DELTA DENTAL

sDelta Dental of Virginia Clinical Policy # 204	
Subject Labial Veneers	**Originating Department** Clinical Professional Services **Signature Authority** Dental Director

Type: ☐ New ☐ Replacement ☒ Revision ☐ Clarification

Date: 11/09/2009 **Revision Date:** 11/15/2011

Preamble:	The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information. A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.
History:	Dental veneers, or laminates, are restorations utilizing thin shells of porcelain or resin composite that are bonded to the labial surfaces of teeth. Labial veneers are used to restore the facial surfaces of teeth or to correct defects in tooth size and appearance(1). Veneers may also be indicated for corrections of minor discrepancies in tooth alignment(1,2,3). Veneers offer a conservative approach to altering the appearance of a tooth; however, as some tooth structure is usually removed to facilitate placement, the process is generally irreversible, and veneers are usually not repairable(2). When applicable, porcelain veneers have been shown to have success rates approaching those of full crowns(4,5,6). Usually, a small amount of enamel is removed from the tooth surface to compensate for the thickness of the veneer material. If possible, dentin layer exposure should be minimized, as long-term retention is improved if veneers can be bonded entirely or primarily to the enamel surface(7,8,9). Veneers bonded to preparations with at least 50% enamel and with all margins ending within enamel have the greatest probability of long-term success(10). Placement of thick veneers over preparation into the dentin layer of teeth has been discouraged due to the requisite gross reduction of tooth structure, post-operative sensitivity, retention deficiency and unpredictable longevity(5,6).

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Policy:	DDVA guidelines: 1. Placement of veneers must be necessary, appropriate, meet generally accepted standards of care and have a reasonable prognosis. 2. Veneers are not a good restorative choice for anterior teeth with large areas of decay or for those with large restorations unless the lingual surfaces are fully intact. 3. Veneers are not appropriate for patients whose occlusion places undue stress on the incisal edges of involved teeth. An example would be an individual who demonstrates severe bruxism. 4. The periodontal health and prognosis of the teeth must be considered. Placement of veneers with uncontrolled or untreated periodontal disease which lends those teeth a compromised long term prognosis is not appropriate. Documentation relative to the history of definitive periodontal treatment is required. 5. To be considered for a labial veneer, a tooth must demonstrate significant loss of tooth structure. The degree of tooth breakdown must be documented radiographically, photographically, or by report. 6. Placement of veneers will not be considered for cosmetic purposes, correction of congenital/developmental problems, or correction of tooth size discrepancies. 7. Restorative procedures for repair of complications from wear, attrition, abrasion, erosion, and abfraction do not meet criteria for treatment. A tooth must exhibit significant structural loss from decay, large restorations, or fracture not attributable to complications from wear/attrition.
Codes(11):	D2960 – Labial veneer (resin laminate) – chairside D2961 – Labial veneer (resin laminate) – laboratory D2962 – Labial veneer (porcelain laminate) – laboratory
References:	1. Christensen GJ. Ceramic veneers: state of the art, 1999. J Amer Dent Assoc 1999;130:1121-1123. 2. Jacobsen N and Frank CA. The myth of instant orthodontics. An ethical quandary. J Amer Dent Assoc 2008;139:424-434. 3. Croll TP. Dentistry…we have a problem. J Esthet Rest Dent 2003;15:201-202. 4. Dumfahrt H and Schaffer H. Porcelain laminate veneers. A retrospective evaluation after 1 to 10 years of service: part II--clinical results. Inter J Prosthodont 2000;13:9-18. 5. Fradeani M, Redemagni M and Corrado M. Porcelain laminate veneers: 6- to 12-year clinical evaluation--a retrospective study. Int J Perio Rest Dent 2005;25:9-17. 6. Peumans M, DeMunck J, et al. A prospective ten-tear clinical trial of porcelain veneers. J Adhes Dent 2004;6:65-76. 7. Christensen GJ. What is a veneer? Resolving the confusion. J Amer Dent

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8. Christensen GJ; Facing the challenges of ceramic veneers. J Amer Dent Assoc 2006;137:661-664.

9. Ferrari M, Patroni S and Balleri P. Measurement of enamel thickness in relation to reduction for etched laminate veneers. Int J Perio Rest Dent 1992;12:407-413.

10. Friedman MJ. A 15-year review of porcelain veneer failure: a clinician's observations. Compend Contin Educ Dent 1998;19:625-628,630.632.

11. American Dental Association. *Current Dental Terminology. CDT 2011-201;* 18 (©ADA 2010).

For further information on placement of labial veneers refer to:

Fundamentals of Operative Dentistry: A Contemporary Approach. Summitt JB, Robbins WJ and Schwartz RS. 3rd Edit. 2006. Quintessence Publ Co Inc.