

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 policy and applicable state and/or federal laws.

Electromagnetic Navigation Bronchoscopy

MP9634

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Electromagnetic navigation bronchoscopy **does not** require prior authorization and is considered medically necessary.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	February 15, 2023
Revised:		
Reviewed:	Medical Policy Committee/Health Services Division	February 21, 2024

Published: 03/01/2024

Effective: 03/01/2024