MEDICAL POLICY

Medical Policy Title	**Dental Crowns and Veneers**
Policy Number	**13.01.02**
Current Effective Date	**July 16, 2026**
Next Review Date	**July 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

Dental Crowns

I. Traditional or ¾ dental crowns are considered **medically appropriate** for **ANY** of the following indications:
   A. To replace a large filling that encompasses at least half the width of a tooth;
   B. Following a root canal, to prevent the tooth from fracturing;
   C. Where fracture(s) inside the tooth cause pain upon chewing, for a patient with cracked tooth syndrome;
   D. For a tooth missing either the facial/buccal or lingual/palatal walls (due to disease or not present upon eruption of the tooth);
   E. For severe tooth decay in which most of the original tooth has been destroyed.

II. Traditional or ¾ dental crowns are considered **not medically necessary** when placed to cover a misshaped or severely discolored tooth/teeth.

Dental Veneers

III. Dental veneers placed on the frontal surface of anterior teeth (teeth 6-11 or 22-27) are considered **medically appropriate** for the following indications:
   A. To replace a large filling that encompasses at least half of the width of a tooth;
   B. Following a root canal, to prevent the tooth from fracturing.

IV. Dental veneers are considered **not medically necessary** when placed in order to cover **ANY** of the following indications:
   A. Severely discolored tooth/teeth;
   B. Worn down, misaligned, uneven or irregularly shaped tooth/teeth;
   C. Teeth with gaps between them, to close the space between the teeth;
   D. Teeth in a patient with cracked tooth syndrome;

E. A broken cusp, where the cusp has broken off at the tooth;

F. Severe tooth decay, where most of the original tooth has been destroyed.

RELATED POLICIES

Corporate Medical Policy

7.01.21 Dental and Oral Care under Medical Plans

7.03.01 Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Services

11.01.15 Medically Necessary Services

13.01.01 Dental Implants

13.01.03 Dental Inlays and Onlays

13.01.04 Periodontal Scaling and Root Planing

13.01.05 Periodontal Maintenance

POLICY GUIDELINE(S)

I. Generally, crown replacements are eligible for coverage no sooner than five years after replacement. Refer to the member's subscriber contract for specific crown replacement benefits.

DESCRIPTION

Dental crowns replace the exterior portion of a tooth, to re-establish its original shape and function and to create a natural appearance. Crowns are the treatment of choice in situations where tooth decay has destroyed most of the original tooth, when a traumatic event has caused damage, or where most of the tooth is restored by a dental restoration. They are also an option for people who grind and clench their teeth so much that the original structure of their teeth has been compromised.

A dental crown is a tooth-shaped "cap" that is placed over a tooth, to restore a tooth's shape and size and strength, and/or improve its appearance. A traditional crown encases the entire visible portion of a tooth from top of tooth to the gum line. A ¾ crown covers the entire exposed surface of the tooth except the visible surface next to the lip (labial) or cheek (buccal).

Dental veneers, also known as porcelain veneers or dental porcelain laminates, are wafer-thin, custom-made shells of tooth-colored materials designed to cover the labial/facial/frontal surface of a tooth/teeth. Dental veneers are made from porcelain or resin composite materials. With dental veneers, as opposed to dental crowns, the natural tooth/teeth remain largely intact, with only a minimal amount of the tooth being altered to fit the veneer. Veneers are not used to treat the lingual or back surface of the teeth. Veneers may be constructed in a laboratory or chairside via computer assisted design (CAD) and computer aided manufacturing (CAM) technology.

SUPPORTIVE LITERATURE

Crowns

Seale et al (2015) conducted a systematic review of the literature on stainless steel crowns (SSCs) from 2002 to the present as an update to an earlier review published in 2002. The systematic review included published papers of clinical studies, case series, and laboratory testing on SSCs (including esthetic SSCs and the Hall technique) found in peer-reviewed journals. Study quality and strength of evidence presented were assessed for papers reporting clinical results for SSCs as a primary study outcome using a list of weighting criteria. Ten clinical studies had weighting scores between 26 percent and 68 percent, of which two were considered to be of good quality regarding validity and study design and three further studies were considered to be of moderate quality. The authors concluded that this systematic review, within the confines of these studies, demonstrates primary molar esthetic crowns and stainless-steel crowns had acceptable clinical performance as restoratives for posterior primary teeth. Additionally, this review supports the findings from the 2002 review regarding the placement of stainless-steel crowns in patients with high caries risk who exhibit anterior caries as well as multiple posterior lesions, or who receive treatment under general anesthesia for the protection of remaining tooth structure.

Shah et al (2024) conducted a systematic review of the literature on antagonist enamel wear opposing zirconia crowns compared to other ceramics and natural enamel placed in the posterior region of the mouth. A total of 86 articles published between January 2013 to January 2023 were obtained through electronic search, of which four articles were selected after abstract screening that met the inclusion criteria. In most of the studies, the quantity of worn dental tissues was measured after cementing the crowns; impressions were made of each of the maxillary and mandibular arches at one week (baseline), and after six months, one year, and two years. The authors concluded that the opposing enamel wear caused by polished monolithic zirconia will be either equal to or less than that of natural enamel wear over time. Polished monolithic zirconia also maintains lower values of enamel wear compared to metal ceramics, feldspathic porcelains, and lithium disilicate.

Veneers

Lin et al (2025) performed a systematic review to investigate factors influencing the success rate of porcelain veneers on endodontically treated anterior teeth. Conservative restorative approaches such as veneers have been advocated for nonvital anterior teeth as an alternative to complete coverage crowns to maximize the preservation of tooth structure. Multiple reference resources were searched to identify and screen the content of systematic reviews concerning porcelain veneers and endodontically treated teeth. Seven articles (three clinical and four in vitro studies) published between 2001 to 2021 met the inclusion criteria and were selected as part of the final review which incorporated 882 teeth in total. Based on the findings of this systematic review, the authors concluded that the use of fiber posts and labial positioning of the endodontic access cavity could positively influence the success rate of porcelain veneers on endodontically treated teeth. Additionally, further research is needed as the effect of immediate dentin sealing on the survival rate of endodontically treated veneered teeth remains unclear.

PROFESSIONAL GUIDELINE(S)

Name	Guideline/Title	Year
American Academy of Cosmetic Dentistry (AACD) https://aacd.com/	Porcelain Crowns	2016
American Academy of Cosmetic Dentistry (AACD) https://aacd.com/	Porcelain Veneers	2016
American Academy of Pediatric Dentistry (AAPD) AAPD Pediatric Restorative Dentistry	Pediatric Restorative Dentistry Best Practice Guideline	2022 Revision
American Dental Association (ADA) https://www.mouthhealthy.org/all-topics-a-z/crowns	Mouthhealthy: Crowns	Not Listed
American Dental Association (ADA) https://www.mouthhealthy.org/all-topics-a-z/veneers	Mouthhealthy: Veneers	Not Listed

REGULATORY STATUS

The United States Food and Drug Administration (FDA) regulates dental crowns and veneers as medical devices. All dental implants including related components require FDA approval before marketing and use in the United States to ensure they are safe and effective for human use.

FDA Medical Device website. Available from: https://www.fda.gov/medical-devices [accessed 2026 May 29]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CDT Codes

Code	Description
D2710	Crown – resin-based composite (indirect)
D2712	Crown – ¾ resin-based composite (indirect); This procedure does not include facial veneers.
D2720	Crown – resin with high noble metal
D2721	Crown – resin with predominantly base metal
D2722	Crown – resin with noble metal
D2740	Crown – porcelain/ceramic
D2750	Crown – porcelain fused to high noble metal
D2751	Crown – porcelain fused to predominantly base metal
D2752	Crown – porcelain fused to noble metal
D2753	Crown - porcelain fused to titanium and titanium alloys
D2780	Crown – ¾ cast high noble metal
D2781	Crown – ¾ cast predominantly base metal
D2782	Crown – ¾ cast noble metal
D2783	Crown – ¾ porcelain/ceramic; This procedure does not include facial veneers.
D2790	Crown – full cast high noble metal
D2791	Crown – full cast predominantly base metal
D2792	Crown – full cast noble metal
D2794	Crown – titanium and titanium alloys

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SEARCH TERMS

Dental cap, dental porcelain veneers

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Dental crowns and veneers are not addressed in a National or Local Medicare coverage determination or policy.

However, dental services are addressed in the Medicare Benefit Policy Manual Chapter 16, Section 140 which addresses General Exclusions from Coverage – Dental Services Exclusion and states “Items and services in connection with the care, treatment, filling, removal, or replacement of teeth, or structures directly supporting the teeth are not covered”. [Last updated 2026 Jan 26; accessed 2026 May 29]. Available from: Medicare Benefit Policy Manual - Chapter 16: General Exclusions from Coverage

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates

04/24/14, 04/23/15, 04/28/16, 06/22/17, 06/28/18, 06/27/19, 06/25/20, 06/24/21, 06/16/22, 06/22/23, 05/16/24, 05/22/25, 07/16/26

Date	Summary of Changes
07/16/26	• Annual review; policy intent unchanged.
01/14/26	• Policy Edit: Format Correction
05/22/25	• Annual Review; policy intent unchanged.

01/01/25	• Summary of changes tracking implemented.
04/24/14	• Original effective date