

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Annulus Fibrosis Repair Devices

MP9688

Covered Service: No

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Surgical devices for annulus fibrosis repair (e.g., Xclose, Inclose, Barricaid Anular Closure Device) following spinal surgery are considered experimental and investigational and therefore not medically necessary.

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