



Dental Clinical Policy

Subject: Veneers
Guideline #: 02-902
Status: Revised

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Description

This document addresses the procedure of placement of a dental veneer.

The plan performs review of dental veneers due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

Clinical Indications

The placement of veneers is a conservative method that restores function and is considered appropriate when teeth have been damaged because of an injury causing significant loss of tooth structure, not minor loss of incisal edge/angle that can be restored by other means of the anterior teeth.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

When the placement of a veneer addresses tooth staining because of root canal or drug therapy; uneven or misaligned anterior teeth; teeth with gaps; congenitally malformed teeth or when performed for any condition that addresses cosmetic concerns benefits may not be available dependent on contract language and cosmetic dentistry exclusion.

Criteria

To qualify for veneer restorations, all of the following criteria must be met:

1. Placement of veneers must be necessary, appropriate and meet generally accepted standards of care.
2. Must have a reasonable expectation for success.
3. A pretreatment periapical x-ray showing the apex is required for evaluation of lack of pulpal and/or periapical pathosis.
4. Must have fully intact lingual surfaces on anterior teeth that can support veneer placement when there are large areas of decay. When areas of decay are considered too large, a full crown may be the more appropriate restoration.
5. The periodontal health and long term prognosis of the teeth must be considered. Placement of veneers on teeth with uncontrolled or untreated periodontal disease creates a condition that leads to a compromised long term prognosis and is not appropriate. Documentation relative to the history of definitive periodontal treatment is required.
6. To be considered for a labial veneer:
 - a. tooth must demonstrate significant loss of tooth structure and/or involvement of one or both incisal angles or cusp tip of a canine.
 - b. upon request the degree of tooth breakdown must be documented by report, clinical chart notes, and photographically.
7. Benefits for replacement of defective veneers (e.g. – veneers that have become defective after initial placement because of normal wear, fracture or caries, is based on contractual frequency limitations.
8. Placement of veneers are not considered;
 - a. for cosmetic purposes
 - b. for correction of congenital/developmental problems
 - c. for correction of tooth size discrepancies.
9. Restorative procedures for repair of complications from wear, attrition, abrasion, erosion, and abfraction do not meet contractual criteria for treatment.

Note: Veneers are not appropriate restorations for patients who demonstrate severe bruxism or grinding as this condition places undue stress on the restoration compromising long term prognosis of the restoration.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not

constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT Including, but not limited to, the following:

D2960 Labial veneer (resin laminate) – direct
 D2961 Labial veneer (resin laminate) – indirect
 D2962 Labial veneer (porcelain laminate) - indirect

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. Porcelain veneers: a review of the literature ; Peumans M, Van Meerbeek B, Lambrechts P, Vanherle G; Journal of Dent. 2000 Mar; 28(3):163-77.
2. Guideline on Pediatric Restorative Dentistry; Originating Committee Clinical Affairs Committee – Restorative Dentistry Subcommittee Review Council; American Academy of Pediatric Dentistry (AAPD); Council on Clinical Affairs Adopted 1991 Revised 1998, 2001, 2004, 2008
3. Efficacy of E-max porcelain laminate veneer on esthetic restoration for anterior teeth over 2 years; Zhang N1, Tao LS, Zhang XD.; PubMed.gov; 2013 Dec;22(6):705-7.

History

Revision History	Version	Date	Nature of Change	SME
	initial	11/9/16	creation	M Kahn G Koumaras
	Revision	2/8/17	General verbiage	Rosen
	Revision	2/6/18	Related policies, Appropriateness/medical necessity	M Kahn
	Revision	10/07/2020	Annual Review	Committee
	Revised	12/4/20	Annual Review	Committee

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Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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