

Dental Clinical Policy: Administration of Therapeutic Drugs

Reference Number: CP.DP.15

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Administration of therapeutic drugs involves the parenteral delivery of drugs to address uncommon, unusual and non-routine situations and/or circumstances. This policy also addresses the dispensing of drugs or medicaments in the dental office for home use.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.[®] that the single administration of a therapeutic drug is **medically necessary** when the following conditions are met:
 - A. When an unusual circumstance or condition is present requiring a single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications;
 - B. When administered to alleviate or counteract the presence of infection or inflammation present prior to and/or during a dental procedure;
 - C. When none of the following contraindications are present:
 1. When therapeutic drug administration is performed routinely or in conjunction with or for the purposes of general anesthesia, analgesia, sedation, or premedication;
 2. When therapeutic drug administration agents include sedatives, anesthetics, or reversal agents;
 3. When administered to prevent unknown or possible infection or inflammation at the time of or immediately following a dental procedure;
 - D. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for the single administration of therapeutic drugs.

- II. It is the policy of Envolve Dental Inc.[®] that administration of two or more therapeutic drugs is **medically necessary** when the following conditions are met:
 - A. When an unusual circumstance or condition is present requiring administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications;
 - B. When administered to alleviate or counteract the presence of infection or inflammation present prior to and/or during a dental procedure;
 - C. When none of the following contraindications are present:
 1. When therapeutic drug administration is performed routinely or in conjunction with or for the purposes of general anesthesia, analgesia, sedation, or premedication;
 2. When therapeutic drug administration agents include sedatives, anesthetics, or reversal agents;
 3. When administered to prevent unknown or possible infection or inflammation at the time of or immediately following a dental procedure;
 - D. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for the single administration of therapeutic drugs.

- III. It is the policy of Envolve Dental Inc.[®] that the infiltration of sustained release therapeutic drugs is

medically necessary when the following conditions are met:

- A.** When necessary to produce a long-acting control of pain during and/or after a dental procedure;
 - B.** When none of the following contraindications are present:
 1. When used as a local anesthetic prior to and during dental procedures;
 2. When validated by a preponderance of scientific research to be safe and efficacious;
 - C.** Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for the single administration of therapeutic drugs.
- IV.** It is the policy of Envolve Dental Inc.® that the dispensing of drugs or medicaments in the office for home use is **medically necessary** when the following conditions are met:
- A.** When necessary to treat infection, inflammation, pain, or for caries prevention;
 - B.** When none of the following contraindications are present:
 1. When provided to maintain oral health using products available over-the-counter or as an adjunct to periodontal therapy provided at the same visit;
 - C.** Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for dispensing drugs or medicaments in the office for home use.

Coverage Limitation/Exclusions

- I.** Subject to state-specific regulations.

Therapeutic parenteral drugs used for dental procedures include but are not limited to the following.

- Antibiotics such as:
 - Amoxicillin
 - Clindamycin
 - Penicillin G potassium
 - Augmentin
- Steroids such as:
 - Cortisone
 - Prednisone
- Anti-Inflammatories such as
 - Toradol
 - Ketorolac
- Anti-Nausea drugs such as:
 - Dexamethasone (Decadron)

Infiltration-related therapeutic drugs for sustained release include but are not limited to the following.

- Bupivacaine

Drugs or medicaments dispensed in the office for home use include but are not limited to the following:

- Oral antibiotics
- Oral analgesics
- Topical fluorides

Definitions

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| Therapeutic | Defined as being concerned specifically with the treatment of a disease and/or condition that has already occurred |
| Preventive | Defined as being concerned specifically with the prevention of a disease and/or condition from occurring |
| Parenteral | Defined as delivery by means other than the alimentary canal (i.e., not orally or rectally) |
| Infiltration | Defined as delivery by means of penetration of the soft tissue |

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.

| CDT® Codes | Description |
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| D9610 | Therapeutic parenteral drug, single administration. It includes a single administration of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. It does not include the administration of sedatives, anesthetics, or reversal agents. |
| D9612 | Therapeutic parenteral drugs, two of more administrations, different medications. It includes multiple administrations of antibiotics, steroids, anti-inflammatory drugs, or other therapeutic medications. It does not include the administration of sedatives, anesthetics, or reversal agents. It should be reported when two or more different medications are necessary and should not be reported in addition to code D9610 on the same date. |
| D9613 | Infiltration of sustained release therapeutic drug, single or multiple sites. It includes infiltration of sustained release pharmacologic agents for long-acting surgical site pain control. Not for local anesthesia purposes. |
| D9630 | Drugs or medicaments dispensed in the office for home use. |

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

| ICD-10-CM Code | Description |
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| K00.1 | Supernumerary teeth |

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| K00.2 | Abnormalities of size and form of teeth |
| K00.4 | Disturbances in tooth formation |
| K00.5 | Hereditary disturbances in tooth structure, not elsewhere classified |
| K00.6 | Disturbances in tooth eruption |
| K00.8 | Other disorder of tooth development |
| K00.9 | Disorder of tooth development, unspecified |
| K01.0 | Embedded teeth |
| K01.1 | Impacted teeth |
| K04.5 | Chronic apical periodontitis |
| K04.6 | Periapical abscess with sinus |
| K04.7 | Periapical abscess without sinus |
| K08.3 | Retained dental root |
| K12.0 | Recurrent oral aphthae |
| K12.1 | Other forms of stomatitis |
| K12.2 | Cellulitis and abscess of mouth |
| S01.501 | Unspecified open wound of lip |
| S01.502 | Unspecified open wound of oral cavity |
| S01.511 | Laceration without foreign body of lip |
| S01.512 | Laceration without foreign body of oral cavity |
| S01.521 | Laceration with foreign body of lip |
| S01.522 | Laceration with foreign body of oral cavity |
| S01.531 | Puncture wound without foreign body of lip |
| S01.532 | Puncture wound without foreign body of oral cavity |
| S01.541 | Puncture wound with foreign body of lip |
| S01.542 | Puncture wound with foreign body of oral cavity |
| S01.551 | Open bite of lip |
| S01.552 | Open bite of oral cavity |
| S01.502 | Partial loss of teeth due to other specified cause, class IV |
| S02.2 | Fracture of nasal bones |
| S02.400 | Malar fracture, unspecified side |
| S02.40A | Malar fracture, right side |
| S02.40B | Malar fracture, left side |
| S02.401 | Maxillary fracture, unspecified side |
| S02.40C | Maxillary fracture, right side |
| S02.40D | Maxillary fracture, left side |
| S02.402 | Zygomatic fracture, unspecified side |
| S02.40E | Zygomatic fracture, right side |
| S02.40F | Zygomatic fracture, left side |
| S02.411 | LeFort I fracture |
| S02.412 | LeFort II fracture |
| S02.413 | LeFort III fracture |
| S02.42 | Fracture of alveolus of maxilla |
| S02.5 | Fracture of tooth (traumatic) |

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| S02.600 | Fracture of unspecified part of body of mandible, unspecified side |
| S02.601 | Fracture of unspecified part of body of right mandible |
| S02.602 | Fracture of unspecified part of body of left mandible |
| S02.609 | Fracture of mandible, unspecified |
| S02.610 | Fracture of condylar process of mandible, unspecified side |
| S02.611 | Fracture of condylar process of right mandible |
| S02.612 | Fracture of condylar process of left mandible |
| S02.620 | Fracture of subcondylar process of mandible, unspecified side |
| S02.621 | Fracture of subcondylar process of right mandible |
| S02.622 | Fracture of subcondylar process of left mandible |
| S02.630 | Fracture of coronoid process of mandible, unspecified side |
| S02.631 | Fracture of coronoid process of right mandible |
| S02.632 | Fracture of coronoid process of left mandible |
| S02.640 | Fracture of ramus of mandible, unspecified side |
| S02.641 | Fracture of ramus of right mandible |
| S02.642 | Fracture of ramus of left mandible |
| S02.650 | Fracture of angle of mandible, unspecified side |
| S02.651 | Fracture of angle of right mandible |
| S02.652 | Fracture of angle of left mandible |
| S02.66 | Fracture of symphysis of mandible |
| S02.670 | Fracture of alveolus of mandible, unspecified side |
| S02.671 | Fracture of alveolus of right mandible |
| S02.672 | Fracture of alveolus of left mandible |
| S02.69 | Fracture of mandible of other specified site |
| T81.83 | Persistent post-procedural fistula |
| T84.59 | Infection and inflammatory reaction due to other internal joint prosthesis |
| T84.60 | Infection and inflammatory reaction due to internal fixation device of unspecified site |
| T84.79 | Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts |
| T88.6 | Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered |
| T88.7 | Unspecified adverse effect of drug or medicament |
| T88.8 | Other specified complications of surgical and medical care, not elsewhere classified |
| T88.9 | Complication of surgical and medical care, unspecified |
| Z18.32 | Retained tooth |
| Z88.8 | Allergy status to other drugs, medicaments, and biological status |
| Z88.9 | Allergy status to unspecified drugs, medicaments, and biological status |
| Z98.818 | Other dental procedure status |

| Reviews, Revisions, and Approvals | Date | Approval Date |
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| Policy developed | 09/20 | 09/20 |
| Revised policy and new format | 01/21 | 01/21 |
| Annual Review | 11/21 | 11/21 |
| Annual Review | 12/22 | 12/22 |
| Update for Ohio | 03/23 | 03/23 |
| Annual Review | 12/23 | 12/23 |
| Annual Review | 12/24 | 12/24 |

Attachments

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| 1. ENVD.UM.CP.0015 Attachment A – Ohio Medicaid Addendum | 03/23 |
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References

1. American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.
2. American Dental Association (ADA) 2024 Current Dental Terminology (CDT).
3. Epocrates Online
4. MedicineNet.com

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.

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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 <https://www.cms.gov> for additional information.

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