



Psychiatric Medical Institution for Children Level of Care LOC-007

Iowa Medicaid Program	Prior Authorization	Effective Date	08/01/2005
Revision Number	4	Last Reviewed	04/18/2025
Reviewed By	Medicaid Medical Director	Next Review	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	Approved Date	04/15/2022

Criteria

Admission to a psychiatric medical institution for children (PMIC) is considered medically necessary when **ALL** the following are met:

1. [Inpatient Medicaid Prior Authorization Form 470-5594](#) and/or [PMIC Admission Review Outline](#); and [Certification of Need for Inpatient Psychiatric Services Form 470-2780](#) are received from the requesting facility; **AND**
2. Completed assessment meets **ALL** the following:
 - a. Symptoms consistent with DSM-V diagnosis as supported by DSM-V criteria; **AND**
 - b. Treatment at lower level of care considered or attempted and failed within last 3 months; **AND**
 - c. Level of stability meets at least **TWO** of the following:
 - 1) Danger to self or others without sufficient resources to contain risk outside of 24-hour care; **OR**
 - 2) Lacks adequate social and familial support to maintain or develop age-appropriate cognitive, social and emotional skills; **OR**
 - 3) Medically stable but needs occasional medical observation and care; **AND**
 - d. Degree of impairment with insufficient or severely limited resources or skills necessary to maintain adequate level of functioning outside of the inpatient setting arising from a psychiatric condition requiring 24-hour care. Must meet 1 **AND** either 2 or 3 below:
 - 1) Impairment of judgement, impulse control, cognitive/perceptual abilities; **AND**
 - 2) Significantly impaired social/interpersonal/familial functioning requiring active treatment; prior attempts have failed despite full family participation; **OR**
 - 3) Educational/occupational; failed treatment with family; **AND**
3. **ALL** the following facility interventions must be in place:
 - a. Individualized treatment plan directed at admitting problem(s); **AND**
 - b. Level of intervention matches risk; **AND**
 - c. Discharge plan developed at time of admission; **AND**
 - d. Psychoeducational services addressed on assessment; **AND**

- e. Family system/significant other or other responsible agency actively involved in treatment.

Continued stay in a PMIC is considered medically necessary when **ALL** the following are met:

1. PMIC Continuing Review (CSR) is received from the requesting facility; **AND**
2. Completed assessment meets a through d and e, if applicable:
 - a. Validation of principal DSM-V diagnosis; **AND**
 - b. Likelihood of benefit from active intervention(s); **AND**
 - c. Progress toward goals and member is cooperating with plan of care; **AND**
 - d. Continued symptoms/current behaviors requiring continued stay are present; **AND**
 - e. Newly identified problems are within admission guidelines; **AND**
3. **ALL** the following facility interventions must be met:
 - a. Discharge plan has been implemented; **AND**
 - b. Treatment plan is directed at admitting problem(s); **AND**
 - c. Level of intervention matches risk; **AND**
 - d. Treatment plan modified with progress and/or new information; **AND**
 - e. Family/significant other or other responsible agency treatment and involvement.

Coding

N/A

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Iowa Administrative Code (IAC) 481-41.8 - 41.8-41.14.

Psychiatric Medical Institutions for Children Provider Manual.

Informational Letter No. 1606-MC.

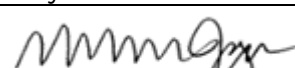
Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

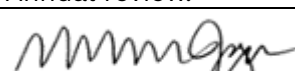
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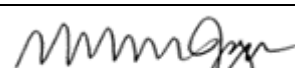
Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual review. Added clarification to 3e under Continued Stay.	4

Signature
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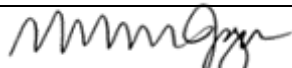
Change Date	Changed By	Description of Change	Version
04/19/2024	CAC	Annual review.	3

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Change Date	Changed By	Description of Change	Version
04/21/2023	CAC	Annual review. Forms and References updated.	2

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Change Date	Changed By	Description of Change	Version
04/15/2022	CAC	Criteria reformatted.	1

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CAC = Medicaid Clinical Advisory Committee