



**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.**

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## **Subacromial Tissue Spacer for Treatment of Rotator Cuff Tears**

**MP9731**

**Covered Service:** No

**Prior Authorization  
Required:** No

**Additional  
Information:** None

### **Medica Medical Policy:**

1.0 Subacromial tissue spacer insertion systems (e.g., InSpace biodegradable spacer) for the treatment of rotator cuff tears is considered experimental and investigational, and therefore not covered.

	<b>Committee/Source</b>	<b>Date(s)</b>
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