

2023 Drug Delivery Code Guideline Revisions

CPT® Assistant.

April 2023; Volume 33: Issue 4

For the Current Procedural Terminology (CPT®) 2023 code set, the guidelines and parenthetical notes associated with drug-delivery codes 20700-20705 were revised and/or added to provide better reporting instructions for these services when performed in conjunction with other surgical procedures. This article provides an overview of and guidance for these changes.

Introduction or Removal

Manual preparation involves the mixing and preparation of antibiotics or other therapeutic agent(s) with a carrier substance by the physician or other qualified health care professional during the surgical procedure and then shaping the mixture into a drug delivery device(s) (eg, beads, nails, spacers) for placement in the deep (eg, subfascial), intramedullary, or intraarticular space(s). Codes 20700, 20702, 20704 are add-on codes for the manual preparation and insertion of the drug-delivery device(s). They may be used with any open procedure code except those that include the placement of a “spacer” (eg, 27091, 27488). The add-on codes may be used when infection is present, suspected, or anticipated during the surgery. The location of the primary service determines which of the insertion codes may be selected. If the primary surgery is in the deep (subfascial) region, add-on code 20700 may be reported. If the primary surgery is within the bone or “intramedullary,” add-on code 20702 may be reported. If the primary surgery is within the joint, add-on code 20704 may be reported.

Codes 20701, 20703, 20705 are add-on codes used to report removal of drug-delivery device(s). These codes may be typically associated with specific surgeries if the infection has been eradicated. For removal of a drug delivery device from a deep (subfascial) space performed in conjunction with a primary procedure (ie, complex wound closure [13100-13160], adjacent tissue transfer [14000-14350], or a flap closure [15570-15758]), add-on code 20701 may be reported. For infection that has not been eradicated, see the tissue debridement codes (eg, 11011, 11012, 11042, 11043, 11044, 11045, 11046, 11047) for the primary procedure. If a subsequent new drug-delivery device is placed, 20700 may be additionally reported.

Similarly, for add-on code 20703, removal of drug delivery device from the bone may be associated with different procedures. If the infection has been eradicated and the drug delivery device removal is the only procedure being performed, report 20680 (removal of deep hardware). Bony reconstruction performed in conjunction with eradication of infection may be reported using the reconstruction as the primary procedure. Persistent infection that is treated using an additional bony debridement procedure (eg, 11012, 23180, 23182, 23184, 24140, 24145, 25150, 25151, 26230, 26235, 26236, 27070, 27071, 27360, 27640, 27641, 28122, 28124) may be reported using the debridement as the primary procedure. Amputation (eg, 27290, 27590, 27598) performed in conjunction with delivery of a new, manually prepared drug delivery device may be reported with add-on code 20702.

When joint infection is present, suspected, or anticipated, add-on code 20704 (for manual preparation of an intraarticular drug delivery device) may be reported. Code 20704 may not be reported when the placement of a spacer is included in the code (eg, 27091, 27488) or when antibiotic cement is used for implant fixation.

Add-on code 20705 (for removal of a manually prepared intra-articular drug delivery device) may be typically used in conjunction with a joint stabilization procedure such as arthrodesis (eg, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22614, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22853, 22854, 22899, 24800, 24802, 25800, 25805, 25810, 25825, 25830, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 27279, 27280, 27282, 27284, 27286, 27580, 27870, 27871, 28295, 28296, 28298, 28299, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29907) and revision joint arthroplasties (eg, 23473, 23474 [shoulder], 24370, 24371 [elbow], 25449 [wrist], 27134 [hip], 27487 [knee], and 27703 [ankle]). In the rare circumstance in which only part of the joint is destroyed by infection, a partial arthroplasty may be reported (eg, 23470, 24360, 24361, 24362, 24365, 24366, 25441, 25442, 25443, 25444, 25445, 27125, 27236, 27438, 27440, 27441, 27442, 27443, and 27446).

If no primary service is associated with add-on code 20705 and the joint is left without remaining cartilage or stabilization (ie, flail joint), only 20680 may be reported. 

Insertion of a prefabricated drug device(s) may not be reported with 20700, 20702, 20704. Report 20680, if removal of drug-delivery device(s) is performed alone. Report 20700, 20701, 20702, 20703, 20704, 20705 once per anatomic location.

 **20700**

Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary

procedure)

(Use 20700 in conjunction with 11010, 11011, 11012, 11043, 11044, 11046, 11047, 20240, 20245, 20250, 20251, 21010, 21025, 21026, 21501, 21502, 21510, 21627, 21630, 22010, 22015, 23030, 23031, 23035, 23040, 23044, 23170, 23172, 23174, 23180, 23182, 23184, 23334, 23335, 23930, 23931, 23935, 24000, 24134, 24136, 24138, 24140, 24147, 24160, 25031, 25035, 25040, 25145, 25150, 25151, 26070, 26230, 26235, 26236, 26990, 26991, 26992, 27030, 27070, 27071, 27090, 27301, 27303, 27310, 27360, 27603, 27604, 27610, 27640, 27641, 28001, 28002, 28003, 28020, 28120, 28122)

(Do not report 20700 in conjunction with any services that include placement of a spacer [eg, 11981, 27091, 27488])

20701 Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)

(Use 20701 in conjunction with 11010, 11011, 11012, 11043, 11044, 11046, 11047, 13100-13160, 14000-14350, 15570, 15572, 15574, 15576, 15736, 15738, 15740, 15750, 15756, 15757, 15758)

(Do not report 20701 in conjunction with 11982)

(For removal of a deep drug-delivery device only, use 20680)

20702 Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

(Use 20702 in conjunction with 20680, 20690, 20692, 20694, 20802, 20805, 20838, 21510, 23035, 23170, 23180, 23184, 23515, 23615, 23935, 24134, 24138, 24140, 24147, 24430, 24516, 25035, 25145, 25150, 25151, 25400, 25515, 25525, 25526, 25545, 25574, 25575, 27245, 27259, 27360, 27470, 27506, 27640, 27720)

(Do not report 20702 in conjunction with 11981, 27091, 27488)

20703 Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)
 (Use 20703 in conjunction with 23485, 24430, 24435, 25400, 25405, 25415, 25420, 25425, 27470, 27472, 27720, 27722, 27724, 27725)
(Do not report 20703 in conjunction with 11982)
 (For removal of an intramedullary drug-delivery device as a stand-alone procedure, use 20680)

20704 Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
 (Use 20704 in conjunction with 22864, 22865, 23040, 23044, 23334, 23335, 23473, 23474, 24000, 24160, 24370, 24371, 25040, 25250, 25251, 25449, 26070, 26990, 27030, 27090, 27132, 27134, 27137, 27138, 27301, 27310, 27487, 27603, 27610, 27703, 28020)
(Do not report 20704 in conjunction with 11981, 27091, 27488)

20705 Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)
 (Use 20705 in conjunction with 22864, 22865, 23040, 23044, 23334, 23473, 23474, 24000, 24160, 24370, 24371, 25040, 25250, 25251, 25449, 26070, 26075, 26080, 26990, 27030, 27090, 27132, 27134, 27137, 27138, 27301, 27310, 27487, 27603, 27610, 27703, 28020)
 (Do not report 20705 in conjunction with 11982, 27130, 27447, 27486)
 (For arthrodesis after eradicated infection, see 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22614, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22853, 22854, 22899, 24800, 24802, 25800, 25805, 25810, 25825, 25830, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 27279, 27280, 27282, 27284, 27286, 27580)

27870, 27871, 28295, 28296, 28298, 28299, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29907)

(For implant removal after failed drug delivery device placement, see 22862, 22864, 23334, 23335, 24160, 25250, 25251, 27090, 27091, 27488, 27704)?

(For partial replacement after successful eradication of infection with removal of drug delivery implant, see 23470, 24360, 24361, 24362, 24365, 24366, 25441, 25442, 25443, 25444, 25445, 27125, 27236, 27438, 27440, 27441, 27442, 27443, 27446)

Note that the list of codes in the parenthetical notes beginning with “eg” are merely examples and **not** an all-inclusive list because there are other open procedure codes that could be included.

The introductory guidelines and instructional parenthetical notes for these add-on codes were updated to clarify when these procedures may be additionally reported. Instructions were added to indicate that correct reporting may vary according to whether the infection being addressed by the drug-delivery device has been eradicated, and these are as follows:

- If the infection has been eradicated, no additional consideration is necessary to report the service.
- If the device is removed but the infection is still present, the physician may deem it necessary to perform other procedures to address the infection at the same operative session.
 - This can include services such as debridement of the infected area. In this circumstance, it is appropriate to report the appropriate debridement code in conjunction with the device removal code.
 - Reporting may also vary according to whether a drug-delivery device is being removed from a site where an infection has been eradicated but requires significant work to close the wound or separate work to address an injury(ies) that has not healed.
 - In these circumstances, a code(s) for the specific repair(s) performed may be reported as appropriate.

In addition, the updated guidelines and parenthetical notes provide specific information to explain how these codes may be reported, as well as which code(s) may or may not be reported according to provided services, which includes:

- Guidance on reporting deep removal of a drug-delivery device when the infection has been eradicated and the drug-delivery device removal is the

only procedure being performed (20680);

- Instruction for reporting insertion of a drug-delivery device into deep tissue when a spacer is also inserted;
- Reporting implant removal after a failed drug-delivery device placement;
- Reporting partial replacement after successful eradication of infection with the removal of a drug-delivery implant;
- Lists of codes that may or may not be reported according to the services being provided.

Coding Tip

Codes 20700, 20702, and 20704 are add-on codes for the manual preparation and insertion of a drug-delivery device(s). They may be used with any open procedure code, except those that include the placement of a spacer (eg, 27091, 27488).