AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Sedative, Hypnotic and Anxiolytic Use Disorder

Quick Reference Guide

2026

Table of Contents

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 (dependance); 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)**