



Dental Clinical Policy

Subject: Therapeutic Parenteral Drug Administration
Guidelines #: 09-600
Status: Revised

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Description

Therapeutic parenteral drug administration involves the direct delivery of medication into the body through routes like intravenous, intramuscular, or subcutaneous injections, allowing rapid and precise drug absorption and bypassing the digestive system. This method is indicated when oral or topical administration is ineffective, impractical, or too slow.

Clinical Indications

Therapeutic parenteral drug administration (single or multiple) includes administration of antibiotics, steroids, anti-inflammatory drugs or other therapeutic medications. These medications may be indicated to improve surgical healing, reduce pain and/or infection. Therapeutic parenteral drug administration should not be used to report administration of sedative, anesthetic or reversal agents. Therapeutic parenteral drug administration should not be used to report the infiltration of a sustained release pharmacological agent for long-acting surgical site pain control.

Criteria

1. Parenteral administration of drugs is any technique in which the route of administration is intravenous, intramuscular, subcutaneous or intradermal.
2. Procedures that are considered experimental, investigational or unproven are not benefitted.
3. Clinical chart notes and narrative may be requested to explain the rationale for the medication.
4. The name and dosage of the medication administered must be submitted for benefit consideration.
5. Drug administration for cosmetics is not a benefitted service.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services

as it applies to an individual member.

CDT including but not limited to:

- D9610 Therapeutic parenteral drug, single administration
- D9612 Therapeutic parenteral drugs, two or more administrations, different medications

- D9613 Infiltration of sustained release therapeutic drug – single or multiple sites.

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists. ada.org. Published 2007.
2. U.S Food & Drug Administration. The Selection of Patients for Dental Radiographic Examinations. fda.gov. Revised 2012.
3. American Association of Oral and Maxillofacial Surgeons. White Paper Executive Summary: Office-based Anesthesia Provided by the Oral and Maxillofacial Surgeon. aaoms.org. Revised October 15, 2014.
4. Arora A, Roychoudhury A, Bhutia O, Pandey S, Singh S, Das BK. Antibiotics in third molar extraction; are they really necessary: A non-inferiority randomized controlled trial. Natl J Maxillofac Surg. 2014;5(2):166-171. doi:10.4103/0975-5950.154821

History				
Revision History	Version	Date	Nature of Change	SME
	Initial	06/17/2020	Initial	Committee
	Revised	12/06/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	11/11/2022	Annual Review	Committee
	Revised	11/01/2023	Annual Review	Committee
	Revised	11/05/2024	Minor editorial refinements to description, clinical indications, and reference; intent unchanged.	Committee

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy.

Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

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