



Provider Quick Reference Guide 2025

*Updated July 24, 2025

HEALTH PLAN INFORMATION

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)	1-833-777-0933
Prior Authorizations (FAX)	1-833-947-7577
Prior Authorization (EMAIL)	None
Online (once registration has been completed)	https://clearlink.zeomega.com/
Registration for Clearlink portal	https://clearlink.zeomega.com/cms/ProviderPortal/Controller/getRegisterPage
Provider Relations Group Email	mailto:OHPproviderrelations@ochsner.org

CLAIMS

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

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

SERVICES REQUIRING A PRIOR AUTHORIZATION

(Not an inclusive PA listing – see formal prior auth list for full listing)

- I. Inpatient Admissions
 - a. All Covered Acute Inpatient Admissions
 - b. All Post Acute Admissions, including but not limited to IRF (Inpatient Rehabilitation), LTAC (Long Term Acute Care), and SNF (Skilled Nursing Facility)
- II. All emergent inpatient admissions require notification within 48 hours of admission
- III. Outpatient Services:
 - a. Select surgeries
 - b. Select procedures
 - c. Pain management injections
 - d. Therapy (submit in units)
 - e. Diagnostic and Cardiac Imaging/Radiology
- IV. Durable Medical Equipment
- V. Molecular Diagnostic/Genetic Testing
- VI. Hyperbaric Therapy
- VII. Negative Pressure Wound Therapy
- VIII. Radiation Oncology
- IX. Prosthetics
- X. Specialty Wheelchairs/Scooters
- XI. Transplants
- XII. Neurostimulators
- XIII. Emerging technology
- XIV. Cellular (including chimeric antigen receptor T-cell therapy (CAR T), genetic, tissue and transplant therapies
- XV. Part D Formulary Utilization Management applies to all providers
- XVI. Non-Emergent Ambulance/Transportation Services
- XVII. All Out-Of-Network services must be reviewed for medical necessity