

Galectin 3 (LGALS3), Medical 304

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<u>Effective Date</u>	12/2012
<u>Next Review Date</u>	6/2025
<u>Coverage Policy</u>	Medical 304
<u>Version</u>	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of Galectin 3 (LGALS3) testing.

Description & Definitions:

A lab analysis for Galectin 3 (LGALS3) 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.

Criteria:

Galectin 3 (LGALS3) is considered **not medically necessary** for any indication.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
82777	Galectin-3

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2024: June – criteria updated references updated
- 2020: January

- 2016: January, April
- 2015: January, February, October

- 2014: July, December
- 2013: January, February, March, July, August, September

Reviewed Dates:

- 2023: June
- 2022: June
- 2021: August
- 2020: August
- 2019: May
- 2018: May
- 2016: June, July

Effective Date:

- December 2012

References:

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Galectin 3, LGALS3, SHP Medical 304, IgE-Binding Protein, MAC-2, Lectin L-29, L-34 CBP-30, Gal-3, Advanced Glycation End-Product Receptor 3, Lectin, Galactoside-Binding, Soluble, 3, Carbohydrate-Binding Protein 35, CBP 35, Galactose-Specific Lectin 3, Laminin-Binding Protein, 35 KDa Lectin, Galactoside-Binding Protein, GALBP, heart disease, stroke, cancer, fibrosis, inflammation, cell growth, cell death, cell division cycle, cell adhesions, L31; GAL3; MAC2; GALIG; LGALS2