



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.

mild® Procedure (mild® Device Kit)

MP9761

Covered Service: No

Prior Authorization Required: No

Additional Information: None

Medica Medical Policy:

1.0 The mild® Procedure (mild® Device Kit) is considered **experimental and investigational**, and therefore not covered.

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

Published: 04/01/2024

Effective: 04/01/2024