

## Health Plan Info [Ochsnerhealthplan.com](https://Ochsnerhealthplan.com)

[Ochsnerhealthplan.com](https://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:

<b>Provider Services:</b>	<b>1-833-674-2112</b>
<b>Pharmacy Help Desk:</b>	<b>1-800-910-1837</b>
<b>Prior Authorizations (phone):</b>	<b>1-800-643-4416</b>
<b>Prior Authorizations (fax):</b>	<b>985-898-1505</b>
<b>Prior Authorization (email):</b>	<b>umfax@healthcomp.com</b>
<b>Online:</b>	<b><a href="https://hchealthbenefits.com/">https://hchealthbenefits.com/</a></b>
<b>Provider Relations:</b>	<b><a href="mailto:OHPproviderrelations@ochsner.org">OHPproviderrelations@ochsner.org</a></b>

## Claims

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

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

## Claim Inquiry/Dispute Process

<b>Step One:</b>	Claim Inquiry - 1-833-674-2112
<b>Step Two:</b>	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).

# PROVIDER QUICK REFERENCE GUIDE 2024

**\*Updated January 1, 2024**

- 2. All emergent inpatient admissions require notification within 48 hours.**
- 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, infusions, 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
  - j. Watchmen Procedures
- 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, ultra-lightweight wheelchair, Heavy Duty wheelchair, group 2 heavy duty patient weight capacity 451-600 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. Genetic testing**
- 9. Nursing facilities, behavior health facilities, home health**
- 10. 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.)
- 11. Cart-T cell therapy**
- 12. The Part D Formulary Utilization Management applies to all prescribers.**
- 13. Hypoglossal Nerve Stimulation**
- 14. Monoclonal Antibodies Alzheimer's disease**
- 15. All Out-of-Network services must be reviewed for medical necessity**