Eligibility and Benefits Verification: Claims Inquiry:
Phone: (317) 630-2831 or (800) 356-1204
http://www.mdwise.org and go to myMDwise login
IHCP Website
Phone: (800) 738-6770

Claims Submission:
MDwise St. Catherine
PO Box 50888
Indianapolis, IN. 46250
Payer ID Emdeon 35199
Relay Health/McKesson
Professional Payer ID: 2235
Institutional Payer ID: 2911

Claim Disputes and Appeals:
Contracted Providers/Facilities
Attn: MDwise St Catherine Network
Appeals and Disputes Department
4321 Fir St.
East Chicago, IN. 46312

Non-Contracted Providers/Facilities
Send request to:
P.O. Box 441423
Indianapolis, IN 46244-1423
Attention: Grievance Coordinator

Provider Directory:
MDwise Provider Manual
http://www.mdwise.org

Member Services:
Refer member questions to: MDwise
Phone: (317) 630-2831 or (800) 356-1204

Medical Prior Authorization:
Services requiring authorization are listed on the reverse side. Call or fax Authorization Request form to: St. Catherine Medical Management
Phone: (219) 392-7066 (Hospital Auths only)
(219) 392-7072 (All Other Auths)
866-666-7327 (Toll Free Prior Auth)

Fax: (219) 392-7090 (All Other Auths)
(219) 392-7356 (Hospital Auths & UM info only)
Authorization Request Form can be obtained by calling the number above or at http://www.mdwise.org

Rx Formulary:
Go to MDwise.org, select For Providers and select Pharmacy Resources

Transportation Assistance:
Members can call (800) 356-1204

Mental Health/Substance Abuse:
MDwise St. Catherine
P.O. Box 50888
Indianapolis, IN 46250
BH Provider Relations:
(800) 356-1204 or (317) 630-2831
BH Prior Authorization:
(866) 770-0208 or Fax: (800) 747-3693
**Services Requiring Prior Authorization**

**Behavioral Health/Substance Abuse:**
Effective 2/1/14
MDwise will no longer require Prior Authorization for Outpatient Behavioral Health Services for Hoosier Healthwise and Healthy Indiana Plan:
Individual Therapy: 90832, 90834, 90837
Family Therapy: 90846, 90847, 90849
Group Therapy: 90853

Psychological Testing, ABA Therapy, Intensive Outpatient Therapy, Partial Hospitalization, ECT, TMS, Vagus Nerve Stimulation, and Inpatient services will still require Prior Authorization. Out of Network providers are required to obtain Prior Authorization for all services.

The following is **NOT** an all-inclusive MDwise St. Catherine Hoosier Healthwise authorization list. If you have any questions, contact MDwise St. Catherine Network at (219) 392-7072 prior to scheduling any services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Auth Required</th>
<th>Auth Not Required</th>
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<tbody>
<tr>
<td>PET Scan</td>
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<tr>
<td>PFT</td>
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<td>X</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>X</td>
<td>Delegated to CMCS</td>
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<td>Sleep Study</td>
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<tr>
<td>Tilt Test</td>
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<tr>
<td>Transcranial Doppler</td>
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<tr>
<td>Non OB Ultrasound</td>
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<tr>
<td>Ultrasound (OB Level II)</td>
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<tr>
<td>Venous Doppler</td>
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<td>Outpatient Surgery</td>
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<tr>
<td>Observation</td>
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<td>DME over $250</td>
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<tr>
<td>Pain Management</td>
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MDwise St. Catherine Medical Management
Business Hours: 8:00 a.m. to 5:00 p.m.
Phone: (219) 392-7072 Fax: (219) 392-7090