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2026 CPC® Fast-Pass Exam Mnemonics & Memory Anchors

By Corinne Hollings · Companion to *CPC® Exam Prep 2026–2027* · Appendix F, printable edition

Under a 4-hour, 100-question clock, a memory anchor lets you confirm guideline compliance and eliminate distractors in seconds, without paging through the codebook. Review this sheet the morning of the exam. Sections 1–5 cover lesion sizing, diagnosis sequencing, and E/M scoring; sections 6–9 (page 2) cover modifiers, anesthesia, and CPT® conventions.

1 The SAMBA Rule: Lesion Sizing & Margins

Excision of skin lesions, CPT® 11400–11646

- **S — Size:** the clinical diameter of the lesion before excision (widest point).
- **A — Add margins:** add the excised margin from **both sides** (margin × 2).
- **M — Measure before formalin:** use the provider's pre-excision clinical measurement. Never use the pathology report (tissue shrinks).
- **B — Benign vs. malignant:** `11400–11446` benign; `11600–11646` malignant.
- **A — Always code repairs separately:** intermediate (`12031+`) and complex (`13100+`) closures are separately reportable. Simple closure is always bundled.

> **Excised diameter = lesion diameter + (narrowest margin × 2)**

Example: 1.0 cm lesion with 0.5 cm margins = 1.0 + (0.5 × 2) = **2.0 cm**.

2 "A Before C": Diagnostic Sequencing

Same condition documented as both acute (subacute) and chronic

- **A — Acute first:** sequence the acute code as the first-listed diagnosis.
- **C — Chronic second:** sequence the chronic code after it.

> **Trap:** if the Tabular List has a single **combination code** (e.g., `J96.20`, acute and chronic respiratory failure), report **only** the combination code. Never report separate acute and chronic codes when one exists.

3 The "Z-First" Oncology Rule

Encounter is strictly for antineoplastic therapy

- **Z-code first:** `Z51.11` chemotherapy · `Z51.12` immunotherapy · `Z51.0` radiation.
- **Cancer second:** the active malignancy (e.g., `C50.911`).

> **Fatal trap:** never sequence the malignancy first when the patient came in solely to receive antineoplastic treatment.

4 "Brackets Are Backups": Manifestation Codes

ICD-10-CM Alphabetic Index and Tabular notes

- A code in **[brackets]** in the Alphabetic Index is a manifestation code.
- A manifestation code is **never** first-listed or principal.
- Sequence the underlying **etiology first**, then the manifestation. Follow every "Code first" and "Use additional code" note.

Example: type 2 diabetes with diabetic chronic kidney disease, stage 3 unspecified → `E11.22` first, `N18.30` second.

> **Watch the wording:** diabetic *nephropathy* is `E11.21`; diabetic *chronic kidney disease* is `E11.22`. Read the documented term.

5 "Problems, Data, Risk: Best 2 Win"

2026 office/outpatient E/M by MDM, 99202–99215

Element	What it measures
Problems	Number and complexity of problems addressed
Data	Records, tests, and independent history reviewed or ordered
Risk	Risk of morbidity from patient management (testing, Rx, surgery)

Golden rule: you need only **2 of the 3** elements to qualify for a level.

- Problems = Moderate, Data = Limited, Risk = Moderate → **Moderate** MDM (`99214` established / `99204` new).
- **Prescription drug management** (prescribing, adjusting, or stopping a prescription drug) = **Moderate risk**.
- **2 or more stable chronic illnesses** = Moderate problems.
- Moderate problems + Moderate risk = Moderate MDM, whatever the Data element shows.

6 High-Yield Modifier Memory Anchors

Pairs the exam loves to swap

- **25 — Two services on five fingers:** significant, separately identifiable E/M on the same day as a minor procedure (0-day or 10-day global).
- **59 — Fine line of distinctness:** distinct procedural service. Different site, separate incision/excision, or separate session.
- **50 — 50/50 bilateral:** bilateral procedure, same session. **Trap:** never append -50 when the descriptor already says “bilateral” or “unilateral or bilateral.”

Pair	Left	Right
76 vs. 77 Who repeated it?	**76:** repeat by the **same** physician	**77:** repeat by **another** physician
78 vs. 79 Post-op period	**78: unplanned** return to the OR/procedure room for a **related** procedure	**79: unrelated** procedure by the same physician (no OR return needed)
52 vs. 53 Reduced or stopped?	**52: reduced** service, partially reduced or eliminated at provider discretion	**53: discontinued** procedure, stopped because of extenuating circumstances or patient safety

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7 Anesthesia Pricing: “B + T + M”

Total units = Base units + Time units + Modifying units

- **Base units:** assigned by the ASA relative value guide for surgical complexity.
- **Time units:** clock time in 15-minute increments (60 minutes = 4 units).
- **Modifying units (physical status):**

P1	P2	P3	P4	P5	P6
Normal healthy **0**	Mild systemic disease **0**	Severe systemic disease **1**	Severe, constant threat to life **2**	Moribund, not expected to survive without surgery **3**	Brain-dead organ donor **0**

Qualifying circumstances (add-on codes): `+99100` extreme age (under 1 year or over 70 years), 1 unit · `+99140` emergency conditions, 2 units.

8 “Root Left, Branch Right”: The CPT® Semicolon

- The text **before** the semicolon is the **common root** shared by every indented code beneath it.
- An indented entry replaces only the text **after** the semicolon in the parent code.
- Always read the root code first, then choose the indented sub-code.

9 Multi-Surgery Hierarchy: “Heavyweight First”

Several procedures in one operative session

- Sequence the procedure with the **highest RVU / reimbursement** first, with **no** modifier -51.
- Sequence the rest in descending order of value and append **modifier -51**.

Exception: add-on codes (marked **+**) are exempt from modifier -51 and from the multiple procedure payment reduction (MPPR).