

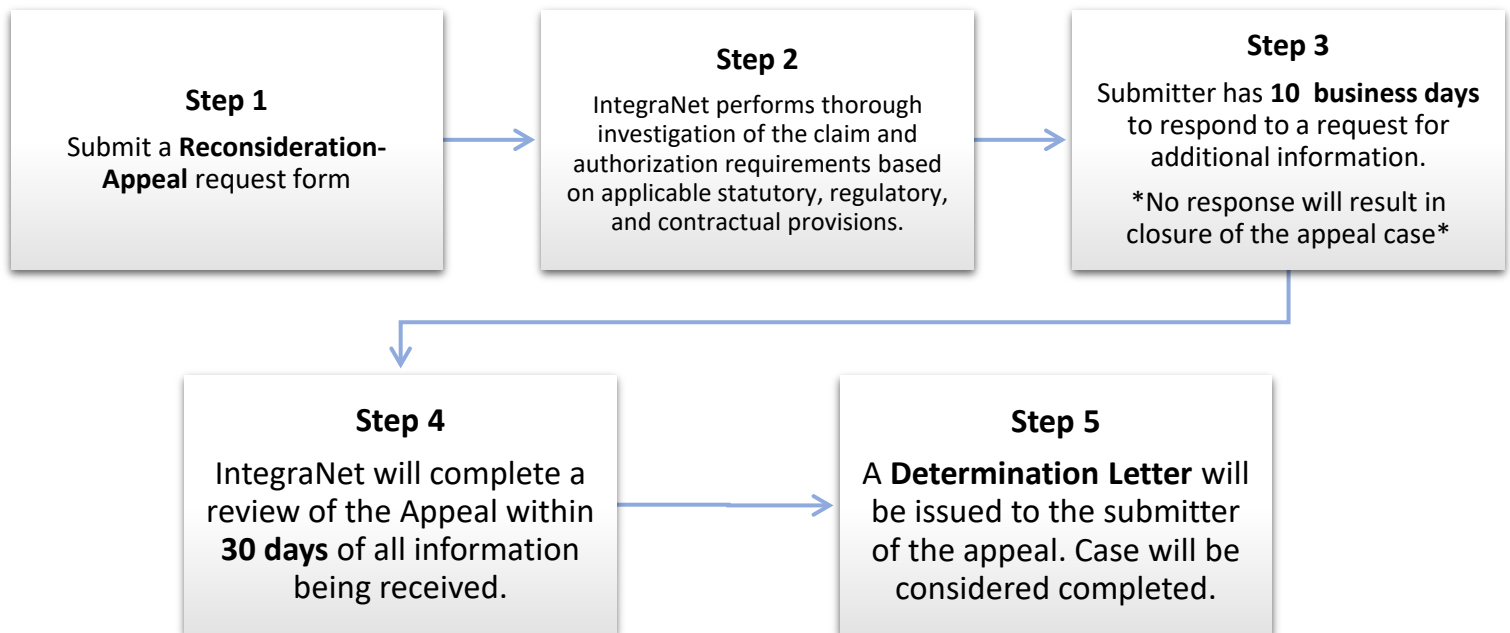
IntegraNet has established a unique Claims Appeal process that permits providers to dispute IntegraNet’s decisions for claim denials. This process addresses claim denials, including but not limited to:

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

(A separate claims process exists for claims appeals that are authorization related disputes See ARC Appeals FAQ.)

➤ Must be filed, in writing, to the Appeals Department within **180 days** of the **date** of the **Explanation of Payment**.

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. Suite 625 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.