Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The National Committee for Quality Assurance (NCQA) collects Healthcare Effectiveness Data and Information Set (HEDIS®) measurements. The NCQA recommends tracking the HEDIS APM measure for our members. We collect HEDIS data from our providers to measure and improve the quality of care our members receive.

Why is the HEDIS APM measure important?

Antipsychotic medication prescribing in children and adolescents has increased rapidly in recent decades.[1,2] These medications can increase a child's risk for developing serious metabolic health complications[3,4] associated with poor cardiometabolic outcomes in adulthood.[5] Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

APM measure description

The HEDIS APM measure evaluates the rate of members age 1–17 who were dispensed an antipsychotic prescription two or more times and received metabolic testing. Monitor fasting glucose and lipid panel of children and adolescents on antipsychotic medications annually.

Medical record documentation and best practices

- Document patient's response to medication
- Document lab results and any action that may be required
- Use supplemental lab data to update medical records when applicable
- Monitor fasting glucose and lipid panel of children and adolescents on antipsychotic medications annually
- Monitor children on antipsychotic medications to help to avoid metabolic health complications such as weight gain and diabetes
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side effects of antipsychotic medication therapy

[1] Patten, S.B., W. Waheed, L. Bresee. 2012. "A review of pharmacoepidemiologic studies of antipsychotic use in children and adolescents." Canadian Journal of Psychiatry 57:717–21.

[2] Cooper, W.O., P.G. Arbogast, H. Ding, G.B. Hickson, D.C. Fuchs, and W.A. Ray. 2006. "Trends in prescribing of antipsychotic medications for US children." Ambulatory Pediatrics 6(2):79–83.

[3] Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." Journal of the American Medical Association

[4] Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." Pediatrics 128(6):1135–41.

[5] Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. "Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study." Diabetes 51(1):204–9.

First generation antipsychotic medications

chlorpromazine HCL, fluphenazine HCL, fluphenazine decanoate, haloperidol, haloperidol decanoate, haloperidol lactate, loxapine HCL, loxapine succinate, molindone HCL, perphenazine, prochlorperazine

Second generation antipsychotic medications

aripiprazole, asenapine, brexpiprazole, cariprazine, clozapine, iloperidone, lurasidone, olanzapine, olanzapine pamoate, paliperidone, paliperidone palmitate, pimozide, quetiapine fumarate, risperidone, risperidone microspheres, thioridazine HCL, thiothixene, trifluoperazine HCL, ziprasidone HCL, ziprasidone mesylate

Coding Instructions: Use ICD–10, CPT® BH Outpatient CPT: 99201–99205, 99211–99215, 99217–99220, 99241– 99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99411, 99412, 99420, 99429, 99455, 99456

Visits Group 1 CPT: 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337

Visits Group 2 CPT: 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99291

Glucose Test Codes CPT: 80047–80048, 80050, 80053, 80069, 82947, 82950–82951 HgbA1c Codes CPT: 83036–83037 CPT–CAT II: 3044F–3046F

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