RECOMMENDED UPDATES TO CLINICAL PRACTICE GUIDELINES FOR TARDIVE DYSKINESIA SCREENING, ASSESSMENT, AND TREATMENT

The Department of Health Care Services is sharing this set of clinical practice guideline recommendations to support consistency and best practices across Mental Health Plans, and to emphasize, these materials are meant simply as helpful information and are not requirements that plans must implement.

DHCS recommends that Mental Health Plans review and update their clinical practice guidelines related to the screening, diagnosis, assessment, and treatment of tardive dyskinesia (TD) to ensure alignment with current evidence-based practices and applicable federal managed care requirements.

Although there is no specific National Coverage Determination (NCD) or Medicaid regulation prescribing detailed clinical protocols for TD screening or treatment, federal Medicaid managed care regulations require coverage policies, utilization management criteria, and clinical decision-making processes to be based on generally accepted standards of medical practice and supported by current clinical evidence. These expectations are reflected in 42 CFR § 438.210 and are consistent with broader CMS standards regarding the development and application of clinical criteria.

Recommended Clinical Practice Guideline Updates

Baseline Assessment and Ongoing Monitoring

Clinical practice guidelines should recommend assessment for abnormal involuntary movements before initiation of antipsychotic treatment to establish a baseline for future comparison.

Consistent with the American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Schizophrenia (2020), prescribers should assess for antipsychotic-induced movement disorders, including akathisia, dystonia, parkinsonism, and other abnormal involuntary movements such as TD, at each clinical encounter.

Structured TD Screening

Clinical practice guidelines should recommend structured screening for TD using a validated assessment instrument, such as the Abnormal Involuntary Movement Scale (AIMS) or the Dyskinesia Identification System: Condensed User Scale (DISCUS).

At a minimum, structured screening should be performed at the following intervals:

Patient Risk Category	First-Generation Antipsychotics (FGAs)	Second-Generation Antipsychotics (SGAs)
Standard risk	Every 6 months	Every 12 months
High risk*	Every 3 months	Every 6 months

*High-risk populations include individuals who are older (e.g., age >55 years), female, have a mood disorder or cognitive impairment, have a substance use disorder, have experienced antipsychotic-induced dystonia, akathisia, or parkinsonism, have high cumulative antipsychotic exposure, or are receiving high-potency antipsychotic medications.

Structured assessment should also be performed whenever new-onset abnormal involuntary movements are identified or previously documented symptoms worsen.

Diagnostic Considerations

Clinical practice guidelines should clearly distinguish between screening for abnormal involuntary movements and the diagnosis of TD.

The identification of abnormal involuntary movements should prompt clinical evaluation to determine whether TD is present and to distinguish TD from other medication-induced movement disorders, including drug-induced parkinsonism, akathisia, and acute dystonia, as management strategies may differ substantially.

Structured assessment instruments such as AIMS and DISCUS support the detection, characterization, and monitoring of abnormal involuntary movements but do not replace clinical evaluation and diagnostic judgment.

Consultation, referral, or specialty evaluation may be considered when diagnostic uncertainty exists or when additional expertise is needed to support treatment planning.

Assessment of TD Severity

Clinical practice guidelines should include a framework for classifying TD severity as mild, moderate, or severe/disabling based on both:

The severity, frequency, and anatomical distribution of involuntary movements as assessed using a validated instrument (e.g., AIMS or DISCUS); and

The degree of functional impairment, patient distress, and associated health consequences, including interference with speech, eating, mobility, social functioning, or activities of daily living.

Treatment Criteria

Medical necessity criteria for TD treatment should be consistent with current evidence-based clinical guidelines and peer-reviewed literature, including recommendations published by the American Psychiatric Association (APA), the American Academy of Neurology (AAN), and other recognized professional organizations.

Clinical criteria should support timely access to medically necessary treatment for individuals with clinically significant TD and should not impose requirements that are inconsistent with generally accepted standards of care.

Transparency and Documentation

Clinical practice guidelines, utilization management criteria, and medical necessity standards related to TD should be clearly documented, periodically reviewed, and supported by current clinical evidence.

Plans should maintain documentation demonstrating the clinical basis for coverage policies and any utilization management requirements applicable to TD-related services.

Prior Authorization Review

Mental Health Plans should review prior authorization criteria and utilization management processes applicable to TD-related services to ensure consistency with evidence-based clinical guidelines and to minimize unnecessary barriers to medically necessary care.

Care Across Treatment Settings

Routine screening, assessment, and management of TD should be incorporated, as appropriate, across Medi-Cal care settings serving members receiving ongoing antipsychotic treatment, including outpatient behavioral health programs, skilled nursing facilities, and Intermediate Care Facilities for Individuals with Developmental

Disabilities (ICF/DD, ICF/DD-H, and ICF/DD-N), to promote continuity of care and consistent monitoring practices.

References

American Psychiatric Association. (2020; updated 2024). The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia (3rd ed.). Arlington, VA: American Psychiatric Association Publishing.

American Academy of Neurology. Bhidayasiri, R., Fahn, S., Weiner, W. J., Gronseth, G. S., & Sullivan, K. L. (2013). Evidence-based guideline: Treatment of tardive syndromes—Report of the Guideline Development Subcommittee of the American Academy of Neurology. Neurology, 81(5), 463–469.

42 CFR § 438.210 – Coverage and Authorization of Services (Medicaid Managed Care)

Thank you for your commitment to high-quality, evidence-based care and for your partnership in protecting the health and well-being of our members.

For additional technical assistance or questions, please contact MCBHPD@dhcs.ca.gov.