

Health Plan Info Ochsnerhealthplan.com

Ochsnerhealthplan.com is where you will find provider and member information: Summary of Benefits, Provider Manual, Pharmacy and Provider lookup (Directories), Formulary and drug lookup, privacy statement and notice of privacy practices.

Contact Information

For inquiries that cannot be addressed by using our website, you may contact the below support:

Provider Services	1-833-674-2112
Pharmacy Help Desk	1-800-910-1837
Prior Authorizations (phone)	1-866-978-2029
Prior Authorizations (fax)	985-898-1505
Online:	myGilsbar > Welcome
Provider Relations:	OHPproviderrelations@ochsner.org

Claims

Payer ID:	A5236
Phone:	1-833-674-2112
Medical Claims Address (paper):	PO Box 4318 Scranton, PA 18505

Refer to your contract or administrator for timely filing limit information.

Claim Inquiry/Dispute Process

Step One:	Claim Inquiry - 1-833-674-2112
Step Two:	Claim Dispute Ochsner Health Plans – Claims PO Box 4318 Scranton, PA 18505

Providers have 90 calendar days from OHP's original claim denial to file a claims dispute.

Services Requiring Prior Authorization

1. Inpatient Admissions

- Covered Acute Inpatient Care
- All post-acute care Admissions, including, but not limited to, LTAC (long term acute care), SNF (skilled nursing facility care), AIR (acute inpatient rehabilitation).

2. All emergent inpatient admissions require notification within 48 hours.

PROVIDER QUICK REFERENCE GUIDE 2023

***Updated April 15, 2023**

3. Outpatient Services: **Below listing is not an inclusive listing of items*

- a. Non-emergency Ambulance/Transportation Services
- b. Ambulatory Procedures (e.g., custom-fabricated prosthetics)
- c. Hyperbaric oxygen under pressure, full body chamber therapy.
- d. High cost injectables and other drugs
- e. Home Infusion Treatment
- f. Radiation Oncology
- g. Chemotherapy
- h. All home health care, including provider in-home visits
- i. MOHS Surgery

4. DME Supplies – only on those items for which CMS requires a Certificate of Necessity (e.g., (1) motorized wheelchairs; (2) Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds.)

5. Select surgeries (e.g., (1) cosmetic surgeries; (2) dermabrasion; total face.)

6. Advanced imaging/radiology:

- a. MRI
- b. MRA
- c. PET
- d. 3-D Rendering
- e. Nuclear Medicine

7. Transplants

8. Therapy - OT/PT/ST/RT/Wound therapy, Behavioral, Cardiac Rehab

9. Genetic testing

10. Nursing facilities, behavior health facilities, home health

11. CAT III - emerging technology, services, and procedures (e.g., (1) Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density; (2) Scalp cooling, mechanical; initial measurement and calibration of cap.)

12. Cart-T cell therapy

13. The Part D Formulary Utilization Management applies to all prescribers.