

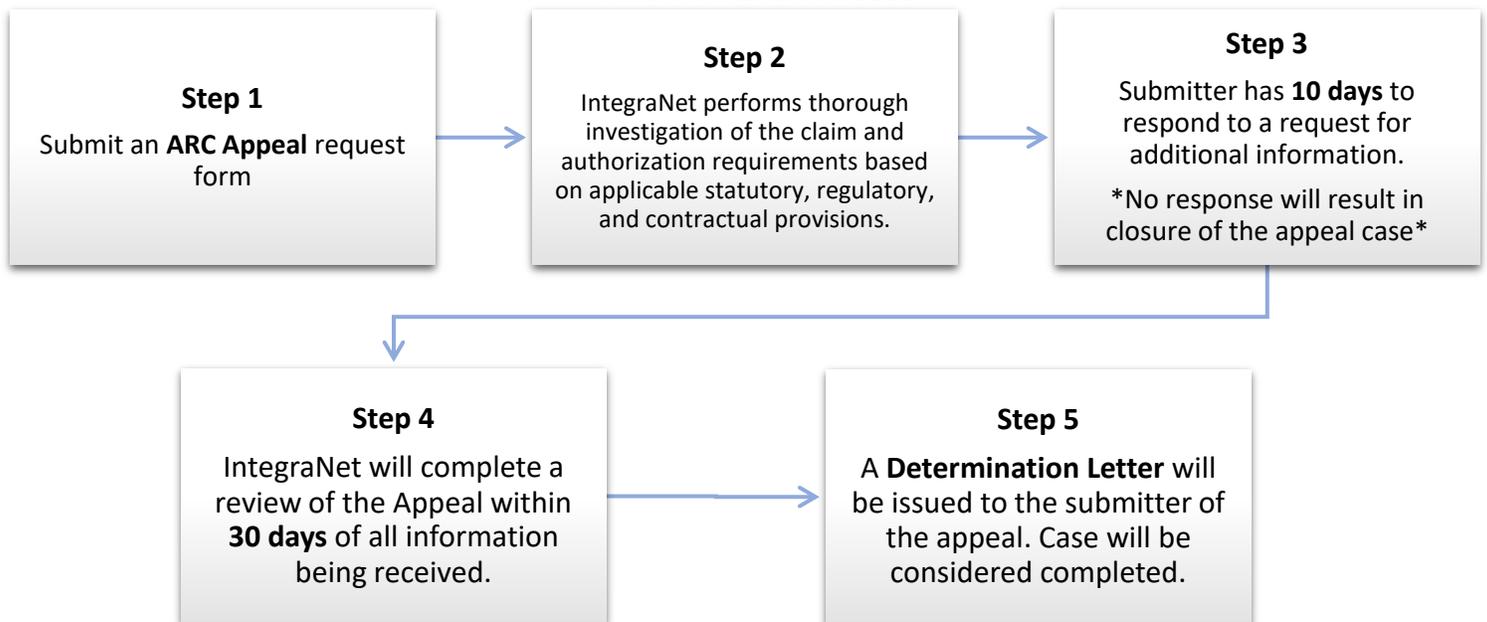
IntegraNet has established a unique Claims Appeal process that permits providers to dispute IntegraNet’s decisions for claim denials due to authorization related reasons. This process is for all Authorization Related Claims (ARC) denials meaning a claim has been filed and the denial is related to an authorization issue for the following reasons:

- ❖ Denial due to **services exceeding authorization**
- ❖ Denial due to **lack of supporting documentation** to finalize authorization
- ❖ Request for **late notification** (beyond 30-day retro-auth period)
- ❖ IntegraNet **DOES NOT** overturn authorization determinations already made by Utilization Management

See Claim Reconsideration-Appeal Process for disputes not authorization related.

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

ARC-APPEAL Process



Methods of Appeal Submission

FAX	MAIL	ELECTRONIC FORM
Appeals & Grievances RE: ARC Appeal 832-320-7221	Appeals & Grievances RE: ARC Appeal 2900 N. Loop W. Suite 625 Houston, TX 77092	https://form.jotform.com/210314750232138 Appeal Status: https://form.jotform.com/210288349839064

Retro-Authorizations is defined as request that are less than 30 days from the date of service. Retro-authorizations are filed through the Utilization Management Department at <https://www.integranethealth.com/page/authreferrals>. Please review PLUTO for codes that may require prior authorization. This tool is **NOT** a guarantee of coverage. <https://providers.amerigroup.com/Pages/PLUTO.aspx>. **Providers are solely responsible for verifying authorization requirements prior to rendering services. All providers not contracted with IntegraNet should contact UM.**