



Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

HEDIS measure overview

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to replace your clinical judgment.

What is the APM-E measure?

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) measure is one of the National Committee for Quality Assurance's (NCQA) HEDIS measures. APM-E evaluates metabolic monitoring in children and adolescents prescribed antipsychotics. Use of these drugs has been on the rise and can increase the risk of developing cardiometabolic complications later in life.¹

Who is included in the APM-E measure?

Children and adolescents 1–17 years of age with two or more antipsychotic prescriptions are eligible for this measure. Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing
- The percentage of children and adolescents on antipsychotics who received cholesterol testing
- The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Service(s) needed for measure compliance

Patients receive the following during the measurement year:

- Blood glucose testing – patients receive at least one test for blood glucose or an HbA1c test
- Cholesterol testing – patients receive at least one LDL-C test or a cholesterol test
- Blood glucose and cholesterol testing – patients receive both a test for blood glucose or an HbA1c test **and** an LDL-C test or a cholesterol test

It is recommended that patients receive both blood glucose and cholesterol testing for metabolic monitoring at least once a year.

Exclusions

- Patients in hospice or using hospice services
- Patients with a date of death

Measure best practices

- Use correct coding and submit claims in a timely manner.
- Educate patients and/or parents or legal guardians about increased risks for metabolic complications with the use of antipsychotic medications, the importance of monitoring for symptoms, and screening for metabolic syndromes.
- Build alerts in electronic health records for reminders to order tests.
- Coordinate care between behavioral health and primary care providers to communicate test results or schedule appointments for testing.
- Reach out to patients and/or parents or legal guardians to schedule follow-up appointments and reschedule missed appointments.

APM-E coding

This list is not comprehensive. Other NCQA codes can be used to identify services included for this measure.

Code type	Code	Description
CPT	82465, 83718, 83722, 84478	Cholesterol tests
CPT	80061, 83700–83701, 83704, 83721	LDL-C tests
CPT II	3048F–3050F	LDL-C result or finding
CPT	80047–80048, 80050, 80053, 80069, 82947, 82950–82951, 83036–83037	HbA1c tests
CPT II	3044F, 3046F, 3051F–3052F	HbA1c result or finding

1. National Committee for Quality Assurance. (2025). HEDIS Measurement Year 2025: Volume 1: Narrative.

Information regarding inclusion, compliance, and exclusions for this measure were sourced from the HEDIS Measurement Year 2025: Volume 2: Technical Specifications for Health Plans. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

Current Procedural Terminology (CPT®) and CPT Category II (CPT II) codes are developed by the American Medical Association. CPT codes are used to communicate services and procedures rendered to patients. CPT II codes are supplemental tracking codes used for quality performance measurement.

Coding included above is based on the NCQA Value Set, but each state's fee schedule determines which codes are reimbursed. Please consult your respective state's fee schedule for reimbursement information.

NCQA copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by NCQA. The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2026 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The full text of this notice and disclaimer is available here:

[https://assets.humana.com/is/content/humana/NCQA copyright notice and disclaimerpdf](https://assets.humana.com/is/content/humana/NCQA%20copyright%20notice%20and%20disclaimerpdf)