

MDwise St. Vincent

Quick Reference Guide (Effective 1/1/10)

Claims

For claims status or payment inquiries
877-247-1513 or 317-569-2029
Fax 888-616-9979 or 317-570-6822

Medical Management

To authorize services or make referrals
877-247-0820 or 317-569-2028
Fax 800-747-3693 or 317-570-6818
**Please fax Prior Authorization Request Form
for all non-urgent requests.**

For on-line claim status, go to www.cmcs-indy.com

For on-line authorization inquiry and/or submission go to
provider login at www.cmcs-indy.com

CLAIMS

All claims must be received within 180 days of the date of service.

Submit Claims To:

MDwise St. Vincent
P. O. Box 503010
Indianapolis, In. 46250

EDI Payor ID:

Relay Health 2235
Emdeon 35199

The following types of claims should be sent for processing to the address specified.

- Family Planning Claims: P.O. Box 68970
Indianapolis, In 46268-0970

MDwise Member Services:

800-356-1204

Eligibility Verification:

- EDS Web interchange
- OMNI swipe card device
- AVR line 317-692-0819

PRIOR AUTHORIZATION REQUIREMENTS

A prior authorization is obtained by contacting Medical Management for the following services:

- In-patient Admissions
- 23 Hour Observations
- Outpatient Surgery
- IV Drugs
- Physical, Occupational, Speech & Rehab Therapies
- Durable Medical Equipment (DME)
- Home Health Care
- PET Scans
- Outpatient Treatment Request for Behavioral Health Services
- All Out-of-Network Services

MDwise St. Vincent Provider Relations Representative
317- 575-7515