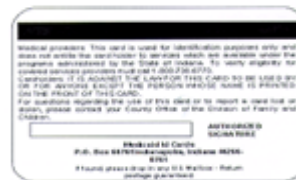


MDwise IU Health Hoosier Healthwise

All members will have an ID card. The Hoosier Healthwise ID card is the standard, state issued card as seen below.



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 IU Health
PO Box 830120
Birmingham, AL 35283-0120
EDI: Medical Emdeon/WebMD
Professional Claims: SX172
Institutional Claims: 12K81

Claim Disputes and Appeals:

IU Health Plans
Phone: (317)630-2831 or (800)356-1204

or submit in writing to:
MDwise IU Health Dispute
P.O. Box 441423
Indianapolis, IN 46244-1423

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:

IU Health Medical Management

Phone: (317)962-2378 or (866)492-5878
Fax: (317)962-6219

Authorization Request Form can be obtained by calling the number above or at

<http://www.mdwise.org>

Rx Formulary:

Formulary and list of drugs available at
www.indianapbm.com

Catamaran Clinical/Technical Help Desk

Phone: 1-(855) 577-6317

Transportation Assistance:

Members can call (800)356-1204

Mental Health/Substance Abuse:

MDwise IU Health
PO Box 830120
Birmingham, AL 35283-0120
BH Provider Relations:
(800)356-1204 or (317)630-2831
BH Prior Authorizations:
(317)962-2378 or (866)492-5878

Services Requiring Prior Authorization

All Services Provided by Non-Contracted Providers or Vendors
Inpatient Admissions - Medical, Surgical, and Behavioral Health EXCEPTION: Normal vaginal and C-section deliveries for in-network providers do not require authorization
Oral/Enteral feedings or supplements
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, 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.
Skilled Nursing Facility Services
Transportation Services in excess of 20 one-way trips per calendar year
Air Ambulance HCPCS Codes A0430 – A0431
Arterial Venous Surgery CPT Codes 37700 – 37790
Cosmetic, Reconstructive, or Plastic Surgery Procedures CPT Codes 15787 – 15793 CPT Codes 15820 – 15839 CPT Codes 15876 – 19355 CPT Codes 19357, 19361, 19364, 19366
Durable Medical Equipment (DME) Any DME / items with charges in excess of \$500 HCPC Codes E0140 – E8002 (if covered) if allowed amount for purchase or monthly rental amount exceeds \$500 Diabetic Deluxe Shoe HCPCS Code A5508 Glucose Sensors HCPCS Codes A9276 – A9278 Wheelchair – Manual HCPCS Codes K0003 – K0014 Wheelchair – Power HCPCS Codes K0800 – K0899
Facial Surgery/TMJ CPT Codes 21010 – 21299
Gastric Procedures CPT Codes 43644 – 43882
Genetic Testing HCPC Codes S3860 – S3861
Nasal Surgery CPT Codes 30400 – 30520
OB Procedures CPT Codes 59840 – 59866
Penis Reconstruction CPT Codes 54300 – 54450

MDwise IU Health Medical Management Business Hours: Mon-Fri 8:30a-4:30p
Phone: (317)962-2378 or (866)492-5878
Fax: (317)962-6219