INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

SEALANTS

Sealants are indicated for the following:

- Caries prevention in pit and fissures on permanent molars of children and adolescents
- 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

Related Dental Policies

- Prefabricated Crowns
- Single Tooth Direct Restorations
Poor oral hygiene  
Sub-optimal systemic fluoride intake  
Frequent exposure to cavity-producing foods and drinks  
Patients with special health care needs  
Low socioeconomic status  
Xerostomia  
More than one interproximal lesion  
Other factors identified by professional literature  
Deep pits and fissures  
Patients with special needs

Sealants are not generally indicated for the following:
- Widespread cavitated carious lesions
- Presence for interproximal or smooth surface lesions
- Occlusal surfaces that are already carious with involvement of the dentin that requires restoration
- Extrinsic staining of pits and fissures
- For placement on premolars, buccal and lingual pits of molars and cingula of anterior teeth

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-carious 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 patients.

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 one per tooth per 36 months
- Limited to premolars and molar teeth only

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.
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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). Glossary of Dental Clinical and Administrative Terms.


GUIDELINE HISTORY/REVISION INFORMATION

- Revised coverage rationale:
  - Professional Societies
    - Added language to indicate the American Dental Association (ADA) and the American Academy of Pediatric Dentistry recommends 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
  - Coverage Limitations and Exclusions
    - Added language to indicate sealants and preventive resin restoration (PRR) are limited to premolars and molar teeth only
- Updated supporting information to reflect the most current references
- Archived previous policy version DCG026.02