# Policy on Third-Party Reimbursement of Fees Related to Dental Sealants

## Latest Revision

2026

**How to Cite:** American Academy of Pediatric Dentistry. Policy on third-party reimbursement of fees related to dental sealants. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2026:214-215.

## 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 and to prevent the progression of early noncavitated carious lesions.

## Methods

This policy was developed by the Clinical Affairs Committee, adopted in 1999,[1] and last revised by the Council on Clinical of Affairs in 2021.[2] This update is based upon a review of current dental and medical literature related to dental sealants. The update used a search of the PubMed/MEDLINE electronic database using the terms: (*evidence based dentistry* [**Majr**] OR *pediatric dentistry* [Majr] OR *dental care for children* [Majr] OR *dental health services* [Majr] OR *dentistry* [Majr]) AND (*insurance, health, reimbursement* [Majr] OR *insurance coverage* [Majr] OR *dental insurance* [**Tiab**] OR *cost sharing* [Majr] OR *costs and cost analysis* [Majr] OR *health care costs* [Majr] OR *health expenditures* [Majr] OR *reimbursement, incentive* [Majr] OR *economics, dental* [Majr] OR *health policy* [Majr] OR *cost saving**) OR (*third party payer** OR *third party payor** OR *third party reimburse**) AND (*pit and fissure sealants* [Majr] OR *dental sealant** OR *sealant program** OR *preventive dental service** OR *sealant**); fields: all; limits: none. Three hundred twenty-two articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles.

## Background

According to national estimates, the prevalence of dental caries (untreated and treated) in primary or permanent teeth among children ages 2 through 19 years was 46% for 2017-2018.[3] Data indicate that around 40% of children ages 2 through 8 years have experienced dental caries in their primary teeth, with 44% of caries lesions in the pits and fissures.[4,5] Occlusal caries occurs more frequently than smooth surface caries in the school-aged population.[6,7] Permanent first and second molars are especially at high risk as fluoride has less preventive effect on occlusal surfaces than on smooth surfaces.[6,7] The placement of sealants on permanent molars is an effective caries-preventive technique.[8] Yet, any tooth, including primary teeth and permanent teeth other than molars, may benefit from sealant application due to fissure anatomy and caries risk factors.[6] Caries risk may increase due to changes in patient habits, oral microflora, or physical condition, and unsealed teeth subsequently might benefit from sealant application.[6] Placement of pit-and-fissure sealants significantly reduces the percentage of incipient noncavitated caries lesions that progress in children, adolescents, and young adults, compared to unsealed teeth, for as long as 5 years after sealant placement.[9] When placed over existing caries, sealants lower the number of viable bacteria by at least 100-fold and reduce the number of lesions with any viable bacteria by 50%.[10] Sealants provide secondary prevention by inhibiting or arresting the progression of pit-and-fissure caries.[7]

Although initial sealant retention rates are high, sealant loss does occur.[7] Receiving periodic evaluation of sealants for maintenance or replacement is in the patient's interest.[11,12] 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.[13] With appropriate follow-up care, the success rate of sealants may be 80% to 90%, even after a decade.[5,12,14]

Sealants are safe and effective in preventing pit-and-fissure caries, yet they continue to be underutilized.[6,7,15] Sealants provide cost savings if placed on patients at risk for caries by delaying or avoiding invasive treatment and the destructive cycle of dental caries.[6,16-18] However, initial insurance coverage for sealants often is denied based on the age of the patient, and insurance coverage for repair or replacement may be limited.[19-21]

## Policy statement

The AAPD encourages all policy makers and third-party payors to consult the AAPD in the development of benefit plans that best serve the oral health interests of infants, children, adolescents, and individuals with special health care needs.

The AAPD advocates 1) the dentition periodically be evaluated for developmental defects and deep pits and fissures that may contribute to caries risk and 2) sealants be placed on primary and permanent teeth judged to be at risk for dental caries. The AAPD encourages placement of dental sealants on early (noncavitated/incipient) caries lesions to inhibit lesion progression. Once sealants have been placed, they should be evaluated for repair or replacement as part of a periodic dental examination.

**ABBREVIATIONS**

**AAPD:** American Academy of Pediatric Dentistry. **Majr:** Medical subject headings major topic. **Tiab:** Title and abstract.

* *Used in the PubMed search to identify all terms that begin with this truncated base.*

The AAPD encourages third-party payors to

- recognize that dental sealants are scientifically-sound and cost-effective techniques for caries prevention in primary or permanent teeth at increased risk for caries and for early (noncavitated/incipient) caries lesions.
- provide reimbursement for both the initial placement and the repair/replacement of dental sealants when clinically indicated.
- base third-party coverage for sealants on a patient's caries risk rather than age. Timing of the eruption of teeth can vary widely. Furthermore, caries risk may increase at any time during a patient's life.

The AAPD shall continue to 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


1. American Academy of Pediatric Dentistry. Policy on third party reimbursement of costs related to dental sealants. *Pediatr Dent.* 1999;21(5):35.
2. American Academy of Pediatric Dentistry. Policy on third-party reimbursement of fees related to dental sealants. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2021:150-151.
3. Stierman B, Afful J, Carroll MD, et al. National Health and Nutrition Examination Survey 2017–March 2020 Prepandemic Data Files—Development of files and prevalence estimates for selected health outcomes. National Health Statistics Reports; no 158. *National Center for Health Statistics*. 2021;1-33. DOI: 10.15620/cdc:106273
4. Dye BA, Thornton-Evans G, Li X, Iafolla TJ. Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2012. National Center for Health Statistics; 2015. NCHS Data Brief, no. 191. Accessed September 4, 2025. https://www.cdc.gov/nchs/data/databriefs/db191.pdf
5. Tinanoff N, Coll JA, Dhar V, Maas WR, Chhibber S, Zokaei L. Evidence-based update of pediatric dental restorative procedures: Preventative strategies. *J Clin Pediatr Dent*. 2015;39(3):193-197. DOI: 10.17796/1053-4628-39.3.193
6. Wright JT, Crall JJ, Fontana M, et al. Evidence-based clinical practice guideline for the use of pit-and-fissure sealants. American Academy of Pediatric Dentistry, American Dental Association. *Pediatr Dent.* 2016;38(5):E120-E136.
7. Wright JT, Tampi MP, Graham L, et al. Sealants for preventing and arresting pit-and-fissure occlusal caries in primary and permanent molars: A systematic review of randomized controlled trials. *Pediatr Dent.* 2016;38(4):282-294.
8. Ahovuo-Saloranta A, Forss H, Walsh T, Nordblad A, Mäkelä M, Worthington HV. Pit and fissure sealants for preventing dental decay in permanent teeth. *Cochrane Database Syst Rev*. 2017;7(7):CD001830. DOI: 10.1002/14651858.CD001830.pub5
9. Griffin SO, Oong E, Kohn W, et al. The effectiveness of sealants in managing caries lesions. *J Dent Res*. 2008;87(2):169-174. DOI: 10.1177/154405910808700211
10. Oong EM, Griffin SO, Kohn WG, Gooch BF, Caufield PW. The effect of dental sealants on bacteria levels in caries lesions: A review of the evidence. *J Am Dent Assoc*. 2008;139(3):271-278. DOI: 10.14219/jada.archive.2008.0156
11. Gooch B, Griffin S, Kolavic Gray S, et al. Preventing dental caries through school-based sealant programs. *J Am Dent Assoc*. 2009;140(11):1356-1365. DOI: 10.14219/jada.archive.2009.0070
12. American Academy of Pediatric Dentistry. Periodicity of examination, preventive dental services, anticipatory guidance/counseling and oral treatment for infants, children, and adolescents. *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry; 2026:336-348.
13. Griffin SO, Gray SK, Malvitz DM, Gooch BF. Caries risk in formerly sealed teeth. *J Am Dent Assoc*. 2009;140(4):415-423. DOI: 10.14219/jada.archive.2009.0190
14. Urquhart O, Tampi MP, Pilcher L, et al. Nonrestorative treatment for caries: Systematic review and network meta-analysis. *J Dent Res*. 2019;98(1):14-26. DOI: 10.1177/0022034518800014
15. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030. US Dept of Health and Human Services. Accessed February 3, 2026. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions/increase-proportion-children-and-adolescents-who-have-dental-sealants-1-or-more-molars-oh-10/data
16. American Dental Association. Statement on preventive coverage in dental benefits plans. In: *ADA Current Policies – Adopted 1954-2024*. American Dental Association; 2025:85.
17. Atkins CY, Thomas TK, Lenaker D, Day GM, Hennessy TW, Meltzer MI. Cost-effectiveness of preventing dental caries and full mouth dental reconstructions among Alaska Native children in the Yukon–Kuskokwim delta region of Alaska. *J Public Health Dent*. 2016;76(3):228-240. DOI: 10.1111/jphd.12141
18. Lee I, Monahan S, Serban N, Griffin PM, Tomar SL. Estimating the cost savings of preventive dental services delivered to Medicaid-enrolled children in six southeastern states. *Health Serv Res*. 2018;53(5):3592-3616. DOI: 10.1111/1475-6773.12811
19. Chi D, van der Goes D, Ney JP. Cost-effectiveness of pit-and-fissure sealants on primary molars in Medicaid-enrolled children. *Am J Public Health*. 2014;104(3):555-561. DOI: 10.2105/AJPH.2013.301588
20. Neusser S, Krauth C, Hussein R, Bitzer EM. Clinical effectiveness and cost-effectiveness of fissure sealants in children and adolescents with a high caries risk. *GMS Health Technol Assess*. 2014;10:Doc02. DOI: 10.3205/hta000118
21. Ney JP, van der Goes DN, Chi DL. Economic modeling of sealing primary molars using a "value of information" approach. *J Dent Res*. 2014;93(9):876-881. DOI: 10.1177/0022034514544299