.819	Embolism and thrombosis of superficial veins of unspecified lower extremity	
182.890	Acute embolism and thrombosis of other specified veins	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
182.891	Chronic embolism and thrombosis of other specified veins
182.90	Acute embolism and thrombosis of unspecified vein
I82.91	Chronic embolism and thrombosis of unspecified vein
I82.A11	Acute embolism and thrombosis of right axillary vein
I82.A12	Acute embolism and thrombosis of left axillary vein
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral
I82.A19	Acute embolism and thrombosis of unspecified axillary vein
I82.A21	Chronic embolism and thrombosis of right axillary vein
I82.A22	Chronic embolism and thrombosis of left axillary vein
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral
I82.A29	Chronic embolism and thrombosis of unspecified axillary vein
I82.B11	Acute embolism and thrombosis of right subclavian vein
I82.B12	Acute embolism and thrombosis of left subclavian vein
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
I82.B19	Acute embolism and thrombosis of unspecified subclavian vein
I82.B21	Chronic embolism and thrombosis of right subclavian vein
I82.B22	Chronic embolism and thrombosis of left subclavian vein
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral
I82.B29	Chronic embolism and thrombosis of unspecified subclavian vein
I82.C11	Acute embolism and thrombosis of right internal jugular vein
I82.C12	Acute embolism and thrombosis of left internal jugular vein
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
I82.C19	Acute embolism and thrombosis of unspecified internal jugular vein
I82.C21	Chronic embolism and thrombosis of right internal jugular vein
I82.C22	Chronic embolism and thrombosis of left internal jugular vein
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral
I82.C29	Chronic embolism and thrombosis of unspecified internal jugular vein
185.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
J17	Pneumonia in diseases classified elsewhere
K50.00	Crohn's disease of small intestine without complications

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.0	Gastroenteritis and colitis due to radiation
K52.1	Toxic gastroenteritis and colitis
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.82	Eosinophilic colitis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis
K52.839	Microscopic colitis, unspecified
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION	
K55.041	Focal (segmental) acute infarction of large intestine	
K55.042	Diffuse acute infarction of large intestine	
K55.049	Acute infarction of large intestine, extent unspecified	
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified	
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified	
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified	
K55.061	Focal (segmental) acute infarction of intestine, part unspecified	
K55.062	Diffuse acute infarction of intestine, part unspecified	
K55.069	Acute infarction of intestine, part and extent unspecified	
K55.30	Necrotizing enterocolitis, unspecified	
K55.31	Stage 1 necrotizing enterocolitis	
K55.32	Stage 2 necrotizing enterocolitis	
K55.33	Stage 3 necrotizing enterocolitis	
K56.0	Paralytic ileus	
K56.1	Intussusception	
K56.2	Volvulus	
K56.3	Gallstone ileus	
K56.41	Fecal impaction	
K56.49	Other impaction of intestine	
K56.50	Intestinal adhesions [bands], unspecified as to partial versus complete obstruction	
K56.51	Intestinal adhesions [bands], with partial obstruction	
K56.52	Intestinal adhesions [bands] with complete obstruction	
K56.600	Partial intestinal obstruction, unspecified as to cause	
K56.601	Complete intestinal obstruction, unspecified as to cause	
K56.609	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction	
K56.690	Other partial intestinal obstruction	
K56.691	Other complete intestinal obstruction	
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction	
K56.7	Ileus, unspecified	
K57.00	Diverticulitis of small intestine with perforation and abscess without bleeding	
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding	
K57.12	Diverticulitis of small intestine without perforation or abscess without bleeding	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K59.31	Toxic megacolon
K63.1	Perforation of intestine (nontraumatic)
K65.0	Generalized (acute) peritonitis
K65.1	Peritoneal abscess
K65.2	Spontaneous bacterial peritonitis
K65.3	Choleperitonitis
K65.4	Sclerosing mesenteritis
K65.8	Other peritonitis
K65.9	Peritonitis, unspecified
K67	Disorders of peritoneum in infectious diseases classified elsewhere
K68.19	Other retroperitoneal abscess
K68.9	Other disorders of retroperitoneum

Source: www.cms.hhs.gov/mcd

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
K70.0	Alcoholic fatty liver		
K70.10	Alcoholic hepatitis without ascites		
K70.11	Alcoholic hepatitis with ascites		
K70.2	Alcoholic fibrosis and sclerosis of liver		
K70.30	Alcoholic cirrhosis of liver without ascites		
K70.31	Alcoholic cirrhosis of liver with ascites		
K70.40	Alcoholic hepatic failure without coma		
K70.41	Alcoholic hepatic failure with coma		
K70.9	Alcoholic liver disease, unspecified		
K71.0	Toxic liver disease with cholestasis		
K71.10	Toxic liver disease with hepatic necrosis, without coma		
K71.11	Toxic liver disease with hepatic necrosis, with coma		
K71.2	Toxic liver disease with acute hepatitis		
K71.3	Toxic liver disease with chronic persistent hepatitis		
K71.4	Toxic liver disease with chronic lobular hepatitis		
K71.50	Toxic liver disease with chronic active hepatitis without ascites		
K71.51	Toxic liver disease with chronic active hepatitis with ascites		
K71.6	Toxic liver disease with hepatitis, not elsewhere classified		
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver		
K71.8	Toxic liver disease with other disorders of liver		
K71.9	Toxic liver disease, unspecified		
K72.00	Acute and subacute hepatic failure without coma		
K72.01	Acute and subacute hepatic failure with coma		
K72.10	Chronic hepatic failure without coma		
K72.11	Chronic hepatic failure with coma		
K72.90	Hepatic failure, unspecified without coma		
K72.91	Hepatic failure, unspecified with coma		
K73.0	Chronic persistent hepatitis, not elsewhere classified		
K73.1	Chronic lobular hepatitis, not elsewhere classified		
K73.2	Chronic active hepatitis, not elsewhere classified		
K73.8	Other chronic hepatitis, not elsewhere classified		
K73.9	Chronic hepatitis, unspecified		
K74.00	Hepatic fibrosis, unspecified (add effective 10-1-2020)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
K74.01	Hepatic fibrosis, early fibrosis (add effective 10-1-2020)		
K74.02	Hepatic fibrosis, advanced fibrosis (add effective 10-1-2020)		
K74.1	Hepatic sclerosis		
K74.2	Hepatic fibrosis with hepatic sclerosis		
K74.3	Primary biliary cirrhosis		
K74.4	Secondary biliary cirrhosis		
K74.5	Biliary cirrhosis, unspecified		
K74.60	Unspecified cirrhosis of liver		
K74.69	Other cirrhosis of liver		
K75.0	Abscess of liver		
K75.1	Phlebitis of portal vein		
K75.2	Nonspecific reactive hepatitis		
K75.3	Granulomatous hepatitis, not elsewhere classified		
K75.4	Autoimmune hepatitis		
K75.81	Nonalcoholic steatohepatitis (NASH)		
K75.89	Other specified inflammatory liver diseases		
K75.9	Inflammatory liver disease, unspecified		
K76.0	Fatty (change of) liver, not elsewhere classified		
K76.1	Chronic passive congestion of liver		
K76.2	Central hemorrhagic necrosis of liver		
K76.3	Infarction of liver		
K76.4	Peliosis hepatis		
K76.5	Hepatic veno-occlusive disease		
K76.6	Portal hypertension		
K76.7	Hepatorenal syndrome		
K76.81	Hepatopulmonary syndrome		
K76.89	Other specified diseases of liver		
K76.9	Liver disease, unspecified		
K77	Liver disorders in diseases classified elsewhere		
K80.00	Calculus of gallbladder with acute cholecystitis without obstruction		
K80.01	Calculus of gallbladder with acute cholecystitis with obstruction		
K80.10	Calculus of gallbladder with chronic cholecystitis without obstruction		
K80.11	Calculus of gallbladder with chronic cholecystitis with obstruction		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172			

ICD-10 CODE	DESCRIPTION			
K80.12	Calculus of gallbladder with acute and chronic cholecystitis without obstruction			
K80.13	Calculus of gallbladder with acute and chronic cholecystitis with obstruction			
K80.18	Calculus of gallbladder with other cholecystitis without obstruction			
K80.19	Calculus of gallbladder with other cholecystitis with obstruction			
K80.20	Calculus of gallbladder without cholecystitis without obstruction			
K80.21	Calculus of gallbladder without cholecystitis with obstruction			
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction			
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction			
K80.32	Calculus of bile duct with acute cholangitis without obstruction			
K80.33	Calculus of bile duct with acute cholangitis with obstruction			
K80.34	Calculus of bile duct with chronic cholangitis without obstruction			
K80.35	Calculus of bile duct with chronic cholangitis with obstruction			
K80.36	Calculus of bile duct with acute and chronic cholangitis without obstruction			
K80.37	Calculus of bile duct with acute and chronic cholangitis with obstruction			
K80.40	Calculus of bile duct with cholecystitis, unspecified, without obstruction			
K80.41	Calculus of bile duct with cholecystitis, unspecified, with obstruction			
K80.42	Calculus of bile duct with acute cholecystitis without obstruction			
K80.43	Calculus of bile duct with acute cholecystitis with obstruction			
K80.44	Calculus of bile duct with chronic cholecystitis without obstruction			
K80.45	Calculus of bile duct with chronic cholecystitis with obstruction			
K80.46	Calculus of bile duct with acute and chronic cholecystitis without obstruction			
K80.47	Calculus of bile duct with acute and chronic cholecystitis with obstruction			
K80.50	Calculus of bile duct without cholangitis or cholecystitis without obstruction			
K80.51	Calculus of bile duct without cholangitis or cholecystitis with obstruction			
K80.60	Calculus of gallbladder and bile duct with cholecystitis, unspecified, without obstruction			
K80.61	Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction			
K80.62	Calculus of gallbladder and bile duct with acute cholecystitis without obstruction			
K80.63	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction			
K80.64	Calculus of gallbladder and bile duct with chronic cholecystitis without obstruction			
K80.65	Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction			
K80.66	Calculus of gallbladder and bile duct with acute and chronic cholecystitis without obstruction			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
K80.67	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction		
K80.70	Calculus of gallbladder and bile duct without cholecystitis without obstruction		
K80.71	Calculus of gallbladder and bile duct without cholecystitis with obstruction		
K80.80	Other cholelithiasis without obstruction		
K80.81	Other cholelithiasis with obstruction		
K81.0	Acute cholecystitis		
K81.1	Chronic cholecystitis		
K81.2	Acute cholecystitis with chronic cholecystitis		
K81.9	Cholecystitis, unspecified		
K82.0	Obstruction of gallbladder		
K82.1	Hydrops of gallbladder		
K82.2	Perforation of gallbladder		
K82.3	Fistula of gallbladder		
K82.4	Cholesterolosis of gallbladder		
K82.8	Other specified diseases of gallbladder		
K82.9	Disease of gallbladder, unspecified		
K82.A1	Gangrene of gallbladder in cholecystitis		
K82.A2	Perforation of gallbladder in cholecystitis		
K83.01	Primary sclerosing cholangitis		
K83.09	Other cholangitis		
K83.1	Obstruction of bile duct		
K83.2	Perforation of bile duct		
K83.3	Fistula of bile duct		
K83.4	Spasm of sphincter of Oddi		
K83.5	Biliary cyst		
K83.8	Other specified diseases of biliary tract		
K83.9	Disease of biliary tract, unspecified		
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere		
K91.5	Postcholecystectomy syndrome		
M04.1	Periodic fever syndromes		
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)		
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172	GAMMA GT		

ICD-10 CODE	DESCRIPTION		
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)		
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)		
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)		
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)		
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)		
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)		
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)		
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)		
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)		
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)		
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)		
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)		
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)		
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)		
M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)		
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)		
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)		
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)		
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)		
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)		
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)		
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)		
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)		
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)		
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)		
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)		
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)		
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)		
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)		
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)		
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)		
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)		
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)		
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)		
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)		
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)		
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)		
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)		
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)		
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)		
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)		
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)		
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)		
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)		
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)		
M32.14	Glomerular disease in systemic lupus erythematosus		
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus		
M35.04	Sicca syndrome with tubulo-interstitial nephropathy		
M83.0	Puerperal osteomalacia		
M83.1	Senile osteomalacia		
M83.2	Adult osteomalacia due to malabsorption		
M83.3	Adult osteomalacia due to malnutrition		
M83.4	Aluminum bone disease		
M83.5	Other drug-induced osteomalacia in adults		
M83.8	Other adult osteomalacia		
M83.9	Adult osteomalacia, unspecified		
N00.A	Acute nephritic syndrome with C3 glomerulonephritis (add effective 10-1-2020)		
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis (add effective 10-1-2020)		
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality		
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions		
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis		
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis			
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis			
N02.6	Recurrent and persistent hematuria with dense deposit disease			
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis			
N02.8	Recurrent and persistent hematuria with other morphologic changes			
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes			
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis (add effective 10-1-2020)			
N03.0	Chronic nephritic syndrome with minor glomerular abnormality			
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions			
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis			
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis			
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis			
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis			
N03.6	Chronic nephritic syndrome with dense deposit disease			
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis			
N03.8	Chronic nephritic syndrome with other morphologic changes			
N03.9	Chronic nephritic syndrome with unspecified morphologic changes			
N03.A	Chronic nephritic syndrome with C3 glomerulonephritis (add effective 10-1-2020)			
N04.0	Nephrotic syndrome with minor glomerular abnormality			
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions			
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis			
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis			
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis			
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis			
N04.6	Nephrotic syndrome with dense deposit disease			
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis			
N04.8	Nephrotic syndrome with other morphologic changes			
N04.9	Nephrotic syndrome with unspecified morphologic changes			
N04.A	Nephrotic syndrome with C3 glomerulonephritis (add effective 10-1-2020)			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE			
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality		
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions		
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis		
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis		
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis		
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis		
N05.6	Unspecified nephritic syndrome with dense deposit disease		
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis		
N05.8	Unspecified nephritic syndrome with other morphologic changes		
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes		
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis (add effective 10-1-2020)		
N06.0	Isolated proteinuria with minor glomerular abnormality		
N06.1	Isolated proteinuria with focal and segmental glomerular lesions		
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis		
N06.3	solated proteinuria with diffuse mesangial proliferative glomerulonephritis		
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis		
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis		
N06.6	Isolated proteinuria with dense deposit disease		
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis		
N06.8	Isolated proteinuria with other morphologic lesion		
N06.9	Isolated proteinuria with unspecified morphologic lesion		
N06.A	Isolated proteinuria with C3 glomerulonephritis (add effective 10-1-2020)		
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality		
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions		
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis		
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis		
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE DESCRIPTION				
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis			
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease			
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis			
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions			
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions			
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis (add effective 10-1-2020)			
N08	Glomerular disorders in diseases classified elsewhere			
N10	Acute pyelonephritis			
N11.0	Nonobstructive reflux-associated chronic pyelonephritis			
N11.1	Chronic obstructive pyelonephritis			
N11.8	Other chronic tubulo-interstitial nephritis			
N11.9	Chronic tubulo-interstitial nephritis, unspecified			
N12	Tubulo-interstitial nephritis, not specified as acute or chronic			
N13.6	Pyonephrosis			
N14.0	Analgesic nephropathy			
N14.1	Nephropathy induced by other drugs, medicaments and biological substances			
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance			
N14.3	Nephropathy induced by heavy metals			
N14.4	Toxic nephropathy, not elsewhere classified			
N15.0	Balkan nephropathy			
N15.1	Renal and perinephric abscess			
N15.8	Other specified renal tubulo-interstitial diseases			
N15.9	Renal tubulo-interstitial disease, unspecified			
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere			
N17.0	Acute kidney failure with tubular necrosis			
N17.1	Acute kidney failure with acute cortical necrosis			
N17.2	Acute kidney failure with medullary necrosis			
N17.8	Other acute kidney failure			
N17.9	Acute kidney failure, unspecified			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
N18.6	End stage renal disease		
N19	Unspecified kidney failure		
N25.0	Renal osteodystrophy		
N25.1	Nephrogenic diabetes insipidus		
N25.81	Secondary hyperparathyroidism of renal origin		
N25.89	Other disorders resulting from impaired renal tubular function		
N25.9	Disorder resulting from impaired renal tubular function, unspecified		
N26.1	Atrophy of kidney (terminal)		
N26.9	Renal sclerosis, unspecified		
N28.84	Pyelitis cystica		
N28.85	Pyeloureteritis cystica		
N28.86	Ureteritis cystica		
N61.20	Granulomatous mastitis, unspecified breast (add effective 10-1-2020)		
N61.21	Granulomatous mastitis, right breast (add effective 10-1-2020)		
N61.22	Granulomatous mastitis, left breast (add effective 10-1-2020)		
N61.23	Granulomatous mastitis, bilateral breast (add effective 10-1-2020)		
O14.10	Severe pre-eclampsia, unspecified trimester		
O14.12	Severe pre-eclampsia, second trimester		
O14.13	Severe pre-eclampsia, third trimester		
O14.20	HELLP syndrome (HELLP), unspecified trimester		
O14.22	HELLP syndrome (HELLP), second trimester		
O14.23	HELLP syndrome (HELLP), third trimester		
O26.611	Liver and biliary tract disorders in pregnancy, first trimester		
O26.612	Liver and biliary tract disorders in pregnancy, second trimester		
O26.613	Liver and biliary tract disorders in pregnancy, third trimester		
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester		
O26.62	Liver and biliary tract disorders in childbirth		
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester		
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester		
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester		
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester		
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester		
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester		
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester		
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the		
	number of fetuses, first trimester		
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the		
	number of fetuses, second trimester		
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the		
	number of fetuses, third trimester		
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the		
	number of fetuses, unspecified trimester		
P78.84	Gestational alloimmune liver disease		
Q85.00	Neurofibromatosis, unspecified		
Q85.01	Neurofibromatosis, type 1		
Q85.02	Neurofibromatosis, type 2		
Q85.03	Schwannomatosis		
Q85.09	Other neurofibromatosis		
R11.13	Vomiting of fecal matter		
R11.15	Cyclical vomiting syndrome unrelated to migraine		
R16.0	Hepatomegaly, not elsewhere classified		
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified		
R17	Unspecified jaundice		
R40.2410	Glasgow coma scale score 13-15, unspecified time		
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]		
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department		
R40.2413	Glasgow coma scale score 13-15, at hospital admission		
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission		
R40.2420	Glasgow coma scale score 9-12, unspecified time		
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]		
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department		
R40.2423	Glasgow coma scale score 9-12, at hospital admission		
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission		
R40.2430	Glasgow coma scale score 3-8, unspecified time		
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department		
R40.2433	Glasgow coma scale score 3-8, at hospital admission		
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission		
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time		
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]		
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department		
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission		
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission		
R74.01	Elevation of levels of liver transaminase levels (add effective 10-1-2020)		
R74.02	Elevation of levels of lactic acid dehydrogenase [LDH] (add effective 10-1-2020)		
R74.8	Abnormal levels of other serum enzymes		
R74.9	Abnormal serum enzyme level, unspecified		
T36.0X1A	Poisoning by penicillins, accidental (unintentional), initial encounter		
T36.0X2A	Poisoning by penicillins, intentional self-harm, initial encounter		
T36.0X3A	Poisoning by penicillins, assault, initial encounter		
T36.0X4A	Poisoning by penicillins, undetermined, initial encounter		
T36.1X1A	Poisoning by cephalosporins and other beta-lactam antibiotics, accidental (unintentional), initial encounter		
T36.1X2A	Poisoning by cephalosporins and other beta-lactam antibiotics, intentional self- harm, initial encounter		
T36.1X3A	Poisoning by cephalosporins and other beta-lactam antibiotics, assault, initial encounter		
T36.1X4A	Poisoning by cephalosporins and other beta-lactam antibiotics, undetermined, initial encounter		
T36.2X1A	Poisoning by chloramphenicol group, accidental (unintentional), initial encounter		
T36.2X2A	Poisoning by chloramphenicol group, intentional self-harm, initial encounter		
T36.2X3A	Poisoning by chloramphenicol group, assault, initial encounter		
T36.2X4A	Poisoning by chloramphenicol group, undetermined, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172		

ICD-10 CODE	DESCRIPTION		
T36.3X1A	oisoning by macrolides, accidental (unintentional), initial encounter		
T36.3X2A	Poisoning by macrolides, intentional self-harm, initial encounter		
T36.3X3A	Poisoning by macrolides, assault, initial encounter		
T36.3X4A	Poisoning by macrolides, undetermined, initial encounter		
T36.4X1A	Poisoning by tetracyclines, accidental (unintentional), initial encounter		
T36.4X2A	Poisoning by tetracyclines, intentional self-harm, initial encounter		
T36.4X3A	Poisoning by tetracyclines, assault, initial encounter		
T36.4X4A	Poisoning by tetracyclines, undetermined, initial encounter		
T36.5X1A	Poisoning by aminoglycosides, accidental (unintentional), initial encounter		
T36.5X2A	Poisoning by aminoglycosides, intentional self-harm, initial encounter		
T36.5X3A	Poisoning by aminoglycosides, assault, initial encounter		
T36.5X4A	Poisoning by aminoglycosides, undetermined, initial encounter		
T36.6X1A	Poisoning by rifampicins, accidental (unintentional), initial encounter		
T36.6X2A	Poisoning by rifampicins, intentional self-harm, initial encounter		
T36.6X3A	Poisoning by rifampicins, assault, initial encounter		
T36.6X4A	Poisoning by rifampicins, undetermined, initial encounter		
T36.7X1A	Poisoning by antifungal antibiotics, systemically used, accidental (unintentional), initial encounter		
T36.7X2A	Poisoning by antifungal antibiotics, systemically used, intentional self-harm, initial encounter		
T36.7X3A	Poisoning by antifungal antibiotics, systemically used, assault, initial encounter		
T36.7X4A	Poisoning by antifungal antibiotics, systemically used, undetermined, initial encounter		
T36.8X1A	Poisoning by other systemic antibiotics, accidental (unintentional), initial encounter		
T36.8X2A	Poisoning by other systemic antibiotics, intentional self-harm, initial encounter		
T36.8X3A	Poisoning by other systemic antibiotics, assault, initial encounter		
T36.8X4A	Poisoning by other systemic antibiotics, undetermined, initial encounter		
T36.91XA	Poisoning by unspecified systemic antibiotic, accidental (unintentional), initial encounter		
T36.92XA	Poisoning by unspecified systemic antibiotic, intentional self-harm, initial encounter		
T36.93XA	Poisoning by unspecified systemic antibiotic, assault, initial encounter		
T36.94XA	Poisoning by unspecified systemic antibiotic, undetermined, initial encounter		
T37.0X1A	Poisoning by sulfonamides, accidental (unintentional), initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T37.0X2A	Poisoning by sulfonamides, intentional self-harm, initial encounter		
T37.0X3A	Poisoning by sulfonamides, assault, initial encounter		
T37.0X4A	Poisoning by sulfonamides, undetermined, initial encounter		
T37.1X1A	Poisoning by antimycobacterial drugs, accidental (unintentional), initial encounter		
T37.1X2A	Poisoning by antimycobacterial drugs, intentional self-harm, initial encounter		
T37.1X3A	Poisoning by antimycobacterial drugs, assault, initial encounter		
T37.1X4A	Poisoning by antimycobacterial drugs, undetermined, initial encounter		
T37.2X1A	Poisoning by antimalarials and drugs acting on other blood protozoa, accidental		
	(unintentional), initial encounter		
T37.2X2A	Poisoning by antimalarials and drugs acting on other blood protozoa, intentional self-		
	harm, initial encounter		
T37.2X3A	Poisoning by antimalarials and drugs acting on other blood protozoa, assault, initial		
	encounter		
T37.2X4A	Poisoning by antimalarials and drugs acting on other blood protozoa, undetermined, initial		
	encounter		
T37.3X1A	Poisoning by other antiprotozoal drugs, accidental (unintentional), initial encounter		
T37.3X2A	Poisoning by other antiprotozoal drugs, intentional self-harm, initial encounter		
T37.3X3A	Poisoning by other antiprotozoal drugs, assault, initial encounter		
T37.3X4A	Poisoning by other antiprotozoal drugs, undetermined, initial encounter		
T37.4X1A	Poisoning by anthelminthics, accidental (unintentional), initial encounter		
T37.4X2A	Poisoning by anthelminthics, intentional self-harm, initial encounter		
T37.4X3A	Poisoning by anthelminthics, assault, initial encounter		
T37.4X4A	Poisoning by anthelminthics, undetermined, initial encounter		
T37.5X1A	Poisoning by antiviral drugs, accidental (unintentional), initial encounter		
T37.5X2A	Poisoning by antiviral drugs, intentional self-harm, initial encounter		
T37.5X3A	Poisoning by antiviral drugs, assault, initial encounter		
T37.5X4A	Poisoning by antiviral drugs, undetermined, initial encounter		
T37.8X1A	Poisoning by other specified systemic anti-infectives and antiparasitics, accidental		
	(unintentional), initial encounter		
T37.8X2A	Poisoning by other specified systemic anti-infectives and antiparasitics, intentional self-		
	harm, initial encounter		
T37.8X3A	Poisoning by other specified systemic anti-infectives and antiparasitics, assault, initial		
	encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAM	E
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T37.8X4A	Poisoning by other specified systemic anti-infectives and antiparasitics, undetermined,		
	initial encounter		
T37.91XA	Poisoning by unspecified systemic anti-infective and antiparasitics, accidental		
	(unintentional), initial encounter		
T37.92XA	Poisoning by unspecified systemic anti-infective and antiparasitics, intentional self- harm,		
	initial encounter		
T37.93XA	Poisoning by unspecified systemic anti-infective and antiparasitics, assault, initial		
	encounter		
T37.94XA	Poisoning by unspecified systemic anti-infective and antiparasitics, undetermined, initial		
T00.0\/4.4	encounter		
T38.0X1A	Poisoning by glucocorticoids and synthetic analogues, accidental (unintentional), initial		
T00.0V04	encounter		
T38.0X2A	Poisoning by glucocorticoids and synthetic analogues, intentional self-harm, initial		
T20 0V2 A	encounter		
T38.0X3A T38.0X4A	Poisoning by glucocorticoids and synthetic analogues, assault, initial encounter Poisoning by glucocorticoids and synthetic analogues, undetermined, initial encounter		
130.0744	Poisoning by glucocorticolus and synthetic analogues, undetermined, initial encounter		
T38.1X1A	Poisoning by thyroid hormones and substitutes, accidental (unintentional), initial		
	encounter		
T38.1X2A	Poisoning by thyroid hormones and substitutes, intentional self-harm, initial encounter		
T38.1X3A	Poisoning by thyroid hormones and substitutes, assault, initial encounter		
T38.1X4A	Poisoning by thyroid hormones and substitutes, undetermined, initial encounter		
T38.2X1A	Poisoning by antithyroid drugs, accidental (unintentional), initial encounter		
T38.2X2A	Poisoning by antithyroid drugs, intentional self-harm, initial encounter		
T38.2X3A	Poisoning by antithyroid drugs, assault, initial encounter		
T38.2X4A	Poisoning by antithyroid drugs, undetermined, initial encounter		
T38.3X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional),		
	initial encounter		
T38.3X2A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, intentional self- harm,		
	initial encounter		
T38.3X3A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T38.3X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter		
T38.4X1A	Poisoning by oral contraceptives, accidental (unintentional), initial encounter		
T38.4X2A	Poisoning by oral contraceptives, intentional self-harm, initial encounter		
T38.4X3A	Poisoning by oral contraceptives, assault, initial encounter		
T38.4X4A	Poisoning by oral contraceptives, undetermined, initial encounter		
T38.5X1A	Poisoning by other estrogens and progestogens, accidental (unintentional), initial encounter		
T38.5X2A	Poisoning by other estrogens and progestogens, intentional self-harm, initial encounter		
T38.5X3A	Poisoning by other estrogens and progestogens, assault, initial encounter		
T38.5X4A	Poisoning by other estrogens and progestogens, undetermined, initial encounter		
T38.6X1A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental (unintentional), initial encounter		
T38.6X2A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, initial encounter		
T38.6X3A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, assault, initial encounter		
T38.6X4A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined, initial encounter		
T38.7X1A	Poisoning by androgens and anabolic congeners, accidental (unintentional), initial encounter		
T38.7X2A	Poisoning by androgens and anabolic congeners, intentional self-harm, initial encounter		
T38.7X3A	Poisoning by androgens and anabolic congeners, assault, initial encounter		
T38.7X4A	Poisoning by androgens and anabolic congeners, undetermined, initial encounter		
T38.801A	Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional), initial encounter		
T38.802A	Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, initial encounter		
T38.803A	Poisoning by unspecified hormones and synthetic substitutes, assault, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
T38.804A	Poisoning by unspecified hormones and synthetic substitutes, undetermined, initial encounter			
T38.811A	Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional) nitial encounter			
T38.812A	Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm, initial encounter			
T38.813A	Poisoning by anterior pituitary [adenohypophyseal] hormones, assault, initial encounter			
T38.814A	Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined, initial encounter			
T38.891A	Poisoning by other hormones and synthetic substitutes, accidental (unintentional), initial encounter			
T38.892A	Poisoning by other hormones and synthetic substitutes, intentional self-harm, initial encounter			
T38.893A	Poisoning by other hormones and synthetic substitutes, assault, initial encounter			
T38.894A	Poisoning by other hormones and synthetic substitutes, undetermined, initial encounter			
T38.901A	Poisoning by unspecified hormone antagonists, accidental (unintentional), initial encounter			
T38.902A	Poisoning by unspecified hormone antagonists, intentional self-harm, initial encounter			
T38.903A	Poisoning by unspecified hormone antagonists, assault, initial encounter			
T38.904A	Poisoning by unspecified hormone antagonists, undetermined, initial encounter			
T38.991A	Poisoning by other hormone antagonists, accidental (unintentional), initial encounter			
T38.992A	Poisoning by other hormone antagonists, intentional self-harm, initial encounter			
T38.993A	Poisoning by other hormone antagonists, assault, initial encounter			
T38.994A	Poisoning by other hormone antagonists, undetermined, initial encounter			
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter			
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter			
T39.013A	Poisoning by aspirin, assault, initial encounter			
T39.014A	Poisoning by aspirin, undetermined, initial encounter			
T39.091A	Poisoning by salicylates, accidental (unintentional), initial encounter			
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T39.093A	Poisoning by salicylates, assault, initial encounter		
T39.094A	Poisoning by salicylates, undetermined, initial encounter		
T39.1X1A	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter		
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter		
T39.1X3A	Poisoning by 4-Aminophenol derivatives, assault, initial encounter		
T39.1X4A	Poisoning by 4-Aminophenol derivatives, undetermined, initial encounter		
T39.2X1A	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter		
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter		
T39.2X3A	Poisoning by pyrazolone derivatives, assault, initial encounter		
T39.2X4A	Poisoning by pyrazolone derivatives, undetermined, initial encounter		
T39.311A	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter		
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter		
T39.313A	Poisoning by propionic acid derivatives, assault, initial encounter		
T39.314A	Poisoning by propionic acid derivatives, undetermined, initial encounter		
T39.391A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental		
	(unintentional), initial encounter		
T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self- harm,		
	initial encounter		
T39.393A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, initial		
	encounter		
T39.394A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, initial		
	encounter		
T39.4X1A	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional), initial		
	encounter		
T39.4X2A	Poisoning by antirheumatics, not elsewhere classified, intentional self-harm, initial		
	encounter		
T39.4X3A	Poisoning by antirheumatics, not elsewhere classified, assault, initial encounter		
T39.4X4A	Poisoning by antirheumatics, not elsewhere classified, undetermined, initial encounter		
T39.8X1A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified,		
	accidental (unintentional), initial encounter		
T39.8X2A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified,		
	intentional self-harm, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T39.8X3A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, assault, initial encounter		
T39.8X4A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, undetermined, initial encounter		
T39.91XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, accidental (unintentional), initial encounter		
T39.92XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, intentional self-harm, initial encounter		
T39.93XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, assault, initial encounter		
T39.94XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, undetermined, initial encounter		
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter		
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter		
T40.0X3A	Poisoning by opium, assault, initial encounter		
T40.0X4A	Poisoning by opium, undetermined, initial encounter		
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter		
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter		
T40.1X3A	Poisoning by heroin, assault, initial encounter		
T40.1X4A	Poisoning by heroin, undetermined, initial encounter		
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter		
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter		
T40.2X3A	Poisoning by other opioids, assault, initial encounter		
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter		
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter		
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter		
T40.3X3A	Poisoning by methadone, assault, initial encounter		
T40.3X4A	Poisoning by methadone, undetermined, initial encounter		
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter (add effective 10-1-2020)		
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter (add effective 10-1-2020)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela (add effective 10-1-2020)		
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter (add effective 10-1-2020)		
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter (add effective 10-1-2020)		
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela (add effective 10-1-2020)		
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter (add effective 10-1-2020)		
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter (add effective 10-1-2020)		
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela (add effective 10-1-2020)		
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter (add effective 10-1-2020)		
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter (add effective 10-1-2020)		
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela (add effective 10-1-2020)		
T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter (add effective 10-1-2020)		
T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter (add effective 10-1-2020)		
T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela (add effective 10-1-2020)		
T40.416A	Underdosing of fentanyl or fentanyl analogs, initial encounter (add effective 10-1-2020)		
T40.416D	Underdosing of fentanyl or fentanyl analogs, subsequent encounter (add effective 10-1-2020)		
T40.416S	Underdosing of fentanyl or fentanyl analogs, sequela (add effective 10-1-2020)		
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter (add effective 10-1-2020)		
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter (add effective 10-1-2020)		
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela (add effective 10-1-2020)		
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter (add effective 10-1-2020)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter (add effective 10-1-202		
T40.422S	Poisoning by tramadol, intentional self-harm, sequela (add effective 10-1-2020)		
T40.423A	Poisoning by tramadol, assault, initial encounter (add effective 10-1-2020)		
T40.423D	Poisoning by tramadol, assault, subsequent encounter (add effective 10-1-2020)		
T40.423S	Poisoning by tramadol, assault, sequela (add effective 10-1-2020)		
T40.424A	Poisoning by tramadol, undetermined, initial encounter (add effective 10-1-2020)		
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter (add effective 10-1-2020)		
T40.424S	Poisoning by tramadol, undetermined, sequela (add effective 10-1-2020)		
T40.425A	Adverse effect of tramadol, initial encounter (add effective 10-1-2020)		
T40.425D	Adverse effect of tramadol, subsequent encounter (add effective 10-1-2020)		
T40.425S	Adverse effect of tramadol, sequela (add effective 10-1-2020)		
T40.426A	Underdosing of tramadol, initial encounter (add effective 10-1-2020)		
T40.426D	Underdosing of tramadol, subsequent encounter (add effective 10-1-2020)		
T40.426S	Underdosing of tramadol, sequela (add effective 10-1-2020)		
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter (add effective 10-1-2020)		
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter (add effective 10-1-2020)		
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela (add effective 10-1-2020)		
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter (add effective 10-1-2020)		
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter (add effective 10-1-2020)		
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela (add effective 10-1-2020)		
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter (add effective 10-1-2020)		
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter (add effective 10-1-2020)		
T40.493S	Poisoning by other synthetic narcotics, assault, sequela (add effective 10-1-2020)		
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter (add effective 10-1-2020)		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TE	ST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter (add effective 10-1-2020)		
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela (add effective 10-1-2020)		
T40.495A	Adverse effect of other synthetic narcotics, initial encounter (add effective 10-1-2020)		
T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter (add effective 10-1-2020)		
T40.495S	Adverse effect of other synthetic narcotics, sequela (add effective 10-1-2020)		
T40.496A	Underdosing of other synthetic narcotics, initial encounter (add effective 10-1-2020)		
T40.496D	Underdosing of other synthetic narcotics, subsequent encounter (add effective 10-1-2020)		
T40.496S	Underdosing of other synthetic narcotics, sequela (add effective 10-1-2020)		
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter		
T40.5X2A	Poisoning by cocaine, intentional self-harm, initial encounter		
T40.5X3A	Poisoning by cocaine, assault, initial encounter		
T40.5X4A	Poisoning by cocaine, undetermined, initial encounter		
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter		
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter		
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter		
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter		
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter		
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter		
T40.693A	Poisoning by other narcotics, assault, initial encounter		
T40.694A	Poisoning by other narcotics, undetermined, initial encounter		
T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter		
T40.7X2A	Poisoning by cannabis (derivatives), intentional self-harm, initial encounter		
T40.7X3A	Poisoning by cannabis (derivatives), assault, initial encounter		
T40.7X4A	Poisoning by cannabis (derivatives), undetermined, initial encounter		
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter		
T40.8X2A	Poisoning by lysergide [LSD], intentional self-harm, initial encounter		
T40.8X3A	Poisoning by lysergide [LSD], assault, initial encounter		
T40.8X4A	Poisoning by lysergide [LSD], undetermined, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TE	ST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter		
T40.902A	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, initial encounter		
T40.903A	Poisoning by unspecified psychodysleptics [hallucinogens], assault, initial encounter		
T40.904A	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, initial encounter		
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter		
T40.992A	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, initial encounter		
T40.993A	Poisoning by other psychodysleptics [hallucinogens], assault, initial encounter		
T40.994A	Poisoning by other psychodysleptics [hallucinogens], undetermined, initial encounter		
T41.0X1A	Poisoning by inhaled anesthetics, accidental (unintentional), initial encounter		
T41.0X2A	Poisoning by inhaled anesthetics, intentional self-harm, initial encounter		
T41.0X3A	Poisoning by inhaled anesthetics, assault, initial encounter		
T41.0X4A	Poisoning by inhaled anesthetics, undetermined, initial encounter		
T41.1X1A	Poisoning by intravenous anesthetics, accidental (unintentional), initial encounter		
T41.1X2A	Poisoning by intravenous anesthetics, intentional self-harm, initial encounter		
T41.1X3A	Poisoning by intravenous anesthetics, assault, initial encounter		
T41.1X4A	Poisoning by intravenous anesthetics, undetermined, initial encounter		
T41.201A	Poisoning by unspecified general anesthetics, accidental (unintentional), initial encounter		
T41.202A	Poisoning by unspecified general anesthetics, intentional self-harm, initial encounter		
T41.203A	Poisoning by unspecified general anesthetics, assault, initial encounter		
T41.204A	Poisoning by unspecified general anesthetics, undetermined, initial encounter		
T41.291A	Poisoning by other general anesthetics, accidental (unintentional), initial encounter		
T41.292A	Poisoning by other general anesthetics, intentional self-harm, initial encounter		
T41.293A	Poisoning by other general anesthetics, assault, initial encounter		
T41.294A	Poisoning by other general anesthetics, undetermined, initial encounter		
T41.3X1A	Poisoning by local anesthetics, accidental (unintentional), initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T41.3X2A	Poisoning by local anesthetics, intentional self-harm, initial encounter		
T41.3X3A	Poisoning by local anesthetics, assault, initial encounter		
T41.3X4A	Poisoning by local anesthetics, undetermined, initial encounter		
T41.41XA	Poisoning by unspecified anesthetic, accidental (unintentional), initial encounter		
T41.42XA	Poisoning by unspecified anesthetic, intentional self-harm, initial encounter		
T41.43XA	Poisoning by unspecified anesthetic, assault, initial encounter		
T41.44XA	Poisoning by unspecified anesthetic, undetermined, initial encounter		
T41.5X1A	Poisoning by therapeutic gases, accidental (unintentional), initial encounter		
T41.5X2A	Poisoning by therapeutic gases, intentional self-harm, initial encounter		
T41.5X3A	Poisoning by therapeutic gases, assault, initial encounter		
T41.5X4A	Poisoning by therapeutic gases, undetermined, initial encounter		
T42.0X1A	Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter		
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter		
T42.0X3A	Poisoning by hydantoin derivatives, assault, initial encounter		
T42.0X4A	Poisoning by hydantoin derivatives, undetermined, initial encounter		
T42.1X1A	Poisoning by iminostilbenes, accidental (unintentional), initial encounter		
T42.1X2A	Poisoning by iminostilbenes, intentional self-harm, initial encounter		
T42.1X3A	Poisoning by iminostilbenes, assault, initial encounter		
T42.1X4A	Poisoning by iminostilbenes, undetermined, initial encounter		
T42.2X1A	Poisoning by succinimides and oxazolidinediones, accidental (unintentional), initial encounter		
T42.2X2A	Poisoning by succinimides and oxazolidinediones, intentional self-harm, initial encounter		
T42.2X3A	Poisoning by succinimides and oxazolidinediones, assault, initial encounter		
T42.2X4A	Poisoning by succinimides and oxazolidinediones, undetermined, initial encounter		
T42.3X1A	Poisoning by barbiturates, accidental (unintentional), initial encounter		
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter		
T42.3X3A	Poisoning by barbiturates, assault, initial encounter		
T42.3X4A	Poisoning by barbiturates, undetermined, initial encounter		
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter		
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter		
T42.4X3A	Poisoning by benzodiazepines, assault, initial encounter		
T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T42.5X1A	Poisoning by mixed antiepileptics, accidental (unintentional), initial encounter		
T42.5X2A	Poisoning by mixed antiepileptics, intentional self-harm, initial encounter		
T42.5X3A	Poisoning by mixed antiepileptics, assault, initial encounter		
T42.5X4A	Poisoning by mixed antiepileptics, undetermined, initial encounter		
T42.6X1A	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter		
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter		
T42.6X3A	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, initial encounter		
T42.6X4A	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter		
T42.71XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter		
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self- harm, initial encounter		
T42.73XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, initial encounter		
T42.74XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter		
T42.8X1A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, accidental (unintentional), initial encounter		
T42.8X2A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, intentional self-harm, initial encounter		
T42.8X3A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, assault, initial encounter		
T42.8X4A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, undetermined, initial encounter		
T43.011A	Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter		
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter		
T43.013A	Poisoning by tricyclic antidepressants, assault, initial encounter		
T43.014A	Poisoning by tricyclic antidepressants, undetermined, initial encounter		
T43.021A	Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter			
T43.023A	Poisoning by tetracyclic antidepressants, assault, initial encounter			
T43.024A	Poisoning by tetracyclic antidepressants, undetermined, initial encounter			
T43.1X1A	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter			
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter			
T43.1X3A	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, initial encounter			
T43.1X4A	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, initial encounter			
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter			
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter			
T43.203A	Poisoning by unspecified antidepressants, assault, initial encounter			
T43.204A	Poisoning by unspecified antidepressants, undetermined, initial encounter			
T43.211A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter			
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter			
T43.213A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, initial encounter			
T43.214A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, initial encounter			
T43.221A	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter			
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter			
T43.223A	Poisoning by selective serotonin reuptake inhibitors, assault, initial encounter			
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter			
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter			
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter			
T43.293A	Poisoning by other antidepressants, assault, initial encounter			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
T43.294A	Poisoning by other antidepressants, undetermined, initial encounter			
T43.3X1A	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter			
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter			
T43.3X3A	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, initial encounter			
T43.3X4A	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, initial encounter			
T43.4X1A	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter			
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter			
T43.4X3A	Poisoning by butyrophenone and thiothixene neuroleptics, assault, initial encounter			
T43.4X4A	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, initial encounter			
T43.501A	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter			
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter			
T43.503A	Poisoning by unspecified antipsychotics and neuroleptics, assault, initial encounter			
T43.504A	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, initial encounter			
T43.591A	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter			
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter			
T43.593A	Poisoning by other antipsychotics and neuroleptics, assault, initial encounter			
T43.594A	Poisoning by other antipsychotics and neuroleptics, undetermined, initial encounter			
T43.601A	Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter			
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter			
T43.603A	Poisoning by unspecified psychostimulants, assault, initial encounter			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION			
T43.604A	Poisoning by unspecified psychostimulants, undetermined, initial encounter			
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter			
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter			
T43.613A	Poisoning by caffeine, assault, initial encounter			
T43.614A	Poisoning by caffeine, undetermined, initial encounter			
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter			
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter			
T43.623A	Poisoning by amphetamines, assault, initial encounter			
T43.624A	Poisoning by amphetamines, undetermined, initial encounter			
T43.631A	Poisoning by methylphenidate, accidental (unintentional), initial encounter			
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter			
T43.633A	Poisoning by methylphenidate, assault, initial encounter			
T43.634A	Poisoning by methylphenidate, undetermined, initial encounter			
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter			
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter			
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela			
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter			
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter			
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela			
T43.643A	Poisoning by ecstasy, assault, initial encounter			
T43.643D	Poisoning by ecstasy, assault, subsequent encounter			
T43.643S	Poisoning by ecstasy, assault, sequela			
T43.644A	Poisoning by ecstasy, undetermined, initial encounter			
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter			
T43.644S	Poisoning by ecstasy, undetermined, sequela			
T43.691A	Poisoning by other psychostimulants, accidental (unintentional), initial encounter			
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter			
T43.693A	Poisoning by other psychostimulants, assault, initial encounter			
T43.694A	Poisoning by other psychostimulants, undetermined, initial encounter			
T43.8X1A	Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter			
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter			
T43.8X3A	Poisoning by other psychotropic drugs, assault, initial encounter			
T43.8X4A	Poisoning by other psychotropic drugs, undetermined, initial encounter			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T43.91XA	Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter		
T43.92XA	Poisoning by unspecified psychotropic drug, intentional self-harm, initial encounter		
T43.93XA	Poisoning by unspecified psychotropic drug, assault, initial encounter		
T43.94XA	Poisoning by unspecified psychotropic drug, undetermined, initial encounter		
T44.0X1A	Poisoning by anticholinesterase agents, accidental (unintentional), initial encounter		
T44.0X2A	Poisoning by anticholinesterase agents, intentional self-harm, initial encounter		
T44.0X3A	Poisoning by anticholinesterase agents, assault, initial encounter		
T44.0X4A	Poisoning by anticholinesterase agents, undetermined, initial encounter		
T44.1X1A	Poisoning by other parasympathomimetics [cholinergics], accidental (unintentional), initial encounter		
T44.1X2A	Poisoning by other parasympathomimetics [cholinergics], intentional self-harm, initial encounter		
T44.1X3A	Poisoning by other parasympathomimetics [cholinergics], assault, initial encounter		
T44.1X4A	Poisoning by other parasympathomimetics [cholinergics], undetermined, initial encounter		
T44.2X1A	Poisoning by ganglionic blocking drugs, accidental (unintentional), initial encounter		
T44.2X2A	Poisoning by ganglionic blocking drugs, intentional self-harm, initial encounter		
T44.2X3A	Poisoning by ganglionic blocking drugs, assault, initial encounter		
T44.2X4A	Poisoning by ganglionic blocking drugs, undetermined, initial encounter		
T44.3X1A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, accidental (unintentional), initial encounter		
T44.3X2A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, intentional self-harm, initial encounter		
T44.3X3A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, assault, initial encounter		
T44.3X4A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, undetermined, initial encounter		
T44.4X1A	Poisoning by predominantly alpha-adrenoreceptor agonists, accidental (unintentional), initial encounter		
T44.4X2A	Poisoning by predominantly alpha-adrenoreceptor agonists, intentional self-harm, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T44.4X3A	Poisoning by predominantly alpha-adrenoreceptor agonists, assault, initial encounter		
T44.4X4A	Poisoning by predominantly alpha-adrenoreceptor agonists, undetermined, initial encounter		
T44.5X1A	Poisoning by predominantly beta-adrenoreceptor agonists, accidental (unintentional), initial encounter		
T44.5X2A	Poisoning by predominantly beta-adrenoreceptor agonists, intentional self-harm, initial encounter		
T44.5X3A	Poisoning by predominantly beta-adrenoreceptor agonists, assault, initial encounter		
T44.5X4A	Poisoning by predominantly beta-adrenoreceptor agonists, undetermined, initial encounter		
T44.6X1A	Poisoning by alpha-adrenoreceptor antagonists, accidental (unintentional), initial encounter		
T44.6X2A	Poisoning by alpha-adrenoreceptor antagonists, intentional self-harm, initial encounter		
T44.6X3A	Poisoning by alpha-adrenoreceptor antagonists, assault, initial encounter		
T44.6X4A	Poisoning by alpha-adrenoreceptor antagonists, undetermined, initial encounter		
T44.7X1A	Poisoning by beta-adrenoreceptor antagonists, accidental (unintentional), initial encounter		
T44.7X2A	Poisoning by beta-adrenoreceptor antagonists, intentional self-harm, initial encounter		
T44.7X3A	Poisoning by beta-adrenoreceptor antagonists, assault, initial encounter		
T44.7X4A	Poisoning by beta-adrenoreceptor antagonists, undetermined, initial encounter		
T44.8X1A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, accidental (unintentional), initial encounter		
T44.8X2A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, intentional self-harm, initial encounter		
T44.8X3A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, assault, initial encounter		
T44.8X4A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, undetermined, initial encounter		
T44.901A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, accidental (unintentional), initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE DESCRIPTION			
T44.902A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, intentional self-harm, initial encounter		
T44.903A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, assault, initial encounter		
T44.904A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, undetermined, initial encounter		
T44.991A	Poisoning by other drug primarily affecting the autonomic nervous system, accidental (unintentional), initial encounter		
T44.992A	Poisoning by other drug primarily affecting the autonomic nervous system, intentional self-harm, initial encounter		
T44.993A	Poisoning by other drug primarily affecting the autonomic nervous system, assault, initial encounter		
T44.994A	Poisoning by other drug primarily affecting the autonomic nervous system, undetermined, initial encounter		
T45.0X1A	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter		
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter		
T45.0X3A	Poisoning by antiallergic and antiemetic drugs, assault, initial encounter		
T45.0X4A	Poisoning by antiallergic and antiemetic drugs, undetermined, initial encounter		
T45.1X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial encounter		
T45.1X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter		
T45.1X3A	Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter		
T45.1X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter		
T45.2X1A	Poisoning by vitamins, accidental (unintentional), initial encounter		
T45.2X2A	Poisoning by vitamins, intentional self-harm, initial encounter		
T45.2X3A	Poisoning by vitamins, assault, initial encounter		
T45.2X4A	Poisoning by vitamins, undetermined, initial encounter		
T45.3X1A	Poisoning by enzymes, accidental (unintentional), initial encounter		

Source: www.cms.hhs.gov/mcd

Gamm Glut (GGT) Effective Date: 10-1-2016, last updated 10-1-2020 Page 103 of 132

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T45.3X2A	Poisoning by enzymes, intentional self-harm, initial encounter
T45.3X3A	Poisoning by enzymes, assault, initial encounter
T45.3X4A	Poisoning by enzymes, undetermined, initial encounter
T45.4X1A	Poisoning by iron and its compounds, accidental (unintentional), initial encounter
T45.4X2A	Poisoning by iron and its compounds, intentional self-harm, initial encounter
T45.4X3A	Poisoning by iron and its compounds, assault, initial encounter
T45.4X4A	Poisoning by iron and its compounds, undetermined, initial encounter
T45.511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45.512A	Poisoning by anticoagulants, intentional self-harm, initial encounter
T45.513A	Poisoning by anticoagulants, assault, initial encounter
T45.514A	Poisoning by anticoagulants, undetermined, initial encounter
T45.521A	Poisoning by antithrombotic drugs, accidental (unintentional), initial encounter
T45.522A	Poisoning by antithrombotic drugs, intentional self-harm, initial encounter
T45.523A	Poisoning by antithrombotic drugs, assault, initial encounter
T45.524A	Poisoning by antithrombotic drugs, undetermined, initial encounter
T45.601A	Poisoning by unspecified fibrinolysis-affecting drugs, accidental (unintentional), initial
	encounter
T45.602A	Poisoning by unspecified fibrinolysis-affecting drugs, intentional self-harm, initial
	encounter
T45.603A	Poisoning by unspecified fibrinolysis-affecting drugs, assault, initial encounter
T45.604A	Poisoning by unspecified fibrinolysis-affecting drugs, undetermined, initial encounter
T45.611A	Poisoning by thrombolytic drug, accidental (unintentional), initial encounter
T45.612A	Poisoning by thrombolytic drug, intentional self-harm, initial encounter
T45.613A	Poisoning by thrombolytic drug, assault, initial encounter
T45.614A	Poisoning by thrombolytic drug, undetermined, initial encounter
T45.621A	Poisoning by hemostatic drug, accidental (unintentional), initial encounter
T45.622A	Poisoning by hemostatic drug, intentional self-harm, initial encounter
T45.623A	Poisoning by hemostatic drug, assault, initial encounter
T45.624A	Poisoning by hemostatic drug, undetermined, initial encounter
T45.691A	Poisoning by other fibrinolysis-affecting drugs, accidental (unintentional), initial encounter
T45.692A	Poisoning by other fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.693A	Poisoning by other fibrinolysis-affecting drugs, assault, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T45.694A	Poisoning by other fibrinolysis-affecting drugs, undetermined, initial encounter
T45.7X1A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, accidental (unintentional), initial encounter
T45.7X2A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, intentional self-harm, initial encounter
T45.7X3A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, assault, initial encounter
T45.7X4A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, undetermined, initial encounter
T45.8X1A	Poisoning by other primarily systemic and hematological agents, accidental (unintentional), initial encounter
T45.8X2A	Poisoning by other primarily systemic and hematological agents, intentional self- harm, initial encounter
T45.8X3A	Poisoning by other primarily systemic and hematological agents, assault, initial encounter
T45.8X4A	Poisoning by other primarily systemic and hematological agents, undetermined, initial encounter
T45.91XA	Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), initial encounter
T45.92XA	Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, initial encounter
T45.93XA	Poisoning by unspecified primarily systemic and hematological agent, assault, initial encounter
T45.94XA	Poisoning by unspecified primarily systemic and hematological agent, undetermined, initial encounter
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T46.1X1A	Poisoning by calcium-channel blockers, accidental (unintentional), initial encounter
T46.1X2A	Poisoning by calcium-channel blockers, intentional self-harm, initial encounter
T46.1X3A	Poisoning by calcium-channel blockers, assault, initial encounter
T46.1X4A	Poisoning by calcium-channel blockers, undetermined, initial encounter
T46.2X1A	Poisoning by other antidysrhythmic drugs, accidental (unintentional), initial encounter
T46.2X2A	Poisoning by other antidysrhythmic drugs, intentional self-harm, initial encounter
T46.2X3A	Poisoning by other antidysrhythmic drugs, assault, initial encounter
T46.2X4A	Poisoning by other antidysrhythmic drugs, undetermined, initial encounter
T46.3X1A	Poisoning by coronary vasodilators, accidental (unintentional), initial encounter
T46.3X2A	Poisoning by coronary vasodilators, intentional self-harm, initial encounter
T46.3X3A	Poisoning by coronary vasodilators, assault, initial encounter
T46.3X4A	Poisoning by coronary vasodilators, undetermined, initial encounter
T46.4X1A	Poisoning by angiotensin-converting-enzyme inhibitors, accidental (unintentional), initial encounter
T46.4X2A	Poisoning by angiotensin-converting-enzyme inhibitors, intentional self-harm, initial encounter
T46.4X3A	Poisoning by angiotensin-converting-enzyme inhibitors, assault, initial encounter
T46.4X4A	Poisoning by angiotensin-converting-enzyme inhibitors, undetermined, initial encounter
T46.5X1A	Poisoning by other antihypertensive drugs, accidental (unintentional), initial encounter
T46.5X2A	Poisoning by other antihypertensive drugs, intentional self-harm, initial encounter
T46.5X3A	Poisoning by other antihypertensive drugs, assault, initial encounter
T46.5X4A	Poisoning by other antihypertensive drugs, undetermined, initial encounter
T46.6X1A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, accidental (unintentional), initial encounter
T46.6X2A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, intentional self-harm, initial encounter
T46.6X3A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, assault, initial encounter
T46.6X4A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, undetermined, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T46.7X1A	Poisoning by peripheral vasodilators, accidental (unintentional), initial encounter
T46.7X2A	Poisoning by peripheral vasodilators, intentional self-harm, initial encounter
T46.7X3A	Poisoning by peripheral vasodilators, assault, initial encounter
T46.7X4A	Poisoning by peripheral vasodilators, undetermined, initial encounter
T46.8X1A	Poisoning by antivaricose drugs, including sclerosing agents, accidental (unintentional), initial encounter
T46.8X2A	Poisoning by antivaricose drugs, including sclerosing agents, intentional self-harm, initial encounter
T46.8X3A	Poisoning by antivaricose drugs, including sclerosing agents, assault, initial encounter
T46.8X4A	Poisoning by antivaricose drugs, including sclerosing agents, undetermined, initial encounter
T46.901A	Poisoning by unspecified agents primarily affecting the cardiovascular system, accidental (unintentional), initial encounter
T46.902A	Poisoning by unspecified agents primarily affecting the cardiovascular system, intentional self-harm, initial encounter
T46.903A	Poisoning by unspecified agents primarily affecting the cardiovascular system, assault, initial encounter
T46.904A	Poisoning by unspecified agents primarily affecting the cardiovascular system, undetermined, initial encounter
T46.991A	Poisoning by other agents primarily affecting the cardiovascular system, accidental (unintentional), initial encounter
T46.992A	Poisoning by other agents primarily affecting the cardiovascular system, intentional self-harm, initial encounter
T46.993A	Poisoning by other agents primarily affecting the cardiovascular system, assault, initial encounter
T46.994A	Poisoning by other agents primarily affecting the cardiovascular system, undetermined, initial encounter
T47.0X1A	Poisoning by histamine H2-receptor blockers, accidental (unintentional), initial encounter
T47.0X2A	Poisoning by histamine H2-receptor blockers, intentional self-harm, initial encounter
T47.0X3A	Poisoning by histamine H2-receptor blockers, assault, initial encounter
T47.0X4A	Poisoning by histamine H2-receptor blockers, undetermined, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T47.1X1A	Poisoning by other antacids and anti-gastric-secretion drugs, accidental (unintentional), initial encounter
T47.1X2A	Poisoning by other antacids and anti-gastric-secretion drugs, intentional self-harm, initial encounter
T47.1X3A	Poisoning by other antacids and anti-gastric-secretion drugs, assault, initial encounter
T47.1X4A	Poisoning by other antacids and anti-gastric-secretion drugs, undetermined, initial encounter
T47.2X1A	Poisoning by stimulant laxatives, accidental (unintentional), initial encounter
T47.2X2A	Poisoning by stimulant laxatives, intentional self-harm, initial encounter
T47.2X3A	Poisoning by stimulant laxatives, assault, initial encounter
T47.2X4A	Poisoning by stimulant laxatives, undetermined, initial encounter
T47.3X1A	Poisoning by saline and osmotic laxatives, accidental (unintentional), initial encounter
T47.3X2A	Poisoning by saline and osmotic laxatives, intentional self-harm, initial encounter
T47.3X3A	Poisoning by saline and osmotic laxatives, assault, initial encounter
T47.3X4A	Poisoning by saline and osmotic laxatives, undetermined, initial encounter
T47.4X1A	Poisoning by other laxatives, accidental (unintentional), initial encounter
T47.4X2A	Poisoning by other laxatives, intentional self-harm, initial encounter
T47.4X3A	Poisoning by other laxatives, assault, initial encounter
T47.4X4A	Poisoning by other laxatives, undetermined, initial encounter
T47.5X1A	Poisoning by digestants, accidental (unintentional), initial encounter
T47.5X2A	Poisoning by digestants, intentional self-harm, initial encounter
T47.5X3A	Poisoning by digestants, assault, initial encounter
T47.5X4A	Poisoning by digestants, undetermined, initial encounter
T47.6X1A	Poisoning by antidiarrheal drugs, accidental (unintentional), initial encounter
T47.6X2A	Poisoning by antidiarrheal drugs, intentional self-harm, initial encounter
T47.6X3A	Poisoning by antidiarrheal drugs, assault, initial encounter
T47.6X4A	Poisoning by antidiarrheal drugs, undetermined, initial encounter
T47.7X1A	Poisoning by emetics, accidental (unintentional), initial encounter
T47.7X2A	Poisoning by emetics, intentional self-harm, initial encounter
T47.7X3A	Poisoning by emetics, assault, initial encounter
T47.7X4A	Poisoning by emetics, undetermined, initial encounter

Source: www.cms.hhs.gov/mcd Effective Date: 10-1-2016, last updated 10-1-2020 Gamm Glut (GGT) Page 108 of 132

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T47.8X1A	Poisoning by other agents primarily affecting gastrointestinal system, accidental (unintentional), initial encounter
T47.8X2A	Poisoning by other agents primarily affecting gastrointestinal system, intentional self-harm, initial encounter
T47.8X3A	Poisoning by other agents primarily affecting gastrointestinal system, assault, initial encounter
T47.8X4A	Poisoning by other agents primarily affecting gastrointestinal system, undetermined, initial encounter
T47.91XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, accidental (unintentional), initial encounter
T47.92XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, intentional self-harm, initial encounter
T47.93XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, assault, initial encounter
T47.94XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, undetermined, initial encounter
T48.0X1A	Poisoning by oxytocic drugs, accidental (unintentional), initial encounter
T48.0X2A	Poisoning by oxytocic drugs, intentional self-harm, initial encounter
T48.0X3A	Poisoning by oxytocic drugs, assault, initial encounter
T48.0X4A	Poisoning by oxytocic drugs, undetermined, initial encounter
T48.1X1A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], accidental (unintentional), initial encounter
T48.1X2A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], intentional self-harm, initial encounter
T48.1X3A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], assault, initial encounter
T48.1X4A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], undetermined, initial encounter
T48.201A	Poisoning by unspecified drugs acting on muscles, accidental (unintentional), initial encounter
T48.202A	Poisoning by unspecified drugs acting on muscles, intentional self-harm, initial encounter
T48.203A	Poisoning by unspecified drugs acting on muscles, assault, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T48.204A	Poisoning by unspecified drugs acting on muscles, undetermined, initial encounter
T48.291A	Poisoning by other drugs acting on muscles, accidental (unintentional), initial encounter
T48.292A	Poisoning by other drugs acting on muscles, intentional self-harm, initial encounter
T48.293A	Poisoning by other drugs acting on muscles, assault, initial encounter
T48.294A	Poisoning by other drugs acting on muscles, undetermined, initial encounter
T48.3X1A	Poisoning by antitussives, accidental (unintentional), initial encounter
T48.3X2A	Poisoning by antitussives, intentional self-harm, initial encounter
T48.3X3A	Poisoning by antitussives, assault, initial encounter
T48.3X4A	Poisoning by antitussives, undetermined, initial encounter
T48.4X1A	Poisoning by expectorants, accidental (unintentional), initial encounter
T48.4X2A	Poisoning by expectorants, intentional self-harm, initial encounter
T48.4X3A	Poisoning by expectorants, assault, initial encounter
T48.4X4A	Poisoning by expectorants, undetermined, initial encounter
T48.5X1A	Poisoning by other anti-common-cold drugs, accidental (unintentional), initial encounter
T48.5X2A	Poisoning by other anti-common-cold drugs, intentional self-harm, initial encounter
T48.5X3A	Poisoning by other anti-common-cold drugs, assault, initial encounter
T48.5X4A	Poisoning by other anti-common-cold drugs, undetermined, initial encounter
T48.6X1A	Poisoning by antiasthmatics, accidental (unintentional), initial encounter
T48.6X2A	Poisoning by antiasthmatics, intentional self-harm, initial encounter
T48.6X3A	Poisoning by antiasthmatics, assault, initial encounter
T48.6X4A	Poisoning by antiasthmatics, undetermined, initial encounter
T48.901A	Poisoning by unspecified agents primarily acting on the respiratory system, accidental
	(unintentional), initial encounter
T48.902A	Poisoning by unspecified agents primarily acting on the respiratory system, intentional self-harm, initial encounter
T48.903A	Poisoning by unspecified agents primarily acting on the respiratory system, assault, initial encounter
T48.904A	Poisoning by unspecified agents primarily acting on the respiratory system,
	undetermined, initial encounter
T48.991A	Poisoning by other agents primarily acting on the respiratory system, accidental (unintentional), initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
T48.992A	Poisoning by other agents primarily acting on the respiratory system, intentional self-harm, initial encounter	
T48.993A	Poisoning by other agents primarily acting on the respiratory system, assault, initial encounter	
T48.994A	Poisoning by other agents primarily acting on the respiratory system, undetermined, initial encounter	
T49.0X1A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, accidental (unintentional), initial encounter	
T49.0X2A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, intentional self-harm, initial encounter	
T49.0X3A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, assault, initial encounter	
T49.0X4A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, undetermined, initial encounter	
T49.1X1A	Poisoning by antipruritics, accidental (unintentional), initial encounter	
T49.1X2A	Poisoning by antipruritics, intentional self-harm, initial encounter	
T49.1X3A	Poisoning by antipruritics, assault, initial encounter	
T49.1X4A	Poisoning by antipruritics, undetermined, initial encounter	
T49.2X1A	Poisoning by local astringents and local detergents, accidental (unintentional), initial encounter	
T49.2X2A	Poisoning by local astringents and local detergents, intentional self-harm, initial encounter	
T49.2X3A	Poisoning by local astringents and local detergents, assault, initial encounter	
T49.2X4A	Poisoning by local astringents and local detergents, undetermined, initial encounter	
T49.3X1A	Poisoning by emollients, demulcents and protectants, accidental (unintentional), initial encounter	
T49.3X2A	Poisoning by emollients, demulcents and protectants, intentional self-harm, initial encounter	
T49.3X3A	Poisoning by emollients, demulcents and protectants, assault, initial encounter	
T49.3X4A	Poisoning by emollients, demulcents and protectants, undetermined, initial encounter	
T49.4X1A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, accidental (unintentional), initial encounter	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION
T49.4X2A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, intentional self-harm, initial encounter
T49.4X3A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, assault, initial encounter
T49.4X4A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, undetermined, initial encounter
T49.5X1A	Poisoning by ophthalmological drugs and preparations, accidental (unintentional), initial encounter
T49.5X2A	Poisoning by ophthalmological drugs and preparations, intentional self-harm, initial encounter
T49.5X3A	Poisoning by ophthalmological drugs and preparations, assault, initial encounter
T49.5X4A	Poisoning by ophthalmological drugs and preparations, undetermined, initial encounter
T49.6X1A	Poisoning by otorhinolaryngological drugs and preparations, accidental (unintentional), initial encounter
T49.6X2A	Poisoning by otorhinolaryngological drugs and preparations, intentional self-harm, initial encounter
T49.6X3A	Poisoning by otorhinolaryngological drugs and preparations, assault, initial encounter
T49.6X4A	Poisoning by otorhinolaryngological drugs and preparations, undetermined, initial encounter
T49.7X1A	Poisoning by dental drugs, topically applied, accidental (unintentional), initial encounter
T49.7X2A	Poisoning by dental drugs, topically applied, intentional self-harm, initial encounter
T49.7X3A	Poisoning by dental drugs, topically applied, assault, initial encounter
T49.7X4A	Poisoning by dental drugs, topically applied, undetermined, initial encounter
T49.8X1A	Poisoning by other topical agents, accidental (unintentional), initial encounter
T49.8X2A	Poisoning by other topical agents, intentional self-harm, initial encounter
T49.8X3A	Poisoning by other topical agents, assault, initial encounter
T49.8X4A	Poisoning by other topical agents, undetermined, initial encounter
T49.91XA	Poisoning by unspecified topical agent, accidental (unintentional), initial encounter
T49.92XA	Poisoning by unspecified topical agent, intentional self-harm, initial encounter
T49.93XA	Poisoning by unspecified topical agent, assault, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T49.94XA	Poisoning by unspecified topical agent, undetermined, initial encounter
T50.0X1A	Poisoning by mineralocorticoids and their antagonists, accidental (unintentional), initial encounter
T50.0X2A	Poisoning by mineralocorticoids and their antagonists, intentional self-harm, initial encounter
T50.0X3A	Poisoning by mineralocorticoids and their antagonists, assault, initial encounter
T50.0X4A	Poisoning by mineralocorticoids and their antagonists, undetermined, initial encounter
T50.1X1A	Poisoning by loop [high-ceiling] diuretics, accidental (unintentional), initial encounter
T50.1X2A	Poisoning by loop [high-ceiling] diuretics, intentional self-harm, initial encounter
T50.1X3A	Poisoning by loop [high-ceiling] diuretics, assault, initial encounter
T50.1X4A	Poisoning by loop [high-ceiling] diuretics, undetermined, initial encounter
T50.2X1A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, accidental (unintentional), initial encounter
T50.2X2A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, intentional self-harm, initial encounter
T50.2X3A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, assault, initial encounter
T50.2X4A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, undetermined, initial encounter
T50.3X1A	Poisoning by electrolytic, caloric and water-balance agents, accidental (unintentional), initial encounter
T50.3X2A	Poisoning by electrolytic, caloric and water-balance agents, intentional self-harm, initial encounter
T50.3X3A	Poisoning by electrolytic, caloric and water-balance agents, assault, initial encounter
T50.3X4A	Poisoning by electrolytic, caloric and water-balance agents, undetermined, initial encounter
T50.4X1A	Poisoning by drugs affecting uric acid metabolism, accidental (unintentional), initial encounter
T50.4X2A	Poisoning by drugs affecting uric acid metabolism, intentional self-harm, initial encounter
T50.4X3A	Poisoning by drugs affecting uric acid metabolism, assault, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T50.4X4A	Poisoning by drugs affecting uric acid metabolism, undetermined, initial encounter
T50.5X1A	Poisoning by appetite depressants, accidental (unintentional), initial encounter
T50.5X2A	Poisoning by appetite depressants, intentional self-harm, initial encounter
T50.5X3A	Poisoning by appetite depressants, assault, initial encounter
T50.5X4A	Poisoning by appetite depressants, undetermined, initial encounter
T50.6X1A	Poisoning by antidotes and chelating agents, accidental (unintentional), initial encounter
T50.6X2A	Poisoning by antidotes and chelating agents, intentional self-harm, initial encounter
T50.6X3A	Poisoning by antidotes and chelating agents, assault, initial encounter
T50.6X4A	Poisoning by antidotes and chelating agents, undetermined, initial encounter
T50.7X1A	Poisoning by analeptics and opioid receptor antagonists, accidental (unintentional), initial encounter
T50.7X2A	Poisoning by analeptics and opioid receptor antagonists, intentional self-harm, initial encounter
T50.7X3A	Poisoning by analeptics and opioid receptor antagonists, assault, initial encounter
T50.7X4A	Poisoning by analeptics and opioid receptor antagonists, undetermined, initial encounter
T50.8X1A	Poisoning by diagnostic agents, accidental (unintentional), initial encounter
T50.8X2A	Poisoning by diagnostic agents, intentional self-harm, initial encounter
T50.8X3A	Poisoning by diagnostic agents, assault, initial encounter
T50.8X4A	Poisoning by diagnostic agents, undetermined, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.991A	Poisoning by other drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.992A	Poisoning by other drugs, medicaments and biological substances, intentional self- harm, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T50.993A	Poisoning by other drugs, medicaments and biological substances, assault, initial encounter
T50.994A	Poisoning by other drugs, medicaments and biological substances, undetermined, initial encounter
T50.A11A	Poisoning by pertussis vaccine, including combinations with a pertussis component, accidental (unintentional), initial encounter
T50.A12A	Poisoning by pertussis vaccine, including combinations with a pertussis component, intentional self-harm, initial encounter
T50.A13A	Poisoning by pertussis vaccine, including combinations with a pertussis component, assault, initial encounter
T50.A14A	Poisoning by pertussis vaccine, including combinations with a pertussis component, undetermined, initial encounter
T50.A21A	Poisoning by mixed bacterial vaccines without a pertussis component, accidental (unintentional), initial encounter
T50.A22A	Poisoning by mixed bacterial vaccines without a pertussis component, intentional self-harm, initial encounter
T50.A23A	Poisoning by mixed bacterial vaccines without a pertussis component, assault, initial encounter
T50.A24A	Poisoning by mixed bacterial vaccines without a pertussis component, undetermined, initial encounter
T50.A91A	Poisoning by other bacterial vaccines, accidental (unintentional), initial encounter
T50.A92A	Poisoning by other bacterial vaccines, intentional self-harm, initial encounter
T50.A93A	Poisoning by other bacterial vaccines, assault, initial encounter
T50.A94A	Poisoning by other bacterial vaccines, undetermined, initial encounter
T50.B11A	Poisoning by smallpox vaccines, accidental (unintentional), initial encounter
T50.B12A	Poisoning by smallpox vaccines, intentional self-harm, initial encounter
T50.B13A	Poisoning by smallpox vaccines, assault, initial encounter
T50.B14A	Poisoning by smallpox vaccines, undetermined, initial encounter
T50.B91A	Poisoning by other viral vaccines, accidental (unintentional), initial encounter
T50.B92A	Poisoning by other viral vaccines, intentional self-harm, initial encounter
T50.B93A	Poisoning by other viral vaccines, assault, initial encounter
T50.B94A	Poisoning by other viral vaccines, undetermined, initial encounter
T50.Z11A	Poisoning by immunoglobulin, accidental (unintentional), initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T50.Z12A	Poisoning by immunoglobulin, intentional self-harm, initial encounter		
T50.Z13A	Poisoning by immunoglobulin, assault, initial encounter		
T50.Z14A	Poisoning by immunoglobulin, undetermined, initial encounter		
T50.Z91A	Poisoning by other vaccines and biological substances, accidental (unintentional), initial encounter		
T50.Z92A	Poisoning by other vaccines and biological substances, intentional self-harm, initial encounter		
T50.Z93A	Poisoning by other vaccines and biological substances, assault, initial encounter		
T50.Z94A	Poisoning by other vaccines and biological substances, undetermined, initial encounter		
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter		
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter		
T51.0X3A	Toxic effect of ethanol, assault, initial encounter		
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter		
T51.1X1A	Toxic effect of methanol, accidental (unintentional), initial encounter		
T51.1X2A	Toxic effect of methanol, intentional self-harm, initial encounter		
T51.1X3A	Toxic effect of methanol, assault, initial encounter		
T51.1X4A	Toxic effect of methanol, undetermined, initial encounter		
T51.2X1A	Toxic effect of 2-Propanol, accidental (unintentional), initial encounter		
T51.2X2A	Toxic effect of 2-Propanol, intentional self-harm, initial encounter		
T51.2X3A	Toxic effect of 2-Propanol, assault, initial encounter		
T51.2X4A	Toxic effect of 2-Propanol, undetermined, initial encounter		
T51.3X1A	Toxic effect of fusel oil, accidental (unintentional), initial encounter		
T51.3X2A	Toxic effect of fusel oil, intentional self-harm, initial encounter		
T51.3X3A	Toxic effect of fusel oil, assault, initial encounter		
T51.3X4A	Toxic effect of fusel oil, undetermined, initial encounter		
T51.8X1A	Toxic effect of other alcohols, accidental (unintentional), initial encounter		
T51.8X2A	Toxic effect of other alcohols, intentional self-harm, initial encounter		
T51.8X3A	Toxic effect of other alcohols, assault, initial encounter		
T51.8X4A	Toxic effect of other alcohols, undetermined, initial encounter		
T51.91XA	Toxic effect of unspecified alcohol, accidental (unintentional), initial encounter		
T51.92XA	Toxic effect of unspecified alcohol, intentional self-harm, initial encounter		
T51.93XA	Toxic effect of unspecified alcohol, assault, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME 172 GAMMA GT

ICD-10 CODE	DESCRIPTION		
T51.94XA	Toxic effect of unspecified alcohol, undetermined, initial encounter		
T52.0X1A	Toxic effect of petroleum products, accidental (unintentional), initial encounter		
T52.0X2A	Toxic effect of petroleum products, intentional self-harm, initial encounter		
T52.0X3A	Toxic effect of petroleum products, assault, initial encounter		
T52.0X4A	Toxic effect of petroleum products, undetermined, initial encounter		
T52.1X1A	Toxic effect of benzene, accidental (unintentional), initial encounter		
T52.1X2A	Toxic effect of benzene, intentional self-harm, initial encounter		
T52.1X3A	Toxic effect of benzene, assault, initial encounter		
T52.1X4A	Toxic effect of benzene, undetermined, initial encounter		
T52.2X1A	Toxic effect of homologues of benzene, accidental (unintentional), initial encounter		
T52.2X2A	Toxic effect of homologues of benzene, intentional self-harm, initial encounter		
T52.2X3A	Toxic effect of homologues of benzene, assault, initial encounter		
T52.2X4A	Toxic effect of homologues of benzene, undetermined, initial encounter		
T52.3X1A	Toxic effect of glycols, accidental (unintentional), initial encounter		
T52.3X2A	Toxic effect of glycols, intentional self-harm, initial encounter		
T52.3X3A	Toxic effect of glycols, assault, initial encounter		
T52.3X4A	Toxic effect of glycols, undetermined, initial encounter		
T52.4X1A	Toxic effect of ketones, accidental (unintentional), initial encounter		
T52.4X2A	Toxic effect of ketones, intentional self-harm, initial encounter		
T52.4X3A	Toxic effect of ketones, assault, initial encounter		
T52.4X4A	Toxic effect of ketones, undetermined, initial encounter		
T52.8X1A	Toxic effect of other organic solvents, accidental (unintentional), initial encounter		
T52.8X2A	Toxic effect of other organic solvents, intentional self-harm, initial encounter		
T52.8X3A	Toxic effect of other organic solvents, assault, initial encounter		
T52.8X4A	Toxic effect of other organic solvents, undetermined, initial encounter		
T52.91XA	Toxic effect of unspecified organic solvent, accidental (unintentional), initial encounter		
T52.92XA	Toxic effect of unspecified organic solvent, intentional self-harm, initial encounter		
T52.93XA	Toxic effect of unspecified organic solvent, assault, initial encounter		
T52.94XA	Toxic effect of unspecified organic solvent, undetermined, initial encounter		
T53.0X1A	Toxic effect of carbon tetrachloride, accidental (unintentional), initial encounter		
T53.0X2A	Toxic effect of carbon tetrachloride, intentional self-harm, initial encounter		
T53.0X3A	Toxic effect of carbon tetrachloride, assault, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T53.0X4A	Toxic effect of carbon tetrachloride, undetermined, initial encounter		
T53.1X1A	Toxic effect of chloroform, accidental (unintentional), initial encounter		
T53.1X2A	Toxic effect of chloroform, intentional self-harm, initial encounter		
T53.1X3A	Toxic effect of chloroform, assault, initial encounter		
T53.1X4A	Toxic effect of chloroform, undetermined, initial encounter		
T53.2X1A	Toxic effect of trichloroethylene, accidental (unintentional), initial encounter		
T53.2X2A	Toxic effect of trichloroethylene, intentional self-harm, initial encounter		
T53.2X3A	Toxic effect of trichloroethylene, assault, initial encounter		
T53.2X4A	Toxic effect of trichloroethylene, undetermined, initial encounter		
T53.3X1A	Toxic effect of tetrachloroethylene, accidental (unintentional), initial encounter		
T53.3X2A	Toxic effect of tetrachloroethylene, intentional self-harm, initial encounter		
T53.3X3A	Toxic effect of tetrachloroethylene, assault, initial encounter		
T53.3X4A	Toxic effect of tetrachloroethylene, undetermined, initial encounter		
T53.4X1A	Toxic effect of dichloromethane, accidental (unintentional), initial encounter		
T53.4X2A	Toxic effect of dichloromethane, intentional self-harm, initial encounter		
T53.4X3A	Toxic effect of dichloromethane, assault, initial encounter		
T53.4X4A	Toxic effect of dichloromethane, undetermined, initial encounter		
T53.5X1A	Toxic effect of chlorofluorocarbons, accidental (unintentional), initial encounter		
T53.5X2A	Toxic effect of chlorofluorocarbons, intentional self-harm, initial encounter		
T53.5X3A	Toxic effect of chlorofluorocarbons, assault, initial encounter		
T53.5X4A	Toxic effect of chlorofluorocarbons, undetermined, initial encounter		
T53.6X1A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, accidental		
	(unintentional), initial encounter		
T53.6X2A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, intentional self- harm,		
	initial encounter		
T53.6X3A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, assault, initial		
	encounter		
T53.6X4A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, undetermined, initial		
	encounter		
T53.7X1A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, accidental		
	(unintentional), initial encounter		
T53.7X2A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, intentional self- harm,		
	initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T53.7X3A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, assault, initial encounter
T53.7X4A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, undetermined, initial encounter
T53.91XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, accidental (unintentional), initial encounter
T53.92XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, intentional self-harm, initial encounter
T53.93XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, assault, initial encounter
T53.94XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, undetermined, initial encounter
T54.0X1A	Toxic effect of phenol and phenol homologues, accidental (unintentional), initial encounter
T54.0X2A	Toxic effect of phenol and phenol homologues, intentional self-harm, initial encounter
T54.0X3A	Toxic effect of phenol and phenol homologues, assault, initial encounter
T54.0X4A	Toxic effect of phenol and phenol homologues, undetermined, initial encounter
T54.1X1A	Toxic effect of other corrosive organic compounds, accidental (unintentional), initial encounter
T54.1X2A	Toxic effect of other corrosive organic compounds, intentional self-harm, initial encounter
T54.1X3A	Toxic effect of other corrosive organic compounds, assault, initial encounter
T54.1X4A	Toxic effect of other corrosive organic compounds, undetermined, initial encounter
T54.2X1A	Toxic effect of corrosive acids and acid-like substances, accidental (unintentional), initial encounter
T54.2X2A	Toxic effect of corrosive acids and acid-like substances, intentional self-harm, initial encounter
T54.2X3A	Toxic effect of corrosive acids and acid-like substances, assault, initial encounter
T54.2X4A	Toxic effect of corrosive acids and acid-like substances, undetermined, initial encounter
T54.3X1A	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T54.3X2A	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, initial encounter
T54.3X3A	Toxic effect of corrosive alkalis and alkali-like substances, assault, initial encounter
T54.3X4A	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, initial encounter
T54.91XA	Toxic effect of unspecified corrosive substance, accidental (unintentional), initial encounter
T54.92XA	Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter
T54.93XA	Toxic effect of unspecified corrosive substance, assault, initial encounter
T54.94XA	Toxic effect of unspecified corrosive substance, undetermined, initial encounter
T55.0X1A	Toxic effect of soaps, accidental (unintentional), initial encounter
T55.0X2A	Toxic effect of soaps, intentional self-harm, initial encounter
T55.0X3A	Toxic effect of soaps, assault, initial encounter
T55.0X4A	Toxic effect of soaps, undetermined, initial encounter
T55.1X1A	Toxic effect of detergents, accidental (unintentional), initial encounter
T55.1X2A	Toxic effect of detergents, intentional self-harm, initial encounter
T55.1X3A	Toxic effect of detergents, assault, initial encounter
T55.1X4A	Toxic effect of detergents, undetermined, initial encounter
T56.0X1A	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
T56.0X2A	Toxic effect of lead and its compounds, intentional self-harm, initial encounter
T56.0X3A	Toxic effect of lead and its compounds, assault, initial encounter
T56.0X4A	Toxic effect of lead and its compounds, undetermined, initial encounter
T56.1X1A	Toxic effect of mercury and its compounds, accidental (unintentional), initial encounter
T56.1X2A	Toxic effect of mercury and its compounds, intentional self-harm, initial encounter
T56.1X3A	Toxic effect of mercury and its compounds, assault, initial encounter
T56.1X4A	Toxic effect of mercury and its compounds, undetermined, initial encounter
T56.2X1A	Toxic effect of chromium and its compounds, accidental (unintentional), initial encounter
T56.2X2A	Toxic effect of chromium and its compounds, intentional self-harm, initial encounter
T56.2X3A	Toxic effect of chromium and its compounds, assault, initial encounter
T56.2X4A	Toxic effect of chromium and its compounds, undetermined, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T56.3X1A	Toxic effect of cadmium and its compounds, accidental (unintentional), initial encounter		
T56.3X2A	Toxic effect of cadmium and its compounds, intentional self-harm, initial encounter		
T56.3X3A	Toxic effect of cadmium and its compounds, assault, initial encounter		
T56.3X4A	Toxic effect of cadmium and its compounds, undetermined, initial encounter		
T56.4X1A	Toxic effect of copper and its compounds, accidental (unintentional), initial encounter		
T56.4X2A	Toxic effect of copper and its compounds, intentional self-harm, initial encounter		
T56.4X3A	Toxic effect of copper and its compounds, assault, initial encounter		
T56.4X4A	Toxic effect of copper and its compounds, undetermined, initial encounter		
T56.5X1A	Toxic effect of zinc and its compounds, accidental (unintentional), initial encounter		
T56.5X2A	Toxic effect of zinc and its compounds, intentional self-harm, initial encounter		
T56.5X3A	Toxic effect of zinc and its compounds, assault, initial encounter		
T56.5X4A	Toxic effect of zinc and its compounds, undetermined, initial encounter		
T56.6X1A	Toxic effect of tin and its compounds, accidental (unintentional), initial encounter		
T56.6X2A	Toxic effect of tin and its compounds, intentional self-harm, initial encounter		
T56.6X3A	Toxic effect of tin and its compounds, assault, initial encounter		
T56.6X4A	Toxic effect of tin and its compounds, undetermined, initial encounter		
T56.7X1A	Toxic effect of beryllium and its compounds, accidental (unintentional), initial encounter		
T56.7X2A	Toxic effect of beryllium and its compounds, intentional self-harm, initial encounter		
T56.7X3A	Toxic effect of beryllium and its compounds, assault, initial encounter		
T56.7X4A	Toxic effect of beryllium and its compounds, undetermined, initial encounter		
T56.811A	Toxic effect of thallium, accidental (unintentional), initial encounter		
T56.812A	Toxic effect of thallium, intentional self-harm, initial encounter		
T56.813A	Toxic effect of thallium, assault, initial encounter		
T56.814A	Toxic effect of thallium, undetermined, initial encounter		
T56.891A	Toxic effect of other metals, accidental (unintentional), initial encounter		
T56.892A	Toxic effect of other metals, intentional self-harm, initial encounter		
T56.893A	Toxic effect of other metals, assault, initial encounter		
T56.894A	Toxic effect of other metals, undetermined, initial encounter		
T56.91XA	Toxic effect of unspecified metal, accidental (unintentional), initial encounter		
T56.92XA	Toxic effect of unspecified metal, intentional self-harm, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION		
T56.93XA	Toxic effect of unspecified metal, assault, initial encounter		
	Toxic effect of unspecified metal, undetermined, initial encounter		
T57.0X1A	Toxic effect of arsenic and its compounds, accidental (unintentional), initial encounter		
T57.0X2A	Toxic effect of arsenic and its compounds, intentional self-harm, initial encounter		
T57.0X3A	Toxic effect of arsenic and its compounds, assault, initial encounter		
T57.0X4A	Toxic effect of arsenic and its compounds, undetermined, initial encounter		
T57.1X1A	Toxic effect of phosphorus and its compounds, accidental (unintentional), initial encounter		
T57.1X2A	Toxic effect of phosphorus and its compounds, intentional self-harm, initial encounter		
T57.1X3A	Toxic effect of phosphorus and its compounds, assault, initial encounter		
T57.1X4A	Toxic effect of phosphorus and its compounds, undetermined, initial encounter		
T57.2X1A	Toxic effect of manganese and its compounds, accidental (unintentional), initial encounter		
T57.2X2A	Toxic effect of manganese and its compounds, intentional self-harm, initial encounter		
T57.2X3A	Toxic effect of manganese and its compounds, assault, initial encounter		
T57.2X4A	Toxic effect of manganese and its compounds, undetermined, initial encounter		
T57.3X1A	Toxic effect of hydrogen cyanide, accidental (unintentional), initial encounter		
T57.3X2A	Toxic effect of hydrogen cyanide, intentional self-harm, initial encounter		
T57.3X3A	Toxic effect of hydrogen cyanide, assault, initial encounter		
T57.3X4A	Toxic effect of hydrogen cyanide, undetermined, initial encounter		
	Toxic effect of other specified inorganic substances, accidental (unintentional), initial encounter		
	Toxic effect of other specified inorganic substances, intentional self-harm, initial encounter		
T57.8X3A	Toxic effect of other specified inorganic substances, assault, initial encounter		
	Toxic effect of other specified inorganic substances, undetermined, initial encounter		
	Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional),		
	nitial encounter		
	Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm, initial		
	encounter		

Source: www.cms.hhs.gov/mcd

Effective Date: 10-1-2016, last updated 10-1-2020

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME			
172	GAMMA GT		

ICD-10 CODE DESCRIPTION				
T58.03XA	Toxic effect of carbon monoxide from motor vehicle exhaust, assault, initial encounter			
T58.04XA	Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined, initial encounter			
T58.11XA	Toxic effect of carbon monoxide from utility gas, accidental (unintentional), initial encounter			
T58.12XA	Toxic effect of carbon monoxide from utility gas, intentional self-harm, initial encounter			
T58.13XA	Toxic effect of carbon monoxide from utility gas, assault, initial encounter			
T58.14XA	Toxic effect of carbon monoxide from utility gas, undetermined, initial encounter			
T58.2X1A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional), initial encounter			
T58.2X2A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm, initial encounter			
T58.2X3A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault, initial encounter			
T58.2X4A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined, initial encounter			
T58.8X1A	Toxic effect of carbon monoxide from other source, accidental (unintentional), initial encounter			
T58.8X2A	Toxic effect of carbon monoxide from other source, intentional self-harm, initial encounter			
T58.8X3A	Toxic effect of carbon monoxide from other source, assault, initial encounter			
T58.8X4A	Toxic effect of carbon monoxide from other source, undetermined, initial encounter			
T58.91XA	Toxic effect of carbon monoxide from unspecified source, accidental (unintentional), initial encounter			
T58.92XA	Toxic effect of carbon monoxide from unspecified source, intentional self-harm, initial encounter			
T58.93XA	Toxic effect of carbon monoxide from unspecified source, assault, initial encounter			
T58.94XA	Toxic effect of carbon monoxide from unspecified source, undetermined, initial encounter			
T59.0X1A	Toxic effect of nitrogen oxides, accidental (unintentional), initial encounter			
T59.0X2A	Toxic effect of nitrogen oxides, intentional self-harm, initial encounter			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

	DLS TEST CODE AND NAME
172	

ICD-10 CODE	DESCRIPTION		
T59.0X3A	oxic effect of nitrogen oxides, assault, initial encounter		
T59.0X4A	oxic effect of nitrogen oxides, undetermined, initial encounter		
T59.1X1A	Toxic effect of sulfur dioxide, accidental (unintentional), initial encounter		
T59.1X2A	Toxic effect of sulfur dioxide, intentional self-harm, initial encounter		
T59.1X3A	Toxic effect of sulfur dioxide, assault, initial encounter		
T59.1X4A	Toxic effect of sulfur dioxide, undetermined, initial encounter		
T59.2X1A	Toxic effect of formaldehyde, accidental (unintentional), initial encounter		
T59.2X2A	Toxic effect of formaldehyde, intentional self-harm, initial encounter		
T59.2X3A	Toxic effect of formaldehyde, assault, initial encounter		
T59.2X4A	Toxic effect of formaldehyde, undetermined, initial encounter		
T59.3X1A	Toxic effect of lacrimogenic gas, accidental (unintentional), initial encounter		
T59.3X2A	Toxic effect of lacrimogenic gas, intentional self-harm, initial encounter		
T59.3X3A	Toxic effect of lacrimogenic gas, assault, initial encounter		
T59.3X4A	Toxic effect of lacrimogenic gas, undetermined, initial encounter		
T59.4X1A	Toxic effect of chlorine gas, accidental (unintentional), initial encounter		
T59.4X2A	Toxic effect of chlorine gas, intentional self-harm, initial encounter		
T59.4X3A	Toxic effect of chlorine gas, assault, initial encounter		
T59.4X4A	Toxic effect of chlorine gas, undetermined, initial encounter		
T59.5X1A	Toxic effect of fluorine gas and hydrogen fluoride, accidental (unintentional), initial		
	encounter		
T59.5X2A	Toxic effect of fluorine gas and hydrogen fluoride, intentional self-harm, initial encounter		
T59.5X3A	Toxic effect of fluorine gas and hydrogen fluoride, assault, initial encounter		
T59.5X4A	Toxic effect of fluorine gas and hydrogen fluoride, undetermined, initial encounter		
T59.6X1A	Toxic effect of hydrogen sulfide, accidental (unintentional), initial encounter		
T59.6X2A	Toxic effect of hydrogen sulfide, intentional self-harm, initial encounter		
T59.6X3A	Toxic effect of hydrogen sulfide, assault, initial encounter		
T59.6X4A	Toxic effect of hydrogen sulfide, undetermined, initial encounter		
T59.7X1A	Toxic effect of carbon dioxide, accidental (unintentional), initial encounter		
T59.7X2A	Toxic effect of carbon dioxide, intentional self-harm, initial encounter		
T59.7X3A	Toxic effect of carbon dioxide, assault, initial encounter		
T59.7X4A	Toxic effect of carbon dioxide, undetermined, initial encounter		
T59.811A	Toxic effect of smoke, accidental (unintentional), initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION			
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter			
T59.813A	Toxic effect of smoke, assault, initial encounter			
T59.814A	Toxic effect of smoke, undetermined, initial encounter			
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter			
T59.892A	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter			
T59.893A	Toxic effect of other specified gases, fumes and vapors, assault, initial encounter			
T59.894A	Toxic effect of other specified gases, fumes and vapors, undetermined, initial encounter			
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter			
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter			
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter			
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter			
T60.0X1A	Toxic effect of organophosphate and carbamate insecticides, accidental (unintentional), initial encounter			
T60.0X2A	Toxic effect of organophosphate and carbamate insecticides, intentional self-harm, initial encounter			
T60.0X3A	Toxic effect of organophosphate and carbamate insecticides, assault, initial encounter			
T60.0X4A	Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter			
T60.1X1A	Toxic effect of halogenated insecticides, accidental (unintentional), initial encounter			
T60.1X2A	Toxic effect of halogenated insecticides, intentional self-harm, initial encounter			
T60.1X3A	Toxic effect of halogenated insecticides, assault, initial encounter			
T60.1X4A	Toxic effect of halogenated insecticides, undetermined, initial encounter			
T60.2X1A	Toxic effect of other insecticides, accidental (unintentional), initial encounter			
T60.2X2A	Toxic effect of other insecticides, intentional self-harm, initial encounter			
T60.2X3A	Toxic effect of other insecticides, assault, initial encounter			
T60.2X4A	Toxic effect of other insecticides, undetermined, initial encounter			

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T60.3X1A	oxic effect of herbicides and fungicides, accidental (unintentional), initial encounter		
T60.3X2A	oxic effect of herbicides and fungicides, intentional self-harm, initial encounter		
T60.3X3A	Toxic effect of herbicides and fungicides, assault, initial encounter		
T60.3X4A	Toxic effect of herbicides and fungicides, undetermined, initial encounter		
T60.4X1A	Toxic effect of rodenticides, accidental (unintentional), initial encounter		
T60.4X2A	Toxic effect of rodenticides, intentional self-harm, initial encounter		
T60.4X3A	Toxic effect of rodenticides, assault, initial encounter		
T60.4X4A	Toxic effect of rodenticides, undetermined, initial encounter		
T60.8X1A	Toxic effect of other pesticides, accidental (unintentional), initial encounter		
T60.8X2A	Toxic effect of other pesticides, intentional self-harm, initial encounter		
T60.8X3A	Toxic effect of other pesticides, assault, initial encounter		
T60.8X4A	Toxic effect of other pesticides, undetermined, initial encounter		
T60.91XA	Toxic effect of unspecified pesticide, accidental (unintentional), initial encounter		
T60.92XA	Toxic effect of unspecified pesticide, intentional self-harm, initial encounter		
T60.93XA	Toxic effect of unspecified pesticide, assault, initial encounter		
T60.94XA	Toxic effect of unspecified pesticide, undetermined, initial encounter		
T61.01XA	Ciguatera fish poisoning, accidental (unintentional), initial encounter		
T61.02XA	Ciguatera fish poisoning, intentional self-harm, initial encounter		
T61.03XA	Ciguatera fish poisoning, assault, initial encounter		
T61.04XA	Ciguatera fish poisoning, undetermined, initial encounter		
T61.11XA	Scombroid fish poisoning, accidental (unintentional), initial encounter		
T61.12XA	Scombroid fish poisoning, intentional self-harm, initial encounter		
T61.13XA	Scombroid fish poisoning, assault, initial encounter		
T61.14XA	Scombroid fish poisoning, undetermined, initial encounter		
T61.771A	Other fish poisoning, accidental (unintentional), initial encounter		
T61.772A	Other fish poisoning, intentional self-harm, initial encounter		
T61.773A	Other fish poisoning, assault, initial encounter		
T61.774A	Other fish poisoning, undetermined, initial encounter		
T61.781A	Other shellfish poisoning, accidental (unintentional), initial encounter		
T61.782A	Other shellfish poisoning, intentional self-harm, initial encounter		
T61.783A	Other shellfish poisoning, assault, initial encounter		
T61.784A	Other shellfish poisoning, undetermined, initial encounter		
T61.8X1A	Toxic effect of other seafood, accidental (unintentional), initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

DLS TEST CODE AND NAME		
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
T61.8X2A	Toxic effect of other seafood, intentional self-harm, initial encounter	
T61.8X3A	Toxic effect of other seafood, assault, initial encounter	
T61.8X4A	Toxic effect of other seafood, undetermined, initial encounter	
T61.91XA	Toxic effect of unspecified seafood, accidental (unintentional), initial encounter	
T61.92XA	Toxic effect of unspecified seafood, intentional self-harm, initial encounter	
T61.93XA	Toxic effect of unspecified seafood, assault, initial encounter	
T61.94XA	Toxic effect of unspecified seafood, undetermined, initial encounter	
T62.0X1A	Toxic effect of ingested mushrooms, accidental (unintentional), initial encounter	
T62.0X2A	Toxic effect of ingested mushrooms, intentional self-harm, initial encounter	
T62.0X3A	Toxic effect of ingested mushrooms, assault, initial encounter	
T62.0X4A	Toxic effect of ingested mushrooms, undetermined, initial encounter	
T62.1X1A	Toxic effect of ingested berries, accidental (unintentional), initial encounter	
T62.1X2A	Toxic effect of ingested berries, intentional self-harm, initial encounter	
T62.1X3A	Toxic effect of ingested berries, assault, initial encounter	
T62.1X4A	Toxic effect of ingested berries, undetermined, initial encounter	
T62.2X1A	Toxic effect of other ingested (parts of) plant(s), accidental (unintentional), initial	
	encounter	
T62.2X2A	Toxic effect of other ingested (parts of) plant(s), intentional self-harm, initial encounter	
T62.2X3A	Toxic effect of other ingested (parts of) plant(s), assault, initial encounter	
T62.2X4A	Toxic effect of other ingested (parts of) plant(s), undetermined, initial encounter	
T62.8X1A	Toxic effect of other specified noxious substances eaten as food, accidental	
	(unintentional), initial encounter	
T62.8X2A	Toxic effect of other specified noxious substances eaten as food, intentional self- harm,	
	initial encounter	
T62.8X3A	Toxic effect of other specified noxious substances eaten as food, assault, initial encounter	
T62.8X4A	Toxic effect of other specified noxious substances eaten as food, undetermined, initial	
T00.04\/A	encounter The interpretation of the state o	
T62.91XA	Toxic effect of unspecified noxious substance eaten as food, accidental (unintentional),	
T00.00\(\frac{1}{2}\)	initial encounter	
T62.92XA	Toxic effect of unspecified noxious substance eaten as food, intentional self-harm, initial	
	encounter	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION	
T62.93XA	Toxic effect of unspecified noxious substance eaten as food, assault, initial encounter	
T62.94XA	Toxic effect of unspecified noxious substance eaten as food, undetermined, initial encounter	
T63.001A	Toxic effect of unspecified snake venom, accidental (unintentional), initial encounter	
T63.002A	Toxic effect of unspecified snake venom, intentional self-harm, initial encounter	
T63.003A	Toxic effect of unspecified snake venom, assault, initial encounter	
T63.004A	Toxic effect of unspecified snake venom, undetermined, initial encounter	
T63.011A	Toxic effect of rattlesnake venom, accidental (unintentional), initial encounter	
T63.012A	Toxic effect of rattlesnake venom, intentional self-harm, initial encounter	
T63.013A	Toxic effect of rattlesnake venom, assault, initial encounter	
T63.014A	Toxic effect of rattlesnake venom, undetermined, initial encounter	
T63.021A	Toxic effect of coral snake venom, accidental (unintentional), initial encounter	
T63.022A	Toxic effect of coral snake venom, intentional self-harm, initial encounter	
T63.023A	Toxic effect of coral snake venom, assault, initial encounter	
T63.024A	Toxic effect of coral snake venom, undetermined, initial encounter	
T63.031A	Toxic effect of taipan venom, accidental (unintentional), initial encounter	
T63.032A	Toxic effect of taipan venom, intentional self-harm, initial encounter	
T63.033A	Toxic effect of taipan venom, assault, initial encounter	
T63.034A	Toxic effect of taipan venom, undetermined, initial encounter	
T63.041A	Toxic effect of cobra venom, accidental (unintentional), initial encounter	
T63.042A	Toxic effect of cobra venom, intentional self-harm, initial encounter	
T63.043A	Toxic effect of cobra venom, assault, initial encounter	
T63.044A	Toxic effect of cobra venom, undetermined, initial encounter	
T63.061A	Toxic effect of venom of other North and South American snake, accidental	
	(unintentional), initial encounter	
T63.062A	Toxic effect of venom of other North and South American snake, intentional self- harm,	
	initial encounter	
T63.063A	Toxic effect of venom of other North and South American snake, assault, initial encounter	
T63.064A	Toxic effect of venom of other North and South American snake, undetermined, initial encounter	

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T63.071A	Toxic effect of venom of other Australian snake, accidental (unintentional), initial encounter
T63.072A	Toxic effect of venom of other Australian snake, intentional self-harm, initial encounter
T63.073A	Toxic effect of venom of other Australian snake, assault, initial encounter
T63.074A	Toxic effect of venom of other Australian snake, undetermined, initial encounter
T63.081A	Toxic effect of venom of other African and Asian snake, accidental (unintentional), initial encounter
T63.082A	Toxic effect of venom of other African and Asian snake, intentional self-harm, initial encounter
T63.083A	Toxic effect of venom of other African and Asian snake, assault, initial encounter
T63.084A	Toxic effect of venom of other African and Asian snake, undetermined, initial encounter
T63.091A	Toxic effect of venom of other snake, accidental (unintentional), initial encounter
T63.092A	Toxic effect of venom of other snake, intentional self-harm, initial encounter
T63.093A	Toxic effect of venom of other snake, assault, initial encounter
T63.094A	Toxic effect of venom of other snake, undetermined, initial encounter
T63.111A	Toxic effect of venom of gila monster, accidental (unintentional), initial encounter
T63.112A	Toxic effect of venom of gila monster, intentional self-harm, initial encounter
T63.113A	Toxic effect of venom of gila monster, assault, initial encounter
T63.114A	Toxic effect of venom of gila monster, undetermined, initial encounter
T63.121A	Toxic effect of venom of other venomous lizard, accidental (unintentional), initial encounter
T63.122A	Toxic effect of venom of other venomous lizard, intentional self-harm, initial encounter
T63.123A	Toxic effect of venom of other venomous lizard, assault, initial encounter
T63.124A	Toxic effect of venom of other venomous lizard, undetermined, initial encounter
T63.191A	Toxic effect of venom of other reptiles, accidental (unintentional), initial encounter
T63.192A	Toxic effect of venom of other reptiles, intentional self-harm, initial encounter
T63.193A	Toxic effect of venom of other reptiles, assault, initial encounter
T63.194A	Toxic effect of venom of other reptiles, undetermined, initial encounter
T63.2X1A	Toxic effect of venom of scorpion, accidental (unintentional), initial encounter
T63.2X2A	Toxic effect of venom of scorpion, intentional self-harm, initial encounter

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T63.2X3A	Toxic effect of venom of scorpion, assault, initial encounter		
T63.2X4A	Toxic effect of venom of scorpion, undetermined, initial encounter		
T63.301A	Toxic effect of unspecified spider venom, accidental (unintentional), initial encounter		
T63.302A	Toxic effect of unspecified spider venom, intentional self-harm, initial encounter		
T63.303A	Toxic effect of unspecified spider venom, assault, initial encounter		
T63.304A	Toxic effect of unspecified spider venom, undetermined, initial encounter		
T63.311A	Toxic effect of venom of black widow spider, accidental (unintentional), initial encounter		
T63.312A	Toxic effect of venom of black widow spider, intentional self-harm, initial encounter		
T63.313A	Toxic effect of venom of black widow spider, assault, initial encounter		
T63.314A	Toxic effect of venom of black widow spider, undetermined, initial encounter		
T63.321A	Toxic effect of venom of tarantula, accidental (unintentional), initial encounter		
T63.322A	Toxic effect of venom of tarantula, intentional self-harm, initial encounter		
T63.323A	Toxic effect of venom of tarantula, assault, initial encounter		
T63.324A	Toxic effect of venom of tarantula, undetermined, initial encounter		
T63.331A	Toxic effect of venom of brown recluse spider, accidental (unintentional), initial encounter		
T63.332A	Toxic effect of venom of brown recluse spider, intentional self-harm, initial encounter		
T63.333A	Toxic effect of venom of brown recluse spider, assault, initial encounter		
T63.334A	Toxic effect of venom of brown recluse spider, undetermined, initial encounter		
T63.391A	Toxic effect of venom of other spider, accidental (unintentional), initial encounter		
T63.392A	Toxic effect of venom of other spider, intentional self-harm, initial encounter		
T63.393A	Toxic effect of venom of other spider, assault, initial encounter		
T63.394A	Toxic effect of venom of other spider, undetermined, initial encounter		
T63.411A	Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), initial encounter		
T63.412A	Toxic effect of venom of centipedes and venomous millipedes, intentional self-harm, initial encounter		
T63.413A	Toxic effect of venom of centipedes and venomous millipedes, assault, initial encounter		
T63.414A	Toxic effect of venom of centipedes and venomous millipedes, undetermined, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION		
T63.421A	Toxic effect of venom of ants, accidental (unintentional), initial encounter		
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter		
T63.423A	Toxic effect of venom of ants, assault, initial encounter		
T63.424A	Toxic effect of venom of ants, undetermined, initial encounter		
T63.431A	Toxic effect of venom of caterpillars, accidental (unintentional), initial encounter		
T63.432A	Toxic effect of venom of caterpillars, intentional self-harm, initial encounter		
T63.433A	Toxic effect of venom of caterpillars, assault, initial encounter		
T63.434A	Toxic effect of venom of caterpillars, undetermined, initial encounter		
T63.441A	Toxic effect of venom of bees, accidental (unintentional), initial encounter		
T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter		
T63.443A	Toxic effect of venom of bees, assault, initial encounter		
T63.444A	Toxic effect of venom of bees, undetermined, initial encounter		
T63.451A	Toxic effect of venom of hornets, accidental (unintentional), initial encounter		
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter		
T63.453A	Toxic effect of venom of hornets, assault, initial encounter		
T63.454A	Toxic effect of venom of hornets, undetermined, initial encounter		
T63.461A	Toxic effect of venom of wasps, accidental (unintentional), initial encounter		
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter		
T63.463A	Toxic effect of venom of wasps, assault, initial encounter		
T63.464A	Toxic effect of venom of wasps, undetermined, initial encounter		
T63.481A	Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter		
T63.482A	Toxic effect of venom of other arthropod, intentional self-harm, initial encounter		
T63.483A	Toxic effect of venom of other arthropod, assault, initial encounter		
T63.484A	Toxic effect of venom of other arthropod, undetermined, initial encounter		
T63.511A	Toxic effect of contact with stingray, accidental (unintentional), initial encounter		
T63.512A	Toxic effect of contact with stingray, intentional self-harm, initial encounter		
T63.513A	Toxic effect of contact with stingray, assault, initial encounter		
T63.514A	Toxic effect of contact with stingray, undetermined, initial encounter		
T63.591A	Toxic effect of contact with other venomous fish, accidental (unintentional), initial		
	encounter		
T63.592A	Toxic effect of contact with other venomous fish, intentional self-harm, initial encounter		
T63.593A	Toxic effect of contact with other venomous fish, assault, initial encounter		

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD) - 190.32 PROCEDURE CODE: 82977

GAMMA GLUTAMYLTRANSFERASE (GGT)

		DLS TEST CODE AND NAME
172	GAMMA GT	

ICD-10 CODE	DESCRIPTION
T63.594A	Toxic effect of contact with other venomous fish, undetermined, initial encounter
T63.611A	Toxic effect of contact with Portugese Man-o-war, accidental (unintentional), initial
	encounter
T63.612A	Toxic effect of contact with Portugese Man-o-war, intentional self-harm, initial encounter
T63.613A	Toxic effect of contact with Portugese Man-o-war, assault, initial encounter
T63.614A	Toxic effect of contact with Portugese Man-o-war, undetermined, initial encounter
T63.621A	Toxic effect of contact with other jellyfish, accidental (unintentional), initial encounter
T63.622A	Toxic effect of contact with other jellyfish, intentional self-harm, initial encounter
T63.623A	Toxic effect of contact with other jellyfish, assault, initial encounter
T63.624A	Toxic effect of contact with other jellyfish, undetermined, initial encounter
T63.631A	Toxic effect of contact with sea anemone, accidental (unintentional), initial encounter
T63.632A	Toxic effect of contact with sea anemone, intentional self-harm, initial encounter
T63.633A	Toxic effect of contact with sea anemone, assault, initial encounter
T63.634A	Toxic effect of contact with sea anemone, undetermined, initial encounter
T63.691A	Toxic effect of contact with other venomous marine animals, accidental (unintentional),
	initial encounter
T63.692A	Toxic effect of contact with other venomous marine animals, intentional self-harm, initial
	encounter
T63.693A	Toxic effect of contact with other venomous marine animals, assault, initial encounter