



Sedative, Hypnotic and Anxiolytic Use Disorder

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT	3
HCC/RAF V28 Mapping	3
2. RECOGNITION AND DIAGNOSIS	6
Medicare Screenings and Surveillance (Adult and Geriatric)	6
Subtle Early Signs in Older Adults (>65)	7
Geriatric Risk Factors	8
Diagnostic Thresholds (DSM-5-TR)	9
Clues to Dig Deeper	10
Common Oversights	11
Key Differentials in Elderly	12
Comorbidity Screening	13
3. MEAT DOCUMENTATION ESSENTIALS	15
Clinical Documentation Elements	16
Reframing Common Documentation Shortcuts	17
4. TREATMENT AND REFERRAL QUICK GUIDE	18
Therapy Escalation Criteria	18
ACMT/ASAM 2024–2025 and VA/DoD 2021-Aligned Deprescribing Pathway	20
Benzodiazepine Dose Equivalency Reference*	22
Non-Pharmacologic Care and Supportive Interventions	22
Medication Safety and Key Interactions	24
When to Refer	25
Follow-Up Timing	26
Comorbidity Management — Primary Care Role	27
Cost-Smart Options	28
Patient Education and Adherence	29
Quality Metrics Tie-In	30
5. CODING REMINDERS AND CASE EXAMPLES	33
Coding Specificity	33
Annual Clinical Review and Confirmation	34
Good Documentation — EHR Tips	35
REFERENCES	36

1 CLINICAL SNAPSHOT

Definition: Sedative, hypnotic, or anxiolytic use disorder (SHA-UD) is a substance use disorder defined by a problematic pattern of use of **benzodiazepines (BZDs)**, **Z-drugs** (zolpidem, eszopiclone, zaleplon), barbiturates, or **related GABAergic agents** that leads to clinically significant impairment or distress, manifested by at least **2 of 11 DSM-5-TR** criteria within a **12-month period**.¹ Chronic agonist exposure downregulates the GABA-A receptor, producing **physiological dependence, tolerance and a characteristic withdrawal syndrome**.^{1,2} Benzodiazepine withdrawal is uniquely dangerous among common substance withdrawal syndromes. Abrupt cessation can precipitate **seizures, delirium, and death**, making medically supervised gradual tapering the standard of care rather than an option.² Because misuse in older adults is often a form of **self-treatment for chronic anxiety, insomnia, or pain**, person-first, **non-stigmatizing** framing is essential to therapeutic alliance.

ICD-10 Codes:

The **F13** family covers sedative, hypnotic, and anxiolytic-related disorders. DSM-5 eliminated the abuse/dependence split, but ICD-10-CM retains it: mild **SHA-UD** (2-3 criteria) maps to the **F13.1x** (abuse) series, while moderate (4-5 criteria) and severe (≥ 6 criteria) map to the **F13.2x** (dependence) series.¹ Complication subcodes carry the clinical detail: **F13.230** (dependence with withdrawal, uncomplicated), **F13.232** (withdrawal with perceptual disturbance), **F13.231** (withdrawal delirium), **F13.24** (induced anxiety disorder), **F13.27** (induced persisting dementia), **F13.280/F13.282** (induced anxiety/sleep disorder), and the **F13.x5x** series (induced psychotic disorder). Z-drugs belong in the **F13** series when use-disorder criteria are met — not **F51** or **G47.00** insomnia codes. Avoid **F13.10** (abuse, uncomplicated) and **F13.90** (unspecified, uncomplicated) when dependence or any complication is documentable — both carry no HCC weight. Use the in-remission codes (**F13.11/F13.21**) when a person previously met criteria but has ceased use and the diagnosis remains clinically relevant.³

Prevalence and Burden: Approximately **5.7 million** Americans aged ≥ 65 (roughly **10%** of the Medicare-eligible population) used **benzodiazepines** in 2023.⁴ Among Medicare Part D enrollees, BZD prescriptions rose from **1.7 million to 3.1 million (+82%)** between 2017 and 2023, counter to the national decline.⁵ Long-term use is the norm: **25-30%** of older adults taking BZDs do so longer than recommended.⁴ Among adults ≥ 65 taking BZD or Z-drugs for ≥ 3 months, **45.3%** met DSM dependence criteria in a multicenter study (n=1,024).⁶

HCC/RAF V28 Mapping

ICD-10 CODE(S) ⁷	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
F13.150–F13.159 (abuse); F13.250–F13.259 (dependence); F13.950–F13.959 (unspecified use pattern)	HCC 135 — Drug Use with Psychotic Complications	0.424	Document hallucinations, delusions, or psychotic features explicitly attributed to sedative/hypnotic use; specify delusions (F13.x50) vs. hallucinations (F13.x51) vs unspecified (F13.x59)

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