

General Surgery Coding & Compliance Quick Reference

A one-page teaser covering global surgical packages, bundled services, and post-op management — 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

- Pre-, intra-, and post-operative notes each stand on their own — don't rely on the op note to justify a separately billed E/M.
- Indication for surgery (diagnosis, failed conservative treatment, imaging findings) documented before the consent/scheduling note.
- Complications requiring an unplanned return to the OR documented distinctly from routine post-op care.
- Assistant surgeon or co-surgeon involvement, and the medical necessity for it, clearly noted.

Common Denial Triggers

- E/M visits during the global period billed without qualifying as unrelated to the original procedure.
- Bundled supplies or minor procedures billed separately from the primary surgical code.
- Missing documentation to support add-on/multiple-procedure billing on the same operative date.

Modifier Watch-Outs

Modifier 22 (increased procedural services), 78 (unplanned return to OR), and 24/25 for unrelated E/M during a global period are the highest-risk modifiers in general surgery — each requires very specific documentation to withstand audit.

Want the full picture? HCl Learning Portal members get in-depth, always-current general surgery 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.