

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.

**Endoscopic Radiofrequency Ablation
for Barrett's Esophagus**

MP9628

Covered Service: Yes

**Prior Authorization
Required:** No

**Additional
Information:** None

Prevea360 Health Plan Medical Policy:

- 1.0 Endoscopic radiofrequency ablation **does not require** prior authorization and is considered medically necessary for Barrett's esophagus with high-grade or low-grade dysplasia.
- 2.0 Endoscopic radiofrequency ablation is considered experimental and investigational, and therefore not medically necessary for Barrett's esophagus without dysplasia.

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