ICD-10-CM | 22 CODING CHARACTERS WITH EXAMPLES

Selected FY 2026 learning concepts | Official references and code examples on every panel | Corrina R. Lynch CPC Prep

1. Guideline Gina



I.A.1 / I.B.1

Index, then Tabular List

Find the documented condition in the Index, then verify the full code and all Tabular notes.

PATIENT + CODE EXAMPLE

Gina evaluates a patient with left knee pain and no established cause.

M25.562. The Tabular List confirms the left knee.

2. Doc Detail Dan



I.A.19

Code from documentation

Code the provider's diagnosis. Do not invent a condition from test values.

PATIENT + CODE EXAMPLE

Dan reviews a record diagnosing essential hypertension, with no heart disease or CKD.

I10. The documented diagnosis supports essential hypertension.

3. Code Confirmer Cindy



I.B.2

Highest supported detail

Use the most specific complete code the documentation supports.

PATIENT + CODE EXAMPLE

Cindy's patient's note specifies right knee pain.

M25.561. The documented side makes unspecified knee pain inappropriate.

4. Code Me Again Mason



I.B.9

A code can capture more than one detail

Use a combination code when it fully captures the documented diagnosis and complication.

PATIENT + CODE EXAMPLE

Mason's patient has type 2 diabetes with hyperglycemia.

E11.65. Do not add uncomplicated diabetes for the same disease.

5. More Info Mia



I.B.7 / I.C.4.a

Add the missing detail

Some combination codes still require another code to describe a detail such as CKD stage.

PATIENT + CODE EXAMPLE

Mia's patient has type 2 diabetes with diabetic CKD, stage 3b.

E11.22 then N18.32. The second code identifies the stage.

6. Sequencer Sam



I.A.15 / I.C.9.a.2

Follow the instructed order

Use the hypertensive CKD code and add the stage, unless the record says the conditions are unrelated.

PATIENT + CODE EXAMPLE

Sam's patient has hypertension and CKD stage 3b, not documented as unrelated.

I12.9 then N18.32. Follow the classification's relationship and stage instructions.

7. Manifestation Monique



I.A.13

Cause before manifestation

When the classification directs etiology/manifestation coding, the underlying condition precedes the manifestation.

PATIENT + CODE EXAMPLE

Monique's patient has unspecified Alzheimer's disease with dementia, unspecified severity, without behavioral, psychotic, mood or anxiety disturbance.

G30.9 then F02.80. The manifestation code cannot stand alone or lead.

8. Combine Carlos



I.B.9

Use the combination code

Do not split a diagnosis into extra codes when one code captures all the documented elements.

PATIENT + CODE EXAMPLE

Carlos's patient has MRSA pneumonia.

J15.212. It includes both pneumonia and the MRSA organism.

9. No Double Nia



I.B.12

Each unique code only once

Report a unique diagnosis code only once in an encounter, even if repeated in the record.

PATIENT + CODE EXAMPLE

Nia sees right knee pain documented twice during the same visit.

M25.561 once. Repeated wording does not create a second diagnosis code.

10. Right Year Ray



FY 2026 effective dates

Choose the correct release

Use the code set effective for the outpatient service date or inpatient discharge date.

PATIENT + CODE EXAMPLE

Ray codes an office visit on March 10, 2026, for left knee pain.

Use the applicable FY 2026 release and verify M25.562. Year choice is separate from code lookup.

11. Includes Izzy



I.A.10-11

Read scope and inclusion terms

Includes notes explain a category's scope. Inclusion terms list conditions assigned to a code and are not always exhaustive.

PATIENT + CODE EXAMPLE

Izzy's provider diagnoses infectious gastroenteritis without an identified organism.

Verify A09 in the Index and Tabular List, including its inclusion terms and exclusions.

12. Excludes Eric



I.A.12.a-b

Distinguish Excludes1 and Excludes2

Excludes1 generally bars the pair, with an exception for unrelated conditions; query unclear relationships. Excludes2 can allow both.

PATIENT + CODE EXAMPLE

Eric's provider documents unrelated psychogenic dysmenorrhea and sleep-related teeth grinding.

F45.8 and G47.63 may both be reported. The unrelated-condition exception applies.

13. Laterality Lexi



I.B.13

Check left, right or bilateral

Use the documented side and verify whether a bilateral option exists.

PATIENT + CODE EXAMPLE

Lexi's patient has unilateral primary osteoarthritis of the left knee.

M17.12. Do not substitute right knee or unspecified side.

14. Unspecified Ulysses



I.B.18 / I.A.9.b

Unspecified can be accurate

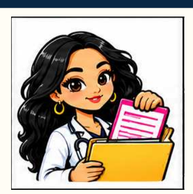
Use unspecified when it best reflects what is known. Do not guess unsupported detail.

PATIENT + CODE EXAMPLE

Ulysses's provider confirms pneumonia but does not identify the organism.

J18.9. Confirmed disease with an unknown organism can appropriately use this code.

15. Additional-Code Ally



I.B.7 / I.C.1.b

Diagnosis detail, not an add-on procedure

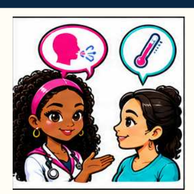
Add a second diagnosis code when instructed to identify a documented detail the first code does not capture.

PATIENT + CODE EXAMPLE

Ally's patient has acute cystitis without hematuria due to unspecified E. coli.

N30.00 then B96.20. The additional code identifies the organism.

16. Present Encounter Paige



IV.J / I.B.6

Which conditions affect care today?

For outpatient care, code documented conditions that require or affect treatment or management. Routine integral symptoms are different.

PATIENT + CODE EXAMPLE

Marisol Vega is treated for acute cystitis without hematuria and separately evaluated unrelated dizziness.

N30.00 and R42. Both affect today's care; routine dysuria is not separately reported.

17. History Hal



I.C.2.d / IV.J

Past disease is not current disease

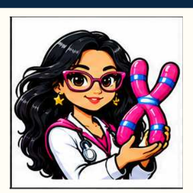
Use relevant personal history when a condition is no longer present and its history affects care.

PATIENT + CODE EXAMPLE

Hal reviews an eradicated breast cancer with completed treatment; no malignancy remains and the history influences current care.

Z85.3 as relevant history. Do not code active breast cancer.

18. Syndrome Shay



I.B.15

Follow the syndrome Index entry

Follow the Alphabetic Index for a syndrome. Without guidance, code documented manifestations; do not infer the syndrome yourself.

PATIENT + CODE EXAMPLE

Shay's provider documents Down syndrome, cytogenetic type unspecified.

Q90.9. The syndrome has its own Index route and code.

19. Chronic Chris



IV.I / IV.J

Stable does not mean resolved

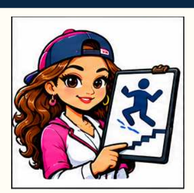
A chronic condition may be coded each time it receives ongoing treatment or care. Do not code unrelated old problem-list entries automatically.

PATIENT + CODE EXAMPLE

Chris's stable essential hypertension is monitored and medication is continued at the visit.

I10. The chronic disease is being managed today.

20. External Cause Emma



I.C.20.a

Injury first, cause afterward

External causes describe how an injury happened and never lead. Apply state/payer reporting rules and use supported details.

PATIENT + CODE EXAMPLE

Emma's patient has a closed fracture of the lower end of the right radius, morphology unspecified, after an unspecified fall; active treatment.

S52.501A then W19.XXXA when external-cause reporting applies. Verify both codes.

21. Z-Code Zoe



I.C.21.a-b

Z codes can describe the visit

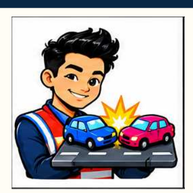
Z codes can identify encounter purpose or relevant status/history; their sequencing depends on the specific rule.

PATIENT + CODE EXAMPLE

Zoe's patient's only reason for the visit is vaccination.

Z23. A disease diagnosis is not required for a vaccination encounter.

22. V-Code Victor



I.C.20

V codes describe transport causes

In ICD-10-CM, V codes describe transport-related external causes. They are not ICD-10-PCS device or approach codes.

PATIENT + CODE EXAMPLE

Victor's patient receives active treatment for a closed distal right radius fracture, morphology unspecified, after an unspecified motor-vehicle traffic accident.

S52.501A then V89.2XXA when reporting applies. Injury first, transport cause afterward.

Study poster, not a list of every official guideline. Start in the Index, verify the Tabular List, and follow the full official guideline and setting-specific rules.