

IBHP Provider Handbook Supplement

Revision log – updated April 19, 2024

Date	Section	Previous Content	New Content
4/19/2024	Services Requiring Prior Authorization	Psychological / Neuropsychological Testing - “Prior authorization after threshold of 4 units per member per calendar year”	Psychological / Neuropsychological Testing - “Prior authorization after threshold of 14 units per member per calendar year”
4/19/2024	Services Requiring Prior Authorization	IOP - Intensive Outpatient Program/ASAM 2.1 <ul style="list-style-type: none"> • Medicaid Covered Service - “NO” • Prior Authorization or Notification of Admission - “NOA” 	IOP - Intensive Outpatient Program/ASAM 2.1 <ul style="list-style-type: none"> • Medicaid Covered Service - “YES” Prior Authorization or Notification of Admission - “ No authorization requirement ”