

# Immunoglobulin Light Chains

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<u>Effective Date</u>	3/2022
<u>Next Review Date</u>	2/15/2024
<u>Coverage Policy</u>	Medical 333
<u>Version</u>	2

**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 Immunoglobulin Light Chains.

## Description & Definitions:

Immunoglobulin light chains is a serum blood test to help diagnose or monitor plasma cell disorders (such as multiple myeloma and amyloidosis).

## Criteria:

Immunoglobulin Light Chains testing is considered medically necessary for **1 or more of the following**:

- Monoclonal plasma cell proliferative disorder
- Systemic amyloidosis (AL)
- Multiple myeloma

Immunoglobulin Light Chains is considered **not medically necessary** for uses other than those listed in the clinical criteria, to include but not limited to:

- Iron Deficiency Anemia
- Peripheral Neuropathy

## Coding:

Medically necessary with criteria:

Coding	Description
83521	Immunoglobulin light chains (ie, kappa, lambda), free, each

## Considered Not Medically Necessary:

Coding	Description
	None

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

## Document History:

Revised Dates:

- 2022: March

Reviewed Dates:

- 2023: February

Effective Date:

- March 2022

## 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 Immunoglobulin light chains, SHP Medical 333, Ig Kappa Light Chain Gene, Free Light Chains, Kappa, Kappa FLC, Kappa-Free Light Chain, Lambda, Lambda FLC, Lambda-Free Light Chain, Light Chains, Serum Free Light Chains, Monoclonal plasma cell proliferative disorder, Systemic amyloidosis, Multiple myeloma, Iron Deficiency Anemia