

**Coverage of any medical intervention discussed in a Dean Health Plan 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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**Chemiluminescent Testing (ViziLite™) for Oral Cancer Screening MP9569**

**Covered Service:** No

**Prior Authorization Required:** No

**Additional Information:** None

**Medicare Policy:** Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

**BadgerCare Plus Policy:** Dean Health Plan covers when BadgerCare Plus also covers the benefit.

**Dean Health Plan Medical Policy:**

1.0 Chemiluminescent Testing (ViziLite™) for oral cancer screening is considered experimental and investigational and therefore not medically necessary.

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