

Dental Clinical Policy: Administration of Therapeutic Drugs

Reference Number: ENVD.UM CP.00 15

Last Review Date: 11/21

[Coding Implications](#)

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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:

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- 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:

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- Oral antibiotics
- Oral analgesics
- Topical fluorides

Definitions

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 2020, 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.

CDT® Codes	Description
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 or 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

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ICD-10-CM Code	Description
K00.1	Supernumerary teeth
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)
S02.600	Fracture of unspecified part of body of mandible, unspecified side

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ICD-10-CM Code	Description
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

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Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	09/20	09/20
Revised policy and new format	01/21	01/21
Annual Review	11/21	11/21

References

1. American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.
2. American Dental Association (ADA) 2021 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.

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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.

This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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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