# Ochsner Health Plan

# Provider Quick Reference Guide 2025

*Updated December 31, 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** |
| **Provider Relations Group Email** | mailto:OHPproviderrelations@ochsner.org |

## CLAIMS

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

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

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## 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