

LABIAL VENEERS

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Related Dental Policy

- [Single Tooth Direct Restorations](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

A labial veneer is a thin layer of material placed over a tooth to protect it from further damage or for aesthetic reasons. The following identify guidelines for placement.

Labial Veneers

Labial veneers are indicated for the following:

- For coverage of enamel only fractures that cannot be adequately repaired with a direct restoration (i.e., CDT codes D2330–D2335)
- Teeth with enamel defects including but not limited to enamel hypoplasia, severe decalcification, enamel hypocalcification and fluorosis

Labial veneers are not indicated for the coverage of fractures that extend into dentin.

Coverage Limitations and Exclusions

- Veneers are limited to one time per tooth per consecutive 60 months.
- Any dental procedure performed solely for cosmetic/aesthetic reasons (cosmetic procedures are those procedures that improve physical appearance) is excluded from coverage.

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 Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D2960	Labial veneer (resin laminate) – chairside
D2961	Labial veneer (resin laminate) – laboratory
D2962	Labial veneer (porcelain laminate) – laboratory

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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 CAD/CAM technology.

REFERENCES

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	Action/Description
09/01/2018	<ul style="list-style-type: none">• Routine review; no content changes• Archived previous policy version DCG025.03