



### CROWN/VENEER PLACEMENT DATE

Policy # D009

Implementation Date: 6/1/11

Review Dates: 1/28/16, 2/23/17, 07/28/22

Revision Dates: 1/28/16, 2/23/17

#### Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the “Policy” section for more information.

#### Description

A crown is a restorative “cap” for a tooth made in exact reproduction to the tooth’s anatomy. The crown covers a tooth to restore its size, strength, and shape and/or to improve cosmetic appearance. When cemented into place the crown usually encases the entire visible portion of the tooth that lies above the gumline.

A labial veneer, sometimes referred to as a partial crown, is a restorative procedure performed on the anterior teeth (incisors, cuspids) in which a layer of tooth-colored material is bonded to the surface of the tooth. The procedure may be performed as a direct restorative service or performed as a cosmetic procedure to improve the appearance of the anterior teeth.

#### Commercial Plan Policy

Select Health will reimburse for Crowns and Veneers when the provider has billed the prep date and all other policies have been followed. Once the prep date has been billed, we do not allow the service date to be changed to the seat date.

#### Select Health Advantage (Medicare/CMS)

Select Health Advantage will follow the commercial plan

#### Key References

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

#### Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member’s individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included 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.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly and reserves the right to amend these policies without notice to dental care providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

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