

Orthopedics Coding & Compliance Quick Reference

A one-page teaser covering fracture care, joint procedures, and global-period surgical packages — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- Laterality (left/right/bilateral) documented on every note and order — a top denial trigger for musculoskeletal claims.
- Distinguish new injury vs. follow-up of an existing global-period procedure; note the original surgery date when billing during a global window.
- Medical necessity for imaging (X-ray vs. MRI) tied clearly to exam findings, not just patient request.
- Casting/splinting supplies documented separately from the procedure note when billed as a distinct line item.

Common Denial Triggers

- Missing or mismatched laterality between the order, note, and claim.
- Evaluation and management (E/M) billed on the same date as a minor procedure without a clearly documented, separately identifiable service.
- Durable medical equipment (braces, walking boots) billed without a matching prescription/order on file.

Modifier Watch-Outs

Right/Left/Bilateral, and modifier 58/78/79 concepts for staged or unrelated procedures during a global period are the ones ortho practices misuse most often — know the difference between "planned/staged," "complication requiring return to the OR," and "unrelated procedure by the same physician."

Want the full picture? HCl Learning Portal members get in-depth, always-current orthopedics coding courses, live Q&A with certified coding experts, and downloadable audit tools as part of their membership. Explore courses and membership tiers at healthcareinspiredllc.com/membership.