PROVIDERALERT

AmeriHealth Caritas Delaware

**To:** **AmeriHealth Caritas Delaware Behavioral Health and Primary Care Providers**

**Date:** **November 1st, 2025**

**Subject:** **Recommendations for metabolic monitoring for children and adolescents on antipsychotic medications**

**Summary:** The American Academy of Child & Adolescent Psychiatry, the American Psychiatric Association, and the American Diabetes Association recommend regular blood glucose testing and cholesterol testing for children and adolescents who are prescribed antipsychotic medications.

Children and adolescents who take antipsychotic medication have an increased likelihood of developing obesity, hyperglycemia, dyslipidemia, and hypertension. These conditions can result in metabolic disorders and cardiovascular events in adulthood. [1] Due to the potential side effects, it is recommended to establish a baseline and monitor the child's blood glucose and cholesterol levels at 3 and 12 months.[2]

This recommendation aligns with the National Committee for Quality Assurance (NCQA) HEDIS measure titled "Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)." This measure assesses the percentage of children ages 1-17 who are prescribed antipsychotic medication AND had blood glucose and cholesterol testing. A list of antipsychotic medications that require metabolic monitoring is provided below.

**Medication name (**generic name**):**

| | |
|---|---|
| **Symbyax** (fluoxetine/olanzapine) | **Zyprexa** (olanzapine) |
| **Geodon** (ziprasidone) | **Clozaril/Versacloz** (clozapine) |
| **Seroquel** (quetiapine) | **Saphris** (asenapine) |
| **Compro/Compazine** (prochlorperazine) | **Adasuve** (loxapine) |
| **Perseris/Risperdal/Uzedy/Rykindo** (risperidone) | **Invega** (paliperidone) |
| **Fanapt** (iloperidone) | **Abilify** (aripiprazole) |
| **Aristada** (aripiprazole lauroxil) | **Haldol** (haloperidol) |
| **Rexulti** (brexpiprazole) | **Vraylar** (cariprazine) |
| **Latuda** (lurasidone hydrochloride) | |

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**Reimbursement Codes - CPT**

| | |
|---|---|
| Glucose Lab Test | 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| HbA1c Lab Test | 83036, 83037 |
| Cholesterol Lab Test | 82465, 83718, 83722, 84478 |
| LDL-C Lab Test | 80061, 83700, 83701, 83704, 83721 |

Please refer to the HEDIS Documentation and Coding Guidelines MY2025 on NaviNet for measure description and coding requirements. Providers should also refer to the Delaware Medicaid fee schedule for guidance on reimbursement.

**Questions:**

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Delaware's Provider Services department at 1-855-707-5818 or your Provider Network Management Account Executive at https://www.amerihealthcaritasde.com/provider/resources/account-executives.

**References:**

[1] Impact of the AACAP practice parameters on the metabolic adverse event monitoring for second-generation antipsychotics (SGAs) in children and adolescents https://www.researchgate.net/publication/374452369_Adherence_to_Recommended_Metabolic_Monitoring_of_Children_and_Adolescents_Taking_Second-Generation_Antipsychotics/link/6600ea2ef3b56b5b2d29d812/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19

[2] Practice parameters for the use of atypical antipsychotic medications in children and adolescents https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf