

Dental Clinical Policy: Sealants

Reference Number: CP.DP.4

Last Review Date: 12/24

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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.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that sealants are **medically necessary** when any of the following conditions are met:
 - A. When needed for caries prevention in pits and fissures on permanent molars of children and adolescents;
 - B. When needed for caries prevention in facial pits of mandibular molars and lingual pits of maxillary molars;
 - C. When there are non-cavitated carious lesions on permanent molar teeth in children and adolescents;
 - D. When needed for 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;
 - E. When there are applicable high caries risk factors warranting the use of sealants must be thoroughly documented by the provider in the dental record, including the following:
 1. The mother or caregiver have active caries;
 2. White spot lesions or enamel defects are present;
 3. Visible caries or previous restorations are present;
 4. The patient has poor oral hygiene;
 5. The patient has suboptimal systemic fluoride intake.
 6. The patient has frequent exposure to cavity-producing foods and drinks;
 7. Patients with special health care needs;
 8. Patients of low socio-economic status;
 9. Patients with xerostomia;
 10. Patients with more than one interproximal lesion;
 11. Patients with other factors identified by professional literature;
 12. Patients with deep pits and fissures;
 - F. When none of the following contraindications are present:
 1. When there is widespread cavitated carious lesions;
 2. When there is presence of interproximal or smooth surface lesions;
 3. When there are carious occlusal surfaces with dentin involvement requiring restoration;
 4. When occlusal surfaces have been restored;
 5. When there is extrinsic staining of pits and fissures;
 6. When used for placement on premolars of low caries risk patients and cingula of anterior teeth;
- II. It is the policy of Envolve Dental Inc.® that preventive resin restorations are **medically necessary** when any of the following conditions are met:

- A.** When there is an active cavitated lesion in a fit or fissure that does not extend into the dentin for moderate-to-high caries risk patients;
- B.** When none of the following contraindications are present:
 - 1. When no caries are evident in pits and fissures;
 - 2. When a sealant is clinically indicates;
 - 3. When carious lesions extend into dentin;
- C.** Required documentation to support medical necessity include the following:
 - 1. All relevant patient chart notes;
 - 2. Diagnostic quality pre-operative radiographs;
 - 3. Intra-oral photographs where necessary to support conditions not clearly represented with radiographs.

Coverage Limitation/Exclusions

- a. D1351 – one per tooth per 60 months
 - i. Limited to molar teeth only unless patient has documented moderate-to-high caries risk assessment
- b. Subject to state regulations, including premolar coverage

Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

Restoration of the same tooth and tooth surface(s) or extraction of the same tooth within 30 days of any sealant service may result in the recoupment of any payment made for a sealant service by any of the following means: a) from the payment for the restorative or extraction service; b) from the payment for other claimed services; or c) directly from the provider placing the sealant service or extracting the tooth.

CDT® Codes	Description
D1351	Sealant – per tooth
D1352	Preventative resin restoration in a moderate to high caries risk patient – permanent tooth
D1353	Sealant repair – per tooth

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
Z91.841	Risk for dental caries, low
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high

Reviews, Revisions, and Approvals	Date	Approval Date
Update clinical criteria	04/20	04/20
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23
Annual Review	12/24	12/24

References

1. American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.
2. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
3. Arapahoe 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.
4. 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.
5. 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.
6. 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.
7. 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.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. "Envolve Dental" means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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