

## **Exhibit T – Veneer Criteria**

DentaQuest adheres to the following policy for evaluating veneers to maintain consistency throughout its dental networks.

### **I. Pre-Treatment Documentation**

A. Documentation may be needed for pre-service review of procedure:

1. Periapical x-ray clearly showing the full length of the tooth in review, including the entire clinical crown through the apex of the root.
2. Panorex or, at minimum, 4 bitewing radiographs showing clearly the adjacent and opposing teeth
3. Treatment rendered without necessary pre-service review is subject to retrospective review.

### **II. Codes**

A. DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

### **III. Criteria**

A. In general, veneers are allowed only for anterior teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.

B. Anterior teeth must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50% of the incisal edge.

C. Build-up procedures are not allowed in conjunction with veneers.

D. A request for a veneer following root canal therapy must meet the following criteria:

1. One month must have passed since the root canal therapy was completed.
2. Request must include a dated post-endodontic radiograph.
3. Tooth must be filled within two millimeters of the radiological apex unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
4. The filling must be properly condensed/obturated.
5. To be covered, a tooth must oppose a crown or denture in the opposite arch or be an abutment for a partial denture.
6. The patient must be free from active and advanced periodontal disease.
7. The fee for veneers includes the temporary restoration that is placed on the prepared tooth and worn while the veneer is being fabricated.

### **III. Additional Information**

A. Services that fail to meet clinical criteria due to prior treatment will be disallowed.

### **Reference**

- OAC 5160-5-01 Dental Services