

# Use of First-Line Psychosocial Care for Children and Adolescent on Antipsychotics (APP)

## HEDIS Tip Sheet MY 2025



Measure definition	Plans(s)	Quality Program(s)	Collection and Reporting
The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment	Medicaid	NCQA Accreditation NCQA Health Plan Ratings	Administrative Claim/Encounter Data Pharmacy Data

### Best practices for quality of care

- The focus of this measure is to refer members to psychosocial treatment before prescribing antipsychotic medication to children.
- Schedule a psychosocial care appointment for members within at least 90 days before prescribing medication or within 30 days of starting an initial prescription. Periodically review the ongoing need for continued therapy with antipsychotic medication.
- Interventions and psychosocial treatments should include counseling; case management and care coordination; psychotherapy; services for crisis intervention; relapse prevention; individual, family, and group psychotherapy; and activity therapy (art, music and play therapy not for recreation should be considered).
- Monitor members prescribed antipsychotics closely as they are more at risk for serious health concerns, including weight gain, extrapyramidal side effects, hyperprolactinemia and some metabolic effects.
- Educate and inform parents/guardians of the increased side effect burden of multiple concurrent antipsychotics on the member's health, including the implications for future physical health concerns.
- Offer National Suicide Prevention Lifeline for members to call, text or chat 988 when needed.

### Quality score improvement tips

- Safer first-line psychosocial interventions may help reduce risks associated with antipsychotic medications and may be underutilized.
- Each time a member between the ages of 1-17 is prescribed a new antipsychotic medication, ensure there is documentation of a psychosocial care visit within 30 days of the index prescription start date (IPSD).
  - IPSD is defined as the earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative medication history in which the member had no antipsychotic medications dispensed for either new or refill prescriptions during the 120 days (4 months) preceding the IPSD.

## Exclusions

- Members for whom first-line antipsychotic medications may be clinically appropriate, including members with a diagnosis on at least two different dates of service during the measurement year of: schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, or autism or other developmental disorder.
- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who died any time during the measurement year.

## Medications

### Antipsychotic medications

DESCRIPTIONS	PRESCRIPTIONS		
Miscellaneous antipsychotic agents	Aripiprazole Loxapine Asenapine Lurasidone Clozapine Cariprazine	Iloperidone Paliperidone Haloperidol Brexipiprazole Molindone	Pimozide Quetiapine Risperidone Ziprasidone Olanzapine
Phenothiazine antipsychotic	Chlorpromazine Perphenazine	Thioridazine Fluphenazine	Trifluoperazine
Thioxanthenes	Thiothixene		
Long-acting injections	Aripiprazole lauroxil Haloperidol decanoate Paliperidone palmitate	Fluphenazine decanoate Olanzapine	Aripiprazole Risperidone

### Antipsychotic combination medications

DESCRIPTIONS	PRESCRIPTIONS
Psychotherapeutic combinations	Fluoxetine-olanzapine Perphenazine-amitriptyline

## Numerator codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

CODES	DESCRIPTIONS	
CPT	90832, 90834, 90837	Psychotherapy without medical evaluation and management services
CPT	90833, 90836, 90838	Psychotherapy with medical evaluation and management services

CPT	90839, 90840	Psychotherapy for crisis
CPT	90845	Psychoanalysis
CPT	90846, 90847	Family psychotherapy
CPT	90849	Multiply family group psychotherapy
CPT	90853	Group psychotherapy
CPT	90875, 90876	Individual psychophysiological therapy
CPT	90880	Hypnotherapy
HCPCS	G0176	Activity therapy, dance, music, and art not for recreation
HCPCS	G0177	Training, and educational services related to the care and treatment of disabling mental health problems
HCPCS	G0409-G0411	Psychological Services
HCPCS	H0035	Mental Health partial hospitalization, less than 24 hours
HCPCS	H0004	Behavioral health counseling and therapy
HCPCS	H0036, H0037	Community psychiatric supportive treatment
HCPCS	H0038	Self-help/peer services
HCPCS	H0039, H0040	Assertive community treatment
HCPCS	H2000	Comprehensive multidisciplinary evaluation
HCPCS	H2001	Rehabilitation
HCPCS	H2011	Crisis intervention service
HCPCS	H2012	Behavioral Health day treatment
HCPCS	H2013	Psychiatric health facility service
HCPCS	H2014	Skills training and development
HCPCS	H2017, H2018	Psychosocial rehabilitation services
HCPCS	H2019, H2020	Therapeutic behavioral services
HCPCS	S0201	Partial hospitalization services, less than 24 hours, per diem
HCPCS	S9485	Crisis intervention mental health services, per diem
HCPCS	S9480, S9484	Crisis intervention mental health services

## How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at: [WS\\_Quality\\_Dept@wellsense.org](mailto:WS_Quality_Dept@wellsense.org)