Sealants

Dental caries is a common pediatric disease. Dental sealants are an effective preventive approach to preventing pit and fissure caries in children and adolescents.

**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
  - 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.

<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). 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>08/01/2018</td>
<td>Reorganized policy template:</td>
</tr>
<tr>
<td></td>
<td>Professional Societies</td>
</tr>
<tr>
<td></td>
<td>Coverage Limitations and Exclusions</td>
</tr>
<tr>
<td>02/01/2019</td>
<td>Simplified and relocated Instructions for Use</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Added language to indicate sealants and preventive resin restoration (PRR) are limited to premolars and molar teeth only</td>
</tr>
<tr>
<td></td>
<td>Updated supporting information to reflect the most current references</td>
</tr>
<tr>
<td></td>
<td>Archived previous policy version DCG026.02</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.