

Policy on Third-party Reimbursement of Fees Related to Dental Sealants

Originating Committee

Clinical Affairs Committee

Review Council

Council on Clinical Affairs

Adopted

1999

Revised

2000, 2006, 2011

Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that the placement of sealants and their continued maintenance are scientifically-sound and cost-effective techniques for prevention of pit and fissure caries.

Methods

This policy is an update of the previous document, revised in 2006, and is based upon a review of current dental literature related to dental sealants, including a systematic literature search. A PubMed® search was conducted using the following parameters: Terms: “dental sealants” AND “insurance”; Fields: all; Limits: within the last 10 years, humans, English. Thirty articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians.

Background

According to national estimates, by 17 years of age, 68% of children in the United States have experienced caries.¹ As much as 90% of all caries in school-aged children occurs in pits and fissures. The teeth at highest risk by far are permanent first and second molars where fluoride has its least preventive effect on the pits and fissures. Any tooth, including primary teeth and permanent teeth other than molars, may benefit from sealant application due to fissure anatomy and caries risk factors.^{2,3} Caries risk may increase due to changes in patient habits, oral microflora, or physical condition, and unsealed teeth subsequently might benefit from sealant application.^{2,3}

Current data show that, although initial sealant retention rates are high, sealant loss does occur.² It is in the patient's interest to receive periodic evaluation of sealants for maintenance or replacement. Without recall and maintenance, sealant failure will compound over time, leaving previously sealed

surfaces with a caries susceptibility equal to that of surfaces that never were sealed. With appropriate follow-up care, the success rate of sealants may be 80 to 90%, even after a decade.²

Although sealants are safe and effective, their use continues to be low.⁴ Sealants are particularly effective in preventing pit and fissure caries and provide cost savings if placed on patients during periods of greatest risk by delaying or avoiding invasive treatment and the destructive cycle of dental caries.⁵⁻⁷ However, initial insurance coverage for sealants often is denied, and insurance coverage for repair and/or replacement may be limited.⁸

Recommendations

1. The dentition should be evaluated periodically for developmental defects and deep pits and fissures that may contribute to caries risk. Dental sealants should be placed on susceptible teeth and should be evaluated for repair or replacement as part of a periodic dental examination.
2. Third party coverage for sealants should not be based upon a patient's age. Timing of the eruption of teeth can vary widely. Furthermore, caries risk may increase at any time during a patient's life.
3. The AAPD shall work with other dental organizations, the insurance industry, and consumer groups to make the advantages of dental sealants understood and to seek reimbursement for fees associated with their placement, maintenance, and repair.

References

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