

MEDICAL CODING STUDENT WORKBOOK · FY2027 EDITION

ICD-10-CM Guidelines Practice Workbook

Diagnosis coding drills built on the FY2027 code set (effective October 1, 2026): 47 official rules, 4 worked examples, 53 coding drills and 20 multiple-choice questions, all with answers and the guideline section or Tabular note behind them.

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Every answer code is checked by computer against the FY2027 ICD-10-CM code file from CDC's National Center for Health Statistics. Every printed code title is copied from that file. Rules are quoted word for word from the FY2027 Official Guidelines for Coding and Reporting, with their section numbers.

Diagnosis coding (ICD-10-CM) only: no CPT® or HCPCS content. For practice in the outpatient (office) setting unless a drill says otherwise. © 2026 Aamia. Single-user license; terms on [page 25](#). Error reports: support@aamia.in.

How to use this workbook

Read a rule page, then try the drills that use it. Every answer in the key names the guideline section or Tabular List note behind it, so a miss sends you straight back to the rule you need. Log each attempt in the score log on the last page.

The six-step method for every scenario

1. **Find the main term** in the documentation (the condition, not the body part) and look it up in the Alphabetic Index.
2. **Follow the subterms**, such as “with”, type or site, to a code or code range.
3. **Verify in the Tabular List**. Never code from the Index alone.
4. **Read every note** at the code, its category and its chapter: Excludes1, Excludes2, use additional code, code first and 7th characters.
5. **Apply the guidelines** for the setting and the condition (pages 3–10).
6. **Sequence**: list first the reason chiefly responsible for the visit, then coexisting conditions and status or history codes.

Two abbreviations you will meet

NEC (not elsewhere classifiable) and **NOS** (not otherwise specified):

NEC: “When a specific code is not available for a condition, the Alphabetic Index directs the coder to the ‘other specified’ code in the Tabular List.” (Section I.A.6.a)

NOS: “This abbreviation is the equivalent of unspecified.” (Section I.A.6.a)

Practice this page: D44, D50.

Common mistake: choosing the unspecified code when the Index sends a documented type with no code of its own to the “other specified” code (NEC).

How to practice

- Cover the answer keys. Do the 53 drills in one sitting, writing each code with its decimal point.
- Then do the 20 multiple-choice questions, timed at about one minute each.
- Mark each miss, reread the quoted rule, and redo the miss two days later.

Use the current code set at work. ICD-10-CM is released for each federal fiscal year starting October 1, and CDC sometimes issues an April update: the FY2027 release replaces the FY2026 release of April 1, 2026. This workbook uses the FY2027 files, valid for services from October 1, 2026, to September 30, 2027. On the job, follow the official code set in force, your employer’s policy and the payer’s instructions.

Conventions: characters and Excludes notes

These conventions decide whether a code is valid at all. A missing placeholder or 7th character makes the whole code invalid.

Placeholder X

“Where a placeholder exists, the X must be used in order for the code to be considered a valid code.” (Section I.A.4)

You will meet the placeholder most often in the poisoning, adverse effect and underdosing codes and in injury codes that are short of six characters.

7th characters

“If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters.” (Section I.A.5)

Example: the scalp laceration subcategory S01.01 has five characters, so the reportable code is S01.01XA for active treatment (see worked example 2).

Excludes1 and Excludes2

“An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.” (Section I.A.12.a)

“An exception to the Excludes1 definition is the circumstance when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes1 note are related or not, query the provider.” (Section I.A.12.a)

“When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.” (Section I.A.12.b)

Tip: Excludes1 means “never together”, except when the two conditions are unrelated (query the provider if unclear); Excludes2 means “not part of this code, but both may be present”. An example from the FY2027 Tabular List: F17, excludes1: “history of tobacco dependence (Z87.891)”. Current nicotine dependence and a history of it cannot be reported together.

Practice this page: D17, D18, D26, D29, D49, D52, Q1, Q2, Q3, Q4.

Common mistake: dropping the placeholder X, which makes the whole code invalid.

Diabetes mellitus (Section I.C.4.a)

Type not documented

"If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus." (Section I.C.4.a.2)

"If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned." (Section I.C.4.a.3)

Long-term drug codes from category Z79

"Additional code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic, as follows: ..." (Section I.C.4.a.3)

"If the patient is treated with both oral hypoglycemic drugs and insulin, both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned." (Section I.C.4.a.3)

"Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter." (Section I.C.4.a.3)

Long-term treatment documented	Add
Insulin	Z79.4 "Long term (current) use of insulin"
Oral hypoglycemic drug	Z79.84 "Long term (current) use of oral hypoglycemic drugs"
Injectable non-insulin drug	Z79.85 "Long-term (current) use of injectable non-insulin antidiabetic drugs"
Both insulin and an oral hypoglycemic drug	Z79.4 and Z79.84
Both insulin and an injectable non-insulin drug	Z79.4 and Z79.85
Both an oral hypoglycemic drug and an injectable non-insulin drug	Z79.84 and Z79.85 (Section I.C.4.a.3)
Diet only, or insulin given only once during the visit and no other long-term drug	No Z79 code

Practice this page: D3, D4, D5, D6, D7, D8, D31, D32, D33, D39, D53, Q9, Q10.

Common mistake: adding Z79.4 when insulin was given once during the visit.

Coding drills

Assign the ICD-10-CM code(s) for each scenario, in reporting order. Office setting unless stated. Some drills are short scenarios; others are short office-note excerpts (CC: chief complaint, A: assessment, P: plan).

Write the decimal point. Answers on [pages 20–24](#). **Score yourself:** one point for each drill with every code right and in the right order; note the rule page each miss sends you back to.

D1. Office note. CC: pain in the right ear for 2 days; temperature 100.9 °F (38.3 °C), documented as fever. Exam: right eardrum slightly dull.

A: possible otitis media, right ear. P: recheck in 2 days.

Codes: _____

D2. Office visit for chest pain with shortness of breath. The provider writes “rule out GERD”; no cause for either symptom is established at this visit.

Codes: _____

D3. Type 2 diabetes with no complications documented. Long-term treatment with metformin, an oral hypoglycemic drug.

Codes: _____

D4. Diabetes mellitus; the record does not state the type. The patient uses insulin every day.

Codes: _____

D5. Office note. Type 2 diabetes, no complications.

Meds: semaglutide injection once a week (an injectable non-insulin antidiabetic drug), long term. No insulin, no oral drugs.

Codes: _____

D6. Type 2 diabetes, no complications. Treated long term with both insulin and an oral hypoglycemic drug.

Codes: _____

D7. Office note. A: type 2 diabetes with diabetic chronic kidney disease, stage 4.

Meds: glipizide (an oral hypoglycemic drug), long term. P: continue; recheck kidney function in 3 months.

Codes: _____

D8. Type 2 diabetes with hyperglycemia. Usual treatment is diet only; insulin was given once in the clinic today to bring the blood sugar down.

Codes: _____

D9. Type 1 diabetes with diabetic polyneuropathy.

Codes: _____