



Coding and Documentation Tips for Substance Use Disorder (SUD)

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) defines SUD as a pattern of problematic substance use that meets at least two of the following criteria within a 12-month period:¹

1. Using the substance in larger amounts or for longer than intended
2. Having a persistent desire or unsuccessful attempts to reduce or control substance use
3. Spending excess time obtaining, using or recovering from a substance
4. Craving the substance
5. Continued substance use causing inability to fulfill work, home or school responsibilities
6. Continuing substance use despite having persistent social or interpersonal problems
7. Lack of involvement in social, occupational or recreational activities
8. Using the substance in physically hazardous situations
9. Continuing substance use despite awareness of persistent physical or psychological problems
10. Needing more of the substance for the same effect, or diminished effect with the same amount
11. Exhibiting withdrawal symptoms, as manifested by either of the following:
 - The characteristic substance withdrawal syndrome
 - Substances are taken to relieve or avoid withdrawal symptoms

Mild = presence of two to three diagnostic criteria, **moderate** = presence of four to five diagnostic criteria and **severe** = presence of six or more diagnostic criteria

DSM-5-TR Update

For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.

Substance	ICD-10-CM	SUD severity with SUD-related disorders
Alcohol abuse (mild)	F10.1-	
Alcohol dependence (moderate or severe)	F10.2-	
Alcohol use	F10.9-	
Opioid abuse (mild)	F11.1-	
Opioid dependence (moderate or severe)	F11.2-	<ul style="list-style-type: none">• Alcohol• Tobacco• Opioids• Stimulants• Marijuana• Hallucinogens• Prescription drugs
Opioid use, unspecified	F11.9-	
Cannabis abuse (mild)	F12.1-	
Cannabis dependence (moderate or severe)	F12.2-	
Cannabis use, unspecified	F12.9-	
Sedative/hypnotic abuse (mild)	F13.1-	

DSM-5-TR Update

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Substance	ICD-10-CM	SUD severity with SUD-related disorders
Sedative/hypnotic dependence (moderate or severe)	F13.2-	<ul style="list-style-type: none"> • Uncomplicated • In remission • Intoxication • Withdrawal • Substance-induced • Unspecified status
Sedative/hypnotic, unspecified	F13.9-	The fifth character identifies the condition status or substance induced.
Cocaine abuse (mild)	F14.1-	The sixth character identifies the substance-related disorders
Cocaine dependence (moderate or severe)	F14.2-	
Cocaine use, unspecified	F14.9-	
Other stimulant abuse (mild)	F15.1-	
Other stimulant dependence (moderate or severe)	F15.2-	
Other stimulant, unspecified	F15.9-	
Hallucinogenic abuse (mild)	F16.1-	
Hallucinogenic dependence (moderate or severe)	F16.2-	
Hallucinogenic, unspecified	F16.9-	
Nicotine dependence (moderate or severe)	F17.2-	
Inhalant abuse (mild)	F18.1-	
Inhalant dependence (moderate or severe)	F18.2-	
Inhalant use, unspecified	F18.9-	
Other psychoactive substance abuse (Mild)	F19.1-	
Other psychoactive substance dependence (moderate or severe)	F19.2-	
Other psychoactive substance use, unspecified	F19.9-	

Coding Scenario:

A 45-year-old male has a decade-long history of oxycodone use and then progressing to daily heroin. For the past several years, he has also used methamphetamine daily. He was recently fired from his job for falling asleep at work, has lost contact with his children due to his substance use and struggles to maintain sobriety for than a few weeks at a time.

F11.282 Opioid dependence with opioid-induced sleep disorder

Diagnosis: Document the patient's concurrent condition or illness with the greatest specificity, complexity and severity of illness as possible (e.g., alcohol use disorder, moderate, with alcohol-induced mild cognitive disorder [F10.288]).

Status: Document the patient's status and clinical evidence/indicators for each active chronic condition, assessing the patient's health and overall risk profile and determining the appropriate level of care and coding (translating person-centered and whole-person care into medical decision-making).

Plan: Document the course of action to manage the diagnosis and continuity of care (e.g., medication, diagnostic tests, referrals, other treatment and follow-up instructions).

¹ psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf
niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-use-disorder-comparison-between-dsm#:~:text=This%20is%20new%20to,to%20the%20American%20Psychiatric%20Association%20