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SHP Galectin 3 (LGALS3)

AUTH: SHP Medical 304 v2 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Galectin 3 (LGALS3) is a protein that is involved with cell growth, cell death, cell division cycle, cell adhesions and other cell functions. Mutations are associated with heart disease, stroke, cancer, fibrosis and inflammation.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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- NA

Document History

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- Revised Dates:
 - 2020: January
 - 2016: January, April
 - 2015: January, February, October
 - 2014: July, December
 - 2013: January, February, March, July, August, September
- Reviewed Dates:
 - 2021: August
 - 2020: August
 - 2019: May
 - 2018: May
 - 2016: June, July
- Effective Date: December 2012

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 82777 - Galectin-3

References

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References used include but are not limited to the following:

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Codes

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