Sealants

Guideline Number: DCG026.04

Effective Date: August 1, 2019

COVERAGE RATIONALE

Sealants are indicated for the following:
- Caries prevention in pit and fissures on permanent teeth
- Non-cavitated carious lesions on permanent teeth in children and adolescents
- Caries prevention for primary teeth in children with documented high caries risk with a reasonable prognosis for retention anticipated. Risk factors must be thoroughly documented by the provider in the dental record, and include:
  - Mother or primary caregiver have active caries
  - White spot lesions or enamel defects
  - Visible caries or previous restorations
  - Poor oral hygiene
  - Sub-optimal systemic fluoride intake
  - Frequent exposure to cavity-producing foods and drinks
  - Individuals with special health care needs
  - Low socioeconomic status
  - Xerostomia
  - More than one interproximal lesion
  - Deep pits and fissures

Sealants are not indicated for the following:
- Presence of rampant caries and interproximal lesions
- Extrinsic staining of pits and fissures

Preventive Resin Restoration (PRR)
Preventive Resin restoration is done on an active cavitated lesion in a pit or fissure that does not extend into the dentin. This includes placement of a Sealant in any radiating non-caries fissures or pits.

Preventive Resin restorations are indicated for the restoration of pit and fissures carious lesions contained to enamel in moderate to high caries risk individuals.

Preventive Resin restorations are not indicated for the following:
- When no caries is evident in pits and fissures
- When a Sealant is clinically indicated
- For carious lesions that extend into dentin

Professional Societies
In a 2016 joint evidence based clinical practice guideline, the American Dental Association (ADA) and the American Academy of Pediatric Dentistry recommend the use of Sealants compared with nonuse in permanent molars with both sound occlusal surfaces and non cavitated occlusal carious lesions in children and adolescents (Wright et al., 2016).
Coverage Limitations and Exclusions

- Limited to under age 16
- Limited to one per tooth every consecutive 36 months
- Limited to first or second permanent molars

DEFINITIONS

Composite: A dental restorative material made up of disparate or separate parts (e.g., resin and quartz particles). (ADA)

Preventive Dentistry: Aspects of dentistry concerned with promoting good oral health and function by preventing or reducing the onset and/or development of oral diseases or deformities and the occurrence of oro-facial injuries. (ADA)

Resin, Acrylic: Resinous material of the various esters of acrylic acid, used as a denture base material, for trays or for other restorations. (ADA)

Sealant: A resinous material designed to be applied to the occlusal surfaces of posterior teeth to prevent occlusal caries. (ADA)

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

<table>
<thead>
<tr>
<th>CDT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1351</td>
<td>Sealant – per tooth</td>
</tr>
<tr>
<td>D1352</td>
<td>Preventive resin restoration in a moderate to high caries risk patient – permanent tooth</td>
</tr>
<tr>
<td>D1353</td>
<td>Sealant repair – per tooth</td>
</tr>
</tbody>
</table>

CDT® is a registered trademark of the American Dental Association

DESCRIPTION OF SERVICES

The Centers for Disease Control and Prevention (CDC) define dental sealants as thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth of children and teens to protect them from tooth decay that most often occurs from germs and food particles. It is best if the sealant is applied soon after the teeth have erupted.

REFERENCES

American Dental Association (ADA) CDT Codebook 2019.
American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.
GUIDELINE HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2019</td>
<td><strong>Coverage Rationale</strong></td>
</tr>
<tr>
<td></td>
<td>• Simplified content</td>
</tr>
<tr>
<td></td>
<td>• Revised list of conditions for which sealants are not</td>
</tr>
<tr>
<td></td>
<td>indicated to reflect/include:</td>
</tr>
<tr>
<td></td>
<td>o Presence of rampant caries and interproximal</td>
</tr>
<tr>
<td></td>
<td>lesions</td>
</tr>
<tr>
<td></td>
<td>o Extrinsic staining of pits and fissures</td>
</tr>
<tr>
<td></td>
<td>• Revised <em>Coverage Limitations and Exclusions</em> to</td>
</tr>
<tr>
<td></td>
<td>specify the listed services are:</td>
</tr>
<tr>
<td></td>
<td>o Limited to under age 16</td>
</tr>
<tr>
<td></td>
<td>o Limited to one per tooth every consecutive 36</td>
</tr>
<tr>
<td></td>
<td>months</td>
</tr>
<tr>
<td></td>
<td>o Limited to first or second permanent molars</td>
</tr>
<tr>
<td></td>
<td><strong>Supporting Information</strong></td>
</tr>
<tr>
<td></td>
<td>• Updated <em>References</em> section to reflect the most</td>
</tr>
<tr>
<td></td>
<td>current information</td>
</tr>
<tr>
<td></td>
<td>• Archived previous policy version DCG026.03</td>
</tr>
</tbody>
</table>

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.