



**Coverage of any medical intervention discussed in a Medica 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

### **Medica 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.

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document Created:</b>	Medical Policy Committee/Health Services Division	December 20, 2023
<b>Revised:</b>		
<b>Reviewed:</b>		

Published: 01/01/2024

Effective: 01/01/2024