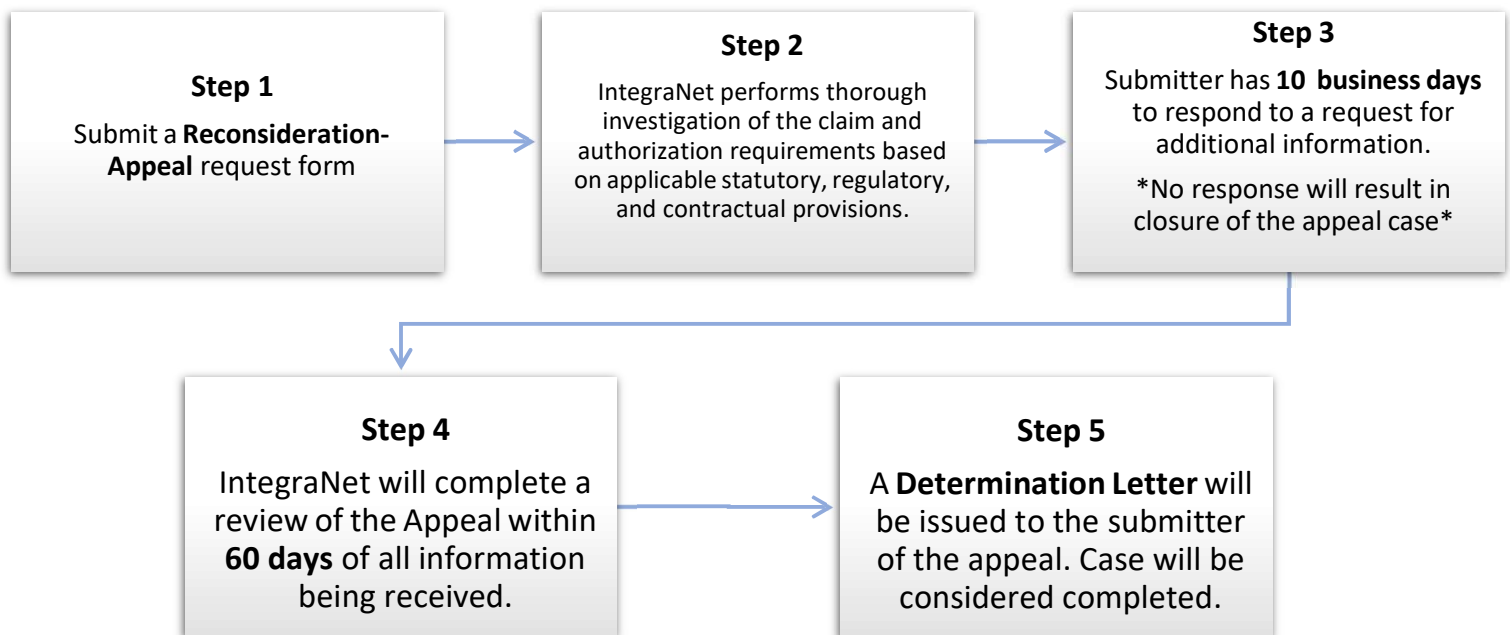


IntegraNet has established a unique Claims Appeal process that permits providers to dispute IntegraNet’s decisions for claim denials. This process addresses claim denials, including but not limited to:

- ❖ Timely Filing
- ❖ Bundled, Unbundled, or Incidental Procedure denials
- ❖ Non-Covered procedures
- ❖ Underpayments disputes
- ❖ Eligibility denials

Contracted providers must submit their request for Reconsideration to IntegraNet in accordance with their contract or within 120 calendar days from the date of the Explanation of Payment (EOP) when the contract does not specify a timeframe. Non- contracted providers must submit their request for Reconsideration within 60 calendar days from the date on the Explanation of Payment (EOP) along with a waiver of liability form is required for submission.

Claim Reconsideration -Appeal Process



Two Methods of Appeal Submission		
FAX	MAIL	ELECTRONIC FORM
Appeals & Grievances RE: Appeal/Reconsideration 832-320-7221	Appeals & Grievances 2900 N. Loop W. 7 th Floor Houston, TX 77092	https://form.jotform.com/210314750232138 Appeal Status: https://form.jotform.com/210288349839064

- ✓ **DO NOT** submit medical records to A&G unless formally requested by a representative, this process will not review for Medical Necessity exceptions. Please see [Utilization Management](#) for prior authorizations.
- ✓ Claim status inquiries that **DO NOT** have an active Appeal/Reconsideration case please see the [New Claim FAQ](#).
- ✓ **DO NOT** send paper/electronic CMS claim forms to A&G for processing (including corrected claims).
- ✓ **DO NOT** submit multiple members on the same appeal submission, these will not be accepted.