

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.

## **Cell Therapy for the Treatment of Cardiac Disease**

**MP9578** 

Covered Service: No

**Prior Authorization** 

Required: No

Additional

**Information:** None

## Prevea360 Health Plan Medical Policy:

1.0 Cell therapy for the treatment of cardiac disease is considered experimental and investigational, and therefore not medically necessary.

	Committee/Source	Date(s)
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