CPT 2026 Visual Tabbing Guide

Coding Clarified LLC | Set Up Your Manual for CPC Exam Speed

Your CPT manual is the book you will open most on the CPC exam. More than half of the exam lives here. This guide shows you where every tab goes, what to write on each tab, and how the tabs work together during a lookup. Work front to back.

How Your CPT Manual Is Built

CPT is organized into six main sections by code range, not alphabetically. Codes appear in numeric order except Evaluation and Management, which is printed first because it is used most. Before tabbing, understand the layout:

Section	Code Range	Note
Evaluation and Management (E/M)	99202 through 99499	Printed first, out of numeric order, because it is the most used section.
Anesthesia	00100 through 01999	Plus qualifying circumstances add on codes.
Surgery	10004 through 69990	The largest section, organized by body system. Gets the most tabs.
Radiology	70010 through 79999	Diagnostic imaging, ultrasound, radiation oncology, nuclear medicine.
Pathology and Laboratory	80047 through 89398	Panels, drug assays, surgical pathology.
Medicine	90281 through 99607	Immunizations, psychiatry, dialysis, cardiology, PT/OT and more.
Category II, Category III, PLA codes, Appendices, Index	Back of book	Appendices A through P and the alphabetic Index close the book.

The CPT lookup rule: always start in the Index at the back of the book, find the code or code range, then flip forward to the section and read the full code description and the guidelines at the front of that section. Never code straight from the Index.

The Tab Map

Stagger tabs down the page edge so every label is visible. Reserve the top edge for your two most visited destinations.

Top Edge: Your Two Home Bases

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
INDEX	First page of the alphabetic Index at the back	Every lookup starts here. Look up by procedure, organ, condition, synonym, eponym, or abbreviation.	Top edge, right side
E/M GUIDELINES	E/M section guidelines (front of the E/M section)	MDM table, definitions for problems, data, and risk, time rules. The most consulted guideline pages in the book.	Top edge, left side

Right Edge: Main Sections

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
E/M	First page of E/M codes (99202)	Office visits, hospital care, consults, ED, nursing facility, critical care	Right edge, position 1
ANESTHESIA	First page of Anesthesia (00100)	Anesthesia codes plus the section guidelines and physical status modifiers	Right edge, position 2
SURGERY	First page of Surgery guidelines	The surgical package definition lives in these guidelines. Read them until you know them cold.	Right edge, position 3
RADIOLOGY	First page of Radiology (70010)	Includes the supervision and interpretation and with contrast rules in the guidelines	Right edge, position 4
PATH/LAB	First page of Path and Lab (80047)	Organ and disease panels are listed first. Know what is bundled in each panel.	Right edge, position 5
MEDICINE	First page of Medicine (90281)	Immunization administration, psychotherapy, cardiography, infusions	Right edge, position 6

Right Edge: Surgery Subsection Tabs

Surgery spans tens of thousands of codes. Tab each body system subsection so a question about a knee arthroscopy or a hysterectomy is one flip away.

Tab Label	Code Range	Covers
INTEGUMENTARY	10004 through 19499	Skin, lesion excision, repairs, grafts, breast procedures

Tab Label	Code Range	Covers
MUSCULOSKELETAL	20100 through 29999	Fracture care, spine, casting, arthroscopy
RESPIRATORY	30000 through 32999	Nose, sinus, larynx, trachea, lungs
CARDIOVASCULAR	33016 through 39599	Heart, pacemakers, bypass, vascular; includes hemic, lymphatic, mediastinum, diaphragm
DIGESTIVE	40490 through 49999	Lips through anus, endoscopies, hernia repair
URINARY	50010 through 53899	Kidney, ureter, bladder, urethra
MALE / FEMALE GENITAL	54000 through 58999	Genital systems; maternity care and delivery follows (59000 through 59899)
NERVOUS	61000 through 64999	Skull, spine injections, nerve blocks
EYE / EAR	65091 through 69990	Ocular and auditory systems, operating microscope

Bottom Edge: Appendices and Back Matter

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
MODIFIERS (APP A)	Appendix A	Full descriptions of every modifier: 25, 59, 51, 50, LT, RT and the rest. One of the most tested pages in the book.	Bottom edge, position 1
ADD-ON (APP D)	Appendix D	Summary list of add on codes, which are modifier 51 exempt by definition	Bottom edge, position 2
MOD 51 EXEMPT (APP E)	Appendix E	Codes exempt from modifier 51	Bottom edge, position 3
ANES MODIFIERS	The anesthesia modifier listing in your manual (Appendix A and/or the Anesthesia section guidelines, depending on publisher)	Physical status modifiers P1 through P6 plus the anesthesia provider modifiers: AA, AD, QK, QY, QX, QZ (CRNA without medical direction), QS, G8, G9. Know who each modifier represents and what QZ means versus QX.	Bottom edge, position 4
CAT II (F CODES)	Category II codes section	Performance measurement tracking codes ending in F, such as 1000F. Optional supplemental codes, never a substitute for a Category I code.	Bottom edge, position 5
CAT III (T CODES)	Category III codes section	Temporary codes for emerging technology ending in T, such as 0042T. When a Category III code exists for a service, it must be reported instead of an unlisted Category I code.	Bottom edge, position 6

Optional additional tabs as you study: any appendix your course emphasizes. Do not tab every appendix. Tab what you actually visit.

Standout Pages to Flag

- The MDM level table in the E/M guidelines. You will use it on nearly every E/M question.
- The surgical package definition in the Surgery guidelines.
- The repair definitions (simple, intermediate, complex) and the lesion excision measurement rules in Integumentary.
- The fracture care definitions (open vs closed treatment) in Musculoskeletal.
- The with contrast definition in the Radiology guidelines.
- Symbols page in the introduction: bullet, triangle, plus sign, circle with slash. Know what each symbol means at a glance.
- The anesthesia modifier definitions. QZ (CRNA service without medical direction by a physician) versus QX (CRNA service with medical direction) versus AA (anesthesiologist personally performed) is a classic exam distinction.

The Lookup Workflow: See It in Action

Example 1: 'Diagnostic knee arthroscopy'

1. Flip to your **INDEX** tab. Look up Arthroscopy, knee, diagnostic. Note the code or range given.
2. Flip forward to your **MUSCULOSKELETAL** tab and locate the code in numeric order.
3. Read the full descriptor, parenthetical notes, and any separate procedure designation before selecting.

Example 2: 'Established patient office visit with a minor procedure same day'

1. Your **E/M** tab for the visit code, and the **E/M GUIDELINES** top tab to level the visit with the MDM table.
2. The procedure code via **INDEX** then the correct Surgery subsection tab.
3. Your **MODIFIERS (APP A)** bottom tab to confirm modifier 25 belongs on the E/M.

Tab the Lookup Terms That Fooled You

This is how you build your lookup vocabulary. Every time a practice question sends you to the Index and the term you searched first was NOT where the code lived, flag the term that actually worked. The exam will not hand you the Index term. It will say the procedure in clinical language, and you must translate.

- Searched Removal but the entry was under Excision? Flag Excision and write Removal in the margin next to it.
- Searched the eponym but the entry was under the anatomic approach, or vice versa? Flag both and cross reference them in the margin.
- These personal flags do not need to match anyone else's list and they will not appear in any generic tabbing guide. They are yours. The terms that fooled you once are the exact terms that will appear again, and a flagged Index entry means they never fool you twice.

AAPC Tab Rules

- Tabs must be permanently affixed. Removable sticky note flags are not permitted in the exam.

- Tab labels may contain only section names or brief titles. No answers, definitions, or study notes on the tabs.
- Handwritten notes and highlighting on the pages of your manual are allowed. Do all annotation in the physical book you will test with.

Final word

CPT rewards students who know the map. Tab it once, then drill the Index-to-section motion with practice questions until it is automatic.

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