

Chemiluminescent Testing (ViziLite) for Oral Cancer Screening

Description ViziLite® is a screening test for oral cancer performed in addition to regular visual examination of the mouth. After the patient rinses with a cleansing solution, the provider examines the tissues of the mouth with ViziLite, a specially designed light technology. Normal tissue purportedly absorbs the light and appears dark in color, while abnormal tissue appears white.

- Table of Contents** The following topics are included in this document:
- [Commercial](#)
 - [Government Programs](#)
 - [Individual and Family Business \(IFB\)](#)

Document history The document history for the past 12 months is outlined below.

Date	Description
2.22.24	Updated due to template changes.
12.8.23	Updated to new template.

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.<ul style="list-style-type: none">Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.Follows Medicare guidelines.Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">Follows Medicare guidelines.Medicare supplement.Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Chemiluminescent Testing (ViziLite) for Oral Cancer Screening (MP9569)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Medica	<p>Medica’s Coverage Policy, <i>Chemiluminescent Testing (ViziLite®) for Oral Cancer Screening</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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