

Labial Veneers (For Ohio Only)

Policy Number: CSDEN317OH.A
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[➔ Instructions for Use](#)

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Related Dental Policy
<ul style="list-style-type: none"> Single Tooth Direct Restorations

Application

This Dental Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Labial Veneers

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)

Necessary: Dental Care Services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and

- Needed to meet basic dental needs; and
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental care service; and
- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national clinical, research, or health care coverage organizations or governmental agencies that are accepted by us; and
- Consistent with the diagnosis of the condition; and
- Required for reasons other than the convenience of the member, or dental provider; and
- Demonstrated through prevailing peer-reviewed dental literature to be either:

- Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
- Safe with promising efficacy:
 - For treating a life threatening dental disease or condition; and
 - In a clinically controlled research setting; and
 - Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

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 2022 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.

Policy History/Revision Information

Date	Summary of Changes
12/01/2023	New dental policy

Instructions for Use

This Dental Policy provides assistance in interpreting the UnitedHealthcare Community Plan of Ohio dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plans may differ. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, 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 Policy is provided for informational purposes. It does not constitute the practice of medicine or medical advice.

Archived Policy Versions

Effective Date	Guideline Number	Guideline Title
N/A	N/A	N/A