Sealants and Preventive Resin Restorations

Guideline Number: DCG026.08
Effective Date: August 1, 2023

Table of Contents

<table>
<thead>
<tr>
<th>Coverage Rationale</th>
<th>Page</th>
</tr>
</thead>
</table>

| Definitions | 2 |
| Applicable Codes | 2 |
| Description of Services | 2 |
| References | 2 |
| Guideline History/Revision Information | 3 |
| Instructions for Use | 3 |

Related Dental Policies

- Prefabricated Crowns
- Single Tooth Direct Restorations

Coverage Rationale

Sealants

Sealants are indicated for the following:
- Caries prevention in pit and fissures on permanent molars
- Non-cavitated carious lesions
- Caries prevention in primary molars that are expected to have a reasonable period of retention

Sealants are not indicated for the following:
- In the presence of rampant caries and multiple interproximal lesions
- Extrinsic staining of pits and fissures
- For cavitated carious lesions

Preventive Resin Restoration (PRR)

Preventive Resin restorations may be 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

Clinical Practice Guidelines

In a 2016 joint evidence based clinical practice guideline, the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) recommend the use of Sealants compared with nonuse or fluoride varnish in permanent and primary molars. Additionally, sealants could minimize the progression of non cavitated lesions. (Wright et al., 2016).

In a 2018 evidence based clinical practice guideline on non-restorative treatments for carious lesions, the ADA recommended sealants as an effective intervention to arrest or reverse noncavitated carious lesions on occlusal surfaces of primary and permanent teeth. The expert panel recommends clinicians prioritize the use of Sealants plus 5% NaF varnish (application every 3-6 months) or Sealants alone over 5% NaF varnish alone (Slayton et al., 2018).
Definitions

**Composite**: A dental restorative material made up of disparate or separate parts (e.g., resin and quartz particles). (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 Policies and Guidelines may apply.

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

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Description of Services

Dental Sealants are a thin protective coating that fills in the grooves of back teeth and prevents bacteria and food particles from being trapped and causing decay. Sealants can also prevent the progression of incipient carious lesions. Teeth are isolated from saliva contamination, cleaned and prepared with a mild acid solution to aid in adherence. The tooth is then dried and the sealant material is applied and either cured with a light, or self-cures. Preventive resin restorations are fillings that also provide a protective barrier to the deep grooves when there is early decay present that has not extended into the dentin

References

American Dental Association (ADA) CDT Codebook 2023.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.


Guideline History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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</thead>
<tbody>
<tr>
<td>08/01/2023</td>
<td><strong>Coverage Rationale</strong>&lt;br&gt;  - Removed content addressing coverage limitations and exclusions&lt;br&gt;<strong>Definitions</strong>&lt;br&gt;  - Removed definition of “Preventive Dentistry”<strong>Supporting Information</strong>&lt;br&gt;  - Updated Description of Services and References sections to reflect the most current information&lt;br&gt;  - Archived previous policy version DCG026.07</td>
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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.