

**ENVOLVE DENTAL, INC.  
INCLUDING ALL ASSOCIATED SUBSIDIARIES  
CLINICAL POLICY AND PROCEDURE**

<b>DEPARTMENT:</b> Utilization Management	<b>DOCUMENT NAME:</b> Sealants
<b>PAGE:</b> 1 of 5	<b>REFERENCE NUMBER:</b> ENVD.UM.CP.0004
<b>EFFECTIVE DATE:</b> 04/3/2020	<b>REPLACES DOCUMENT:</b> N/A
<b>RETIRED:</b>	<b>REVIEWED:</b> 11/2021
<b>SPECIALIST REVIEW:</b> Yes	<b>REVISED:</b> 3/30/2020
<b>PRODUCT TYPE:</b> All	<b>COMMITTEE APPROVAL:</b> 04/03/2020

**IMPORTANT REMINDER**

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

**SUBJECT:**

Medical necessity determination of resin-based sealants to prevent pits and fissure surfaces from becoming carious.

**DESCRIPTION:**

The Centers for Disease Control and Prevention (CDC) define dental sealants as thin plastic coatings applied to the grooves (pits and fissures) in chewing surfaces of posterior teeth of children and adolescents to protect them from decay caused by germs and food particles. It is best if sealants are applied soon after the teeth have erupted.

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**POLICY/CRITERIA:**

**Sealants**

Dental caries is a common pediatric disease. Dental sealants are an effective treatment in 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
- Occlusal pits and fissures are the most commonly sealed surfaces; facial pits on mandibular molars and lingual pits on maxillary molars may also be sealed
- Non-cavitated carious lesions on permanent molar teeth in children and adolescents
- Caries prevention in pit and fissures and on non-cavitated carious lesions on premolars of children and adolescents with moderate to high dental caries risk, subject to state regulations and benefit plans.
- Applicable high caries risk factors warranting the use of sealants 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

The presence of high caries risk factors does not automatically infer sealants are necessary. The indicators for sealants must be present.

**Sealants are not generally indicated for the following:**

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- Widespread cavitated carious lesions
- Presence of interproximal or smooth surface lesions
- Carious occlusal surfaces with dentin involvement requiring restoration
- Teeth with restored occlusal surfaces
- Extrinsic staining of pits and fissures
- For placement on premolars of low caries risk patients 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

**Coverage Limitations and Exclusions**

- Sealants are a per tooth service, not per surface
- Limited to one per tooth per 60 months
- Limited to molar teeth only unless patient has documented moderate to high caries risk assessment (ICD-10: Z91.843) and state regulations allow sealants on premolars

**AUTHORIZATION PROTOCOLS:**

Servicing providers must document the above criteria in the record to demonstrate that medical necessity was established.

If authorization is required, providers must submit all pre-operative and post-operative requests/claims for procedures along with supporting documentation to Envolve Dental via the appropriate channels as described in the Envolve

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Dental Provider Manual. Envolve Dental will route the authorization request and documentation to the dental reviewers. Requests that clearly meet the guidelines of the local coverage determination—or in the absence of a local coverage determination, Envolve Dental’s clinical policy—will be approved. If it is determined that the request may not meet the guidelines, a dental consultant will review the request and make the determination.

**REFERENCES:**

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

Azarpazhooh A, Main PA. Pit and fissure sealants in the prevention of dental caries in children and adolescents: a systematic review. J Can Dent Assoc. 2008 Mar;74(2):171-7.

Dean, Jeffrey A., DDS, MSD. McDonald and Avery's Dentistry for the Child and Adolescent. 10th edition. St. Louis: Elsevier. c2016. Chapter 10, Pit-and-Fissure Sealants and Preventive Resin Restorations; p.177-184.

Deery C. Clinical Practice Guidelines Proposed the Use of Pit and Fissure Sealants to Prevent and Arrest Noncavitated Carious Lesions. J Evid Based Dent Pract. 2017 Mar; 17(1):48-50.

Ritter A, Walter R, Roberson T, Sturdevant’s Art and Science of Operative Dentistry, 6th ed. St. Louis: Mosby c2013. Chapter 10, Class I, II, and VI Direct Composite Restorations and Other Tooth-Colored Restorations; p.256-58.

Wright JT, Crall JJ, Fontana M, et al. Evidence-based clinical practice guideline for the use of pit-and-fissure sealants: A report of the American Dental Association and the American Academy of Pediatric Dentistry. J Am Dent Assoc. 2016 Aug; 147(8):672-682.e12.

**CODING IMPLICATIONS:**

The following codes for treatment and procedures are for informational purposes only. They are current at time of review of this policy. Inclusion or

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exclusion of any codes does not guarantee coverage. Refer to the state contract for exact coverage implications.

<b>CDT Code</b>	<b>CDT Code Description</b>
D1351	Sealant - per tooth
D1352	Preventative resin restoration in a moderate to high caries risk patient - permanent tooth
D1353	Sealant repair - per tooth

**Dental Caries Risk**

<b>ICD-10 Code</b>	<b>ICD-10 Code Description</b>
Z91.841	Risk for dental caries, low
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high

**REVIEW/REVISION LOG**

<b>Notes</b>	<b>Date</b>
Annual Review	11/2021
Update clinical criteria	04/2020
Annual Review	09/2019