

CPT Coding Cheat Sheet

Modifier reference, surgery ranges by body system, add-on codes & global package rules

1. CPT Code Book Structure

Section	Code Range
Evaluation & Management (E&M)	99202–99499
Anesthesia	00100–01999
Surgery	10000–69999
Radiology	70000–79999
Pathology & Laboratory	80000–89999
Medicine	90000–99199
Category II Codes	F-codes (performance measures)
Category III Codes	4-digit + T (emerging technology)

2. Surgery CPT — Ranges by Body System

Body System	CPT Range
Integumentary System	10000–19999
Musculoskeletal System	20000–29999
Respiratory System	30000–32999
Cardiovascular System	33000–37799
Hemic & Lymphatic / Mediastinum	38000–39999
Digestive System	40000–49999
Urinary System	50000–53999
Male Genital System	54000–55899
Female Genital System	56000–58999
Maternity Care & Delivery	59000–59899

Body System	CPT Range
Endocrine System	60000–60699
Nervous System	61000–64999
Eye & Ocular Adnexa	65000–68899
Auditory System	69000–69979

3. Most Tested CPT Modifiers

Modifier	When to Use
22	Increased Procedural Services — document why work was substantially greater
24	Unrelated E&M during postoperative period
25	Significant, separately identifiable E&M same day as minor procedure
26	Professional component only (radiology interpretation)
50	Bilateral procedure — same procedure, both sides
51	Multiple procedures — same session, same provider
52	Reduced services — procedure partially reduced at physician discretion
53	Discontinued procedure — stopped due to patient risk
57	Decision for surgery — E&M led to decision for major surgery (90-day global)
58	Staged/related procedure during postoperative period — planned
59	Distinct procedural service — overrides NCCI bundling when justified
62	Two surgeons — each performs distinct portion of single procedure
66	Surgical team — highly complex procedure requires team approach
76	Repeat procedure by same physician
77	Repeat procedure by different physician
78	Unplanned return to OR for related complication during global period
79	Unrelated procedure during postoperative period
80	Assistant surgeon
TC	Technical component only (equipment/facility)
LT	Left side of body
RT	Right side of body

4. Global Surgical Package — What Is Included

■ Major surgery = 90-day global period. Minor surgery = 0 or 10-day global period.

■ INCLUDED	Pre-op visit day before or day of surgery
■ INCLUDED	Intraoperative services (the procedure itself)
■ INCLUDED	Immediate post-op care in recovery
■ INCLUDED	All routine follow-up visits during global period
■ INCLUDED	Post-op pain management
■ INCLUDED	Suture removal and wound checks
■ NOT INCLUDED	Return to OR for complications (use modifier 78)
■ NOT INCLUDED	Treatment of unrelated conditions (use modifier 24/79)
■ NOT INCLUDED	Staged procedures (use modifier 58)
■ NOT INCLUDED	E&M that led to decision for surgery (use modifier 57)
■ NOT INCLUDED	Significant co-morbidities requiring separate management

5. Add-On Codes — Key Rules

■■ Add-on codes (marked with + in CPT) are NEVER reported alone and are EXEMPT from modifier 51.

Add-on codes are always performed in addition to a primary procedure. They are identified by the + symbol in CPT and listed in Appendix D. Common examples: +99292 (each additional 30 min critical care), +11001 (each additional 10 sq cm debridement), +22614 (each additional vertebral segment, fusion).

6. Unlisted Procedure Codes — When to Use

Use unlisted procedure codes when no specific CPT code exists for the service performed. Unlisted codes end in -99 or -9 (e.g., 17999, 27299). Always attach an operative report and cover letter. Payment is determined by individual payer review.

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