



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.

Electromagnetic Navigation Bronchoscopy

MP9634

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Medica Medical Policy:

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

| | Committee/Source | Date(s) |
|--------------------------|---|-------------------|
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