Labial Veneers
(For Ohio Only)

Policy Number: CSDEN419OH.B
Effective Date: December 1, 2026

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Related References and Policies

- UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide
- Dental Provider Manual: UnitedHealthcare Community Plan of Ohio

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. Early and periodic screening, diagnostic, and treatment (EPSDT) covered dental service considerations are applied to members younger than age 21 years of age pursuant to Ohio Administrative Code 5160-1-14(C)(3).

Prior Authorization

The Ohio Department of Medicaid (ODM) determines coverage of dental services based on medical necessity, alignment with policy criteria, and clinical indications. CDT codes that are designated as covered by ODM are eligible for reimbursement when all applicable guidelines are met. For a comprehensive list of covered CDT codes, refer to the UnitedHealthcare Community Plan of Ohio Medicaid Dental Quick Reference Guide and/or Dental Provider Manual: UnitedHealthcare Community Plan of Ohio.

Non-covered codes may be reimbursable if special justification is submitted to include prior-authorization, clinical narrative of medical necessity, and supporting documentation including but not limited to clinical records, diagnostic imaging, periodontal charting, or any other relevant documentation to support the clinical rationale.

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.

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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)

Clinical Indications

Covered Codes

None

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

Labial Veneers are not indicated when the following are present:

- Extensive caries
- Poor plaque control
- Extensive existing restorations
- Bruxism
- Active periodontal disease
- Significantly malpositioned teeth
- Short clinical crown
- Enamel fluorosis
- Severe decalcification

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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References

American Dental Association Glossary of Clinical and Administrative Terms.

Pini NP, Aguiar FH, Lima DA, et al. Advances in dental veneers: materials, applications, and techniques. Clin Cosmet Investig Dent. 2012 Feb 10;4:9-16.

Radz GM. Minimum thickness anterior porcelain restorations. Dent Clin North Am. 2011 Apr;55(2):353-70.

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.

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Policy History/Revision Information

Date	Summary of Changes

12/01/2026	**Template Updates**
	• Renamed *Related Dental Policy* to *Related References and Policies*
	• Reordered contents of policy
	  ○ Moved *Description of Services* and *Definitions* towards beginning of policy
	• Added *Prior Authorization* section
	• Renamed *Coverage Rationale* to *Clinical Indications*
	  ○ Added *Covered Codes*
	Clinical Indications
	• Removed "including but not limited to enamel hypoplasia, severe decalcification, enamel hypocalcification, and fluorosis" from indications
	• Added the following section
	Labial Veneers are not indicated when the following are present:
	○ Extensive caries
	○ Poor plaque control
	○ Extensive existing restorations
	○ Bruxism
	○ Active periodontal disease
	○ Significantly malpositioned teeth
	○ Short clinical crown
	○ Enamel fluorosis
	○ Severe decalcification
	Supporting Information
	• Updated *References* section to reflect the most current information
	• **Archived previous policy version CSDEN419OH.A**

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
11/01/2025 – 11/30/2026	CSDEN419OH.A	Labial Veneers
12/01/2023 – 10/31/2025	CSDEN317OH.A	Labial Veneers

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