

Labial Veneers

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[➔ Instructions for Use](#)

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Related Dental Policy

- [Single Tooth Direct Restorations](#)

Coverage Rationale

Labial Veneers are indicated for the following:

- For coverage of enamel only fractures that cannot be adequately repaired with a direct restoration
- Teeth with enamel defects including but not limited to enamel hypoplasia, severe decalcification, enamel hypocalcification and fluorosis

Definitions

Laminate Veneer: A thin covering of the facial surface of a tooth usually constructed of tooth colored material used to restore discolored, damaged, misshapen, or misaligned teeth. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D2960	Labial veneer (resin laminate) - direct
D2961	Labial veneer (resin laminate) - indirect
D2962	Labial veneer (porcelain laminate) - indirect

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Description of Services

Veneers are thin partial coverage restorations made of composite resin or porcelain, covering part or all of the facial surfaces of anterior teeth. For plans that include coverage, veneers may be indicated for fractures or teeth with enamel defects, although

they are typically used for cosmetic purposes. They may be constructed in a laboratory or chairside via computer assisted design (CAD) and computer aided manufacturing (CAM) technology.

References

American Dental Association (ADA) CDT 2023 Dental Procedure Code Book.

American Dental Association Glossary of Clinical and Administrative Terms.

Rosenstiel S, Land M, Fujimoto J. Contemporary Fixed Prosthodontics, 5th ed. St. Louis: Mosby c2016. Part II: Laboratory Procedures, Chapter 11 Tooth Preparation for All Ceramic Restorations; Porcelain Laminate Veneers; p.271.

Guideline History/Revision Information

Date	Summary of Changes
02/01/2024	Template Update <ul style="list-style-type: none">Updated <i>Instructions for Use</i> to clarify this policy applies to both Commercial and Medicare Advantage plans
10/01/2023	Coverage Rationale <ul style="list-style-type: none">Removed content addressing coverage limitations and exclusions Definitions <ul style="list-style-type: none">Removed definition of “Necessary” Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version DCG025.09

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.