

ICD-10 + CPT Coding

Cheat Sheet

The most-used codes in medical billing — explained in plain English

ICD-10 = WHY you saw the patient (Diagnosis Code)

CPT = WHAT you did for the patient (Procedure Code)

How to Read an ICD-10 Code

Every ICD-10 code has 3 to 7 characters. The first character is always a letter identifying the body system. Characters 2 and 3 are numbers identifying the condition. After the decimal point, each additional character makes the code more specific. The longer the code, the more precise the diagnosis.

Code Part	What It Means	Example
1st character (letter)	Body system / category	J = Respiratory
2nd–3rd character	Specific disease/condition	J06 = Upper resp. infection
After the decimal	Added clinical detail	J06.9 = Unspecified URTI
7th character (if used)	Episode or laterality	A = initial, D = subsequent

ICD-10 Chapter Overview — What Each Letter Covers

Range	Letter s	Chapter / Category	Common Examples
A00–B99	A, B	Infectious & Parasitic Diseases	COVID-19, influenza, UTI, HIV, tuberculosis
C00–D49	C, D	Neoplasms (Cancers & Tumors)	Breast cancer, lung cancer, benign tumors
D50–D89	D	Blood & Immune Disorders	Anemia, clotting disorders, immune deficiency
E00–E89	E	Endocrine & Metabolic Diseases	Diabetes (E11), thyroid disorders, obesity (E66)
F01–F99	F	Mental & Behavioral Disorders	Depression (F32), anxiety (F41), ADHD, PTSD
G00–G99	G	Nervous System Diseases	Migraine (G43), epilepsy, Parkinson's, MS
H00–H59	H	Eye & Adnexa Diseases	Cataracts, glaucoma, conjunctivitis
H60–H95	H	Ear & Mastoid Diseases	Otitis media, hearing loss
I00–I99	I	Circulatory System Diseases	Hypertension (I10), heart attack (I21), stroke
J00–J99	J	Respiratory System Diseases	Asthma (J45), pneumonia, COPD, bronchitis
K00–K95	K	Digestive System Diseases	GERD (K21), appendicitis, Crohn's disease
L00–L99	L	Skin & Subcutaneous Tissue	Eczema, psoriasis, cellulitis
M00–M99	M	Musculoskeletal & Connective Tissue	Arthritis, back pain (M54), fractures
N00–N99	N	Genitourinary Diseases	Kidney disease, UTI (N39), prostate issues
O00–O9A	O	Pregnancy, Childbirth & Puerperium	Prenatal care, labor complications
P00–P96	P	Perinatal Conditions	Newborn conditions, birth trauma

Range	Letter s	Chapter / Category	Common Examples
Q00–Q99	Q	Congenital Malformations	Down syndrome, cleft palate, heart defects
R00–R99	R	Symptoms & Abnormal Findings	Chest pain (R07), fever (R50), shortness of breath
S00–T88	S, T	Injuries & Poisoning	Fractures, burns, drug overdose
V00–Y99	V–Y	External Causes of Morbidity	Car accidents, falls, assault
Z00–Z99	Z	Health Status & Preventive Visits	Annual exams, screenings, vaccinations

50 Most Commonly Used ICD-10 Codes

ICD-10	Diagnosis Description
A09	Infectious gastroenteritis (stomach bug)
E11.9	Type 2 diabetes mellitus, uncomplicated
E78.5	Hyperlipidemia — high cholesterol
E66.9	Obesity, unspecified
F32.9	Major depressive disorder, unspecified
F41.1	Generalized anxiety disorder
F10.10	Alcohol use disorder, mild
G43.909	Migraine, unspecified, without status migrainosus
G47.00	Insomnia, unspecified
H10.9	Conjunctivitis — pink eye, unspecified
H66.90	Otitis media — ear infection, unspecified
I10	Essential (primary) hypertension — high blood pressure
I25.10	Atherosclerotic coronary artery disease
I48.91	Atrial fibrillation, unspecified
I63.9	Cerebral infarction (stroke), unspecified
J00	Acute nasopharyngitis — common cold
J02.9	Acute pharyngitis — sore throat, unspecified
J06.9	Acute upper respiratory infection, unspecified
J20.9	Acute bronchitis, unspecified
J30.9	Allergic rhinitis — hay fever, unspecified
J45.20	Mild persistent asthma, uncomplicated
K21.0	Gastro-esophageal reflux disease (GERD) with esophagitis
K57.30	Diverticulosis of large intestine, without perforation
L40.0	Psoriasis vulgaris
L50.9	Urticaria — hives, unspecified
M10.9	Gout, unspecified
M17.11	Primary osteoarthritis, right knee

ICD-10	Diagnosis Description
M54.50	Low back pain, unspecified
M79.3	Panniculitis, unspecified
N18.3	Chronic kidney disease, stage 3 (moderate)
N39.0	Urinary tract infection, site not specified
O09.90	Supervision of high-risk pregnancy, unspecified trimester
R00.0	Tachycardia — fast heart rate, unspecified
R05.9	Cough, unspecified
R07.9	Chest pain, unspecified
R10.9	Unspecified abdominal pain
R50.9	Fever, unspecified
R51.9	Headache, unspecified
R53.83	Other fatigue
R63.0	Anorexia — loss of appetite (symptom, not disorder)
S09.90XA	Unspecified injury of head — initial encounter
T14.90	Injury, unspecified — initial encounter
Z00.00	Encounter for general adult medical examination
Z00.121	Encounter for routine child health examination (under 28 days)
Z12.11	Encounter for colorectal cancer screening
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z23	Encounter for immunization — vaccination visit
Z87.891	Personal history of nicotine dependence
Z99.2	Dependence on renal dialysis

How CPT Codes Are Organized

CPT codes are always 5 digits. The number range tells you the type of service. Category II codes use letters (e.g., 1234F) for tracking quality measures. Category III codes (e.g., 0019T) cover new or experimental technologies.

CPT Range	Category	Services Covered
99202–99499	Evaluation & Management (E/M)	Office visits, hospital visits, consultations, preventive care
00100–01999	Anesthesia	Anesthesia services for surgical procedures
10004–69990	Surgery	All surgical procedures — minor skin repairs to major operations
70010–79999	Radiology	X-rays, CT scans, MRIs, ultrasounds, nuclear medicine
80047–89398	Pathology & Laboratory	Blood tests, urine tests, biopsies, cultures, panels
90281–99607	Medicine	Vaccines, injections, psychiatry, physical therapy, dialysis
0001F–9007F	Category II — Performance	Quality measure tracking codes. Not billed for payment.
0019T–XXXXT	Category III — Emerging Tech	New, experimental, or emerging technology services

E/M Office Visit Codes — Most Frequently Used CPT Codes

Since 2021, E/M code selection is based on Medical Decision Making (MDM) complexity or total provider time spent. New and established patient codes are separate.

CPT	Patient Type	MDM Complexity	Typical Time
99202	New — Office	Straightforward	15–29 min
99203	New — Office	Low	30–44 min
99204	New — Office	Moderate	45–59 min
99205	New — Office	High	60–74 min
99211	Established — Office	Minimal (nurse)	—
99212	Established — Office	Straightforward	10–19 min
99213	Established — Office	Low	20–29 min
99214	Established — Office	Moderate	30–39 min
99215	Established — Office	High	40–54 min
99381–7	New — Preventive	Age-based	By age group
99391–7	Estab — Preventive	Age-based	By age group

100 Most Commonly Used CPT Codes

CPT Code	Description
99213	Office visit — established patient, low complexity
99214	Office visit — established patient, moderate complexity
99203	Office visit — new patient, low complexity
99204	Office visit — new patient, moderate complexity
99215	Office visit — established patient, high complexity
99395	Preventive visit — established, age 18–39
99396	Preventive visit — established, age 40–64
99385	Preventive visit — new patient, age 18–39
99232	Hospital inpatient visit — subsequent, moderate complexity
99233	Hospital inpatient visit — subsequent, high complexity
G0438	Annual wellness visit — initial
G0439	Annual wellness visit — subsequent
G0402	Welcome to Medicare initial preventive physical exam
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast exam
G0121	Colorectal cancer screening — not high risk
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
90471	Immunization injection administration — first vaccine
90472	Immunization injection administration — each additional vaccine
90686	Influenza vaccine, quadrivalent, 0.5mL (age 3 and older)
90732	Pneumococcal polysaccharide vaccine, adult
90714	Tetanus and diphtheria toxoids (Td) vaccine, adult
90716	Varicella (chickenpox) vaccine
80053	Comprehensive metabolic panel (CMP) — 14 analytes
80061	Lipid panel — total cholesterol, HDL, LDL, triglycerides
85025	Complete blood count (CBC) with automated differential
83036	Hemoglobin A1C — diabetes monitoring test

CPT Code	Description
84443	Thyroid stimulating hormone (TSH) test
81003	Urinalysis, dipstick — without microscopy
36415	Collection of venous blood by venipuncture (phlebotomy)
87880	Streptococcus group A, rapid antigen — office test
87804	Influenza virus antigen(s) — rapid test
86580	TB intradermal test (PPD) — placement
71046	Chest X-ray, 2 views
73030	Shoulder X-ray, minimum 2 views
73100	Wrist X-ray, 2 views
73560	Knee X-ray, 1–2 views
73610	Ankle X-ray, minimum 3 views
76700	Ultrasound, abdominal — complete
76805	Ultrasound, obstetric — after first trimester
77067	Screening mammography, bilateral — 2D
70553	MRI brain with and without contrast
93000	Electrocardiogram (ECG/EKG), routine — with interpretation
10060	Incision and drainage of abscess — simple or single
10120	Incision and removal of foreign body, subcutaneous
11200	Removal of skin tags — up to 15 lesions
11300	Shave removal of skin lesion — trunk/arm/leg, 0.5cm or less
11400	Excision, benign lesion — trunk/arm/leg, 0.5cm or less
11600	Excision, malignant lesion — trunk/arm/leg, 0.5cm or less
11720	Debridement of nail(s) — 1 to 5
12001	Simple wound repair — scalp/neck/face, 2.5cm or less
12002	Simple wound repair — 2.6cm to 7.5cm
17000	Destruction of premalignant lesion — first lesion
17110	Destruction of flat warts or molluscum — up to 14 lesions
20610	Aspiration or injection, major joint — knee, hip, shoulder
20600	Aspiration or injection, small joint — finger, toe

CPT Code	Description
96372	Therapeutic or diagnostic injection — subcutaneous or intramuscular
96374	Intravenous push, single drug — initial substance
J3420	Injection of vitamin B-12 cyanocobalamin, up to 1000 mcg
J0171	Injection of adrenalin (epinephrine), 0.1mg
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90853	Group psychotherapy — not family
90839	Psychotherapy for crisis — first 60 minutes
96127	Brief emotional or behavioral assessment — with scoring
97010	Application of hot or cold packs
97012	Mechanical traction therapy
97110	Therapeutic exercises — 15 minutes
97112	Neuromuscular reeducation — 15 minutes
97140	Manual therapy techniques — 15 minutes
97150	Therapeutic exercises, group — 15 minutes
97530	Therapeutic activities — 15 minutes
97001	Physical therapy evaluation
93306	Echocardiography, transthoracic — complete
93010	ECG — interpretation and report only
93015	Cardiovascular stress test — complete procedure
93040	Rhythm ECG, 1–3 leads — with interpretation
43239	Esophagogastroduodenoscopy (EGD) with biopsy
45378	Colonoscopy — diagnostic, without removal
45380	Colonoscopy with biopsy
45385	Colonoscopy with polyp removal — snare technique
59400	Routine obstetric care — vaginal delivery with antepartum and postpartum care
59510	Routine obstetric care — cesarean delivery with antepartum and postpartum care
58300	Insertion of intrauterine device (IUD)

CPT Code	Description
58301	Removal of intrauterine device (IUD)
57454	Colposcopy with directed biopsy
92002	Ophthalmological exam — new patient, intermediate
92012	Ophthalmological exam — established patient, intermediate
92015	Determination of refractive state — refraction test
A4570	Splint
E0110	Crutches, underarm — wood, adjustable, with pads and tips, pair
L3960	Shoulder orthosis (SO), figure-of-eight design
99406	Smoking and tobacco cessation counseling, 3–10 minutes
99407	Smoking and tobacco cessation counseling, greater than 10 minutes
G2211	Visit complexity add-on — for primary care and continuous longitudinal care
99417	Prolonged office service time — each additional 15 minutes

CPT Modifiers — Complete Quick Reference

A modifier is a 2-character code appended to a CPT code to tell the payer that something special happened with that service. Modifiers do NOT change the basic meaning of the code — they add important context that prevents incorrect denials.

Mod	Name	What It Means	When to Use
-25	Significant Separate E/M	E/M visit was a separate, significant service from a procedure done on the same day	Office visit + minor procedure same day
-26	Professional Component	Provider interpreted the test but did not perform it	Radiologist reading an X-ray from another facility
-50	Bilateral Procedure	Same procedure was performed on both sides of the body	Bilateral knee injections, bilateral eye exams
-51	Multiple Procedures	More than one procedure performed in the same session	Two surgical procedures in one OR session
-52	Reduced Services	Service was partially reduced or not fully completed	Procedure stopped early for medical reasons
-57	Decision for Surgery	E/M visit led to the decision to perform major surgery	Office visit where major surgery was decided
-59	Distinct Procedural Svc	Procedures normally bundled were distinct and separate	Two different anatomical sites treated separately
-GT	Video Telehealth	Service delivered via real-time interactive audio-video	All telehealth visits (Medicare)
-95	Synchronous Telemedicine	Real-time interactive audio-video telehealth service	Telehealth visits (commercial payers)
-TC	Technical Component	Equipment and facility portion only — no interpretation	Hospital billing X-ray equipment use only
-RT	Right Side	Procedure was performed on the right side of the body	Right shoulder surgery, right eye injection
-LT	Left Side	Procedure was performed on the left side of the body	Left hip replacement, left knee arthroscopy
-76	Repeat — Same Provider	Same procedure repeated by the same provider	Repeat ECG during same day for same patient
-77	Repeat — Diff Provider	Same procedure repeated by a different provider	Second interpretation of same imaging study
-80	Assistant Surgeon	A surgeon assisted the primary surgeon during the operation	Complex surgery requiring an assistant
-QW	CLIA-Waived Test	Lab test done under a CLIA certificate of waiver	Rapid strep, glucose meter test in office

8 Golden Coding Rules — Never Forget These

1	Code to the Highest Specificity Always choose the most specific ICD-10 code available. The more precise you are, the less likely a claim is denied for lack of medical necessity.
2	Diagnosis Must Support the Procedure Every CPT code needs an ICD-10 code that justifies why it was medically necessary. A mismatch between diagnosis and procedure is the fastest path to denial.
3	Use Only Active Codes ICD-10 codes are updated every October; CPT codes every January. Always work from the current year's codebook — deleted codes will reject automatically.
4	Code from Documentation, Not from Memory Code exactly what the provider documented in the chart. Never code from a superbill checkbox alone — documentation must fully support every code chosen.
5	Never Unbundle Without a Valid Modifier Some CPT codes include other services automatically. Billing them separately (unbundling) without a valid modifier is incorrect and can trigger audits.
6	First-Listed Diagnosis = Main Reason for Visit The first ICD-10 code on the claim should be the primary diagnosis — the main reason for the encounter, not a secondary or chronic condition.
7	Symptom vs. Confirmed Diagnosis Rule If the provider confirmed a diagnosis, code the diagnosis. If only a symptom was documented (e.g., chest pain), code the symptom until a diagnosis is confirmed.
8	Z Codes Are Valid Primary Codes For preventive visits, screenings, and vaccinations, Z codes are the correct primary codes and are accepted by all major payers including Medicare.