ICD-10-CM 2026 Visual Tabbing Guide

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

This guide shows you exactly where every tab goes in your ICD-10-CM 2026 manual, what to write on each tab, and how tabbing translates into speed on exam day. Follow it in order from front to back of the book. When you finish, your manual will be organized so that any lookup starts with a single flip.

Why We Tab

The CPC exam is open book. You are not tested on memorizing codes. You are tested on how quickly and accurately you can navigate to the right code and apply the guidelines. Tabs remove page hunting. Every second you save flipping compounds across 100 questions.

The rule to remember: memorize the map, not the codes. Tabs are your map.

How Your ICD-10-CM Manual Is Built

Before placing a single tab, understand the four zones of the book, front to back. Every tab in this guide belongs to one of these zones.

Zone	Section	What It Is
1	**Official Guidelines**	The rulebook at the front of the manual. This is your Golden Ticket section. The answers to guideline questions live here word for word.
2	**Alphabetic Index to Diseases and Injuries**	Look up conditions by name, A through Z. Pain, Diabetes, Fracture. You always start a lookup here, then verify in the Tabular.
3	**Index to External Causes / Table of Neoplasms / Table of Drugs and Chemicals**	Special indexes that sit after the main A to Z index. How an injury happened, cancer behavior columns, and poisoning or adverse effect lookups.
4	**Tabular List, Chapters 1 through 22 (A00 through Z99, plus U codes)**	The full code listing in alphanumeric order. This is where you confirm the code the Index pointed you to and check all instructional notes.

A common point of confusion: Yes. The Alphabetic Index tab marks the start of the Index to Diseases and Injuries, Zone 2. But the V, W, X, Y tab and the Z Codes tab do NOT go in the Index. They go in the Tabular List, Zone 4. V through Y codes are Chapter 20, External Causes of Morbidity, and Z codes are Chapter 21, Factors Influencing Health Status. This is the most common tabbing mistake students make. Two different zones of the book.

The Tab Map

Work front to back. Place each tab on the first page of the section it names. Stagger tab positions down the page edge so no tab hides another. Colors are suggestions; consistency matters more than the specific color.

Zone 1: The Golden Ticket (Guidelines)

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
GOLDEN TICKET	First page of the Official Guidelines table of contents	The outline of every guideline section. Scan this page first for any guideline question, then flip to the listed section.	Top edge of the page, so it stands alone above all side tabs
GUIDELINES I.A/B	Section I.A and I.B, Conventions and General Guidelines	Code first, use additional code, Excludes1 vs Excludes2, laterality, signs and symptoms rules	Right edge, position 1
CHAPTER GUIDELINES	Section I.C, Chapter Specific Guidelines	Rules for diabetes, hypertension, pregnancy, sepsis, injuries, and every other chapter	Right edge, position 2

Why the top edge for the Golden Ticket: it is the one page you will return to more than any other. Giving it the only top tab means your hand finds it without looking.

Zone 2: Alphabetic Index, A to Z

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
INDEX	First page of the Index to Diseases and Injuries	Marks the start of the A to Z lookup section	Right edge, position 3
A, B, C ... Z	First page of each letter within the Index	Twenty six small tabs, one per letter. Go to Index, hit P, land on the P entries, run down to Pain.	Right edge, cascading downward in a staircase below the INDEX tab

Tip: use the smallest tabs you have for the letters and write only the single letter on each. Big labels slow the eye. The staircase pattern lets you read all 26 letters at a glance from the page edge.

Zone 3: Special Indexes and Tables

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
NEOPLASM TABLE	Table of Neoplasms	Malignant, benign, in situ, uncertain behavior columns by anatomic site	Right edge, position 4
DRUG TABLE	Table of Drugs and Chemicals	Poisoning, adverse effect, and underdosing columns by substance	Right edge, position 5
EXT CAUSE INDEX	Index to External Causes	Look up HOW an injury happened by keyword: fall, struck, bitten, collision. This index points you to	Right edge, position 6

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
		the V through Y codes in the Tabular.	

Zone 4: Tabular List Chapter Tabs

These are the tabs that confused the generic list. They mark chapters in the Tabular List at the back half of the book, not sections of the Index.

Tab Label	Where It Goes (2026 Manual)	What You Will Find There	Tab Edge Position
TABULAR	First page of the Tabular List, Chapter 1 (A00)	Marks where the full code listing begins	Right edge, position 7
S/T INJURY	Chapter 19 (S00 through T88)	Injury, poisoning, burns, fractures. Heavily tested. Includes 7th character rules territory.	Right edge, position 8
V W X Y EXT CAUSES	Chapter 20 (V00 through Y99)	External Causes of Morbidity. This is what the V, W, X, Y tab refers to. It is a Tabular chapter, not an Index section.	Right edge, position 9
Z CODES	Chapter 21 (Z00 through Z99)	Factors Influencing Health Status. Status codes, history codes, screening, aftercare, long term drug use (Z79). This is the Z Codes tab location.	Right edge, position 10

About Appendix Z code listings: some publishers print a Z code appendix, such as Z codes for long term drug therapy, in the back of the book. That appendix is a convenience summary. The authoritative location is always Chapter 21 in the Tabular. Tab Chapter 21. If your edition's appendix helps you, add a small optional tab there too, but never code from an appendix without verifying in the Tabular.

Standout Terms to Flag Inside the Index

Beyond section tabs, place small flag tabs or bright highlights on high frequency Index entries. These are the entries you will visit again and again on the exam. Write the term on the flag.

Flag	Index Entry Location	Why It Matters
HISTORY	Index: History (personal) (of) and History, family (of)	Personal history vs family history lead to different Z code ranges (Z85 to Z87 vs Z80 to Z84). Tested often.
STATUS	Index: Status (post)	Transplant status, amputation status, pacemaker status. Status means current fact, history means resolved. The distinction is a favorite exam trap.
PAIN	Index: Pain(s)	A long, dense entry with many subterms including site and acute vs chronic (G89 category rules).
DIABETES	Index: Diabetes, diabetic	Huge entry with 'with' subterm conventions. Pairs with the Section I.A.15 'with' guideline.
FRACTURE	Index: Fracture, traumatic and Fracture, pathological	Traumatic vs pathologic route to completely different chapters.

Flag	Index Entry Location	Why It Matters
PREGNANCY	Index: Pregnancy, complicated by	Chapter 15 codes take sequencing priority. Trimester rules apply.
ENCOUNTER	Index: Encounter (with health service) (for)	Screenings, exams, aftercare, and follow up route through this entry to Z codes.

Add your own flags as you study. Any Index entry you have looked up three or more times has earned a flag.

Tab the lookup terms that fooled you: every time a practice question sends you to the Index and your first search term was NOT where the code lived, flag the entry that actually worked and write your original term in the margin beside it. If you searched Removal and the answer lived under Excision, flag Excision. These personal flags will not match any generic list and they are not supposed to. They are how you learn the language of the Index, and the terms that fooled you once are the exact terms that will appear again.

The Lookup Workflow: See It in Action

Here is exactly how the tabs work together once placed. Practice this motion until it is automatic.

Example 1: 'Chronic right shoulder pain'

1. Flip to the **P** letter tab inside the Index. You land directly in the P entries.
2. Run down to **Pain(s)**, then the subterms: joint, shoulder.
3. Note the code the Index gives, then flip to your **TABULAR** tab and verify the code, laterality options, and any Excludes notes.
4. Chronic pain question? Your **CHAPTER GUIDELINES** tab takes you to the Chapter 6 G89 rules in seconds.

Example 2: 'Patient fell from a ladder at home, fractured wrist'

1. Letter tab **F** in the Index, find Fracture, traumatic, wrist. Verify in the Tabular via the **S/T INJURY** tab, apply the 7th character.
2. Flip to the **EXT CAUSE INDEX** tab. Look up Fall, from, ladder.
3. Verify that external cause code at your **V W X Y EXT CAUSES** tab in the Tabular, Chapter 20, and add place of occurrence.

Example 3: 'Annual exam, patient has a personal history of breast cancer, on long term tamoxifen'

1. Letter tab **H** to History (personal) (of), malignant neoplasm, breast.
2. Letter tab **L** to Long-term drug therapy, or go straight to your **Z CODES** tab and confirm Z79 with the history code and the encounter code in Chapter 21.
3. Unsure whether history or status applies? **GOLDEN TICKET** tab, scan the table of contents for the Chapter 21 guideline, flip, and read the rule word for word.

Highlighting and Notes

- Do all highlighting and margin notes in the physical manual you will test with. Notes anywhere else cannot come into the exam.
- Highlight sparingly. If everything is yellow, nothing is. Reserve highlighting for guideline sentences that changed an answer for you and for Excludes1 notes that trapped you in practice.
- Use one consistent color meaning. For example, yellow for rules, green for definitions, blue for things you personally keep missing.
- Handwrite short cues in margins, such as 'see also Z79' next to related entries. Brief cues beat paragraphs.

Supplies and AAPC Tab Rules

- Any adhesive index tabs work. Small write on tabs for the 26 letters, medium tabs for sections. Avoid oversized tabs that flop and tear.
- Tabs must be permanently affixed. Sticky note flags that can slide out are not permitted in the exam.
- Tab labels may contain only section names or brief titles, such as Z Codes or Guidelines. Do not write answers, code definitions, or study notes on the tabs themselves. Notes belong on the pages, tabs are labels only.
- Stagger every tab so all labels are visible at once from the page edge.

Final word

Tab the book once, then drill the workflow above with practice questions until your hands know the routes. Speed on the CPC exam is not a talent. It is a tabbed book plus repetition.

Questions? Email us and we will walk through it together.

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