



SCAN HEALTH

Claims payment for Medicare Advantage members:

- Use Availity Provider Portal to verify eligibility and claims payor: <https://www.availity.com/>
- Questions regarding the members Benefits Package contact Scan Health:
- Verify provider network status with IntegraNet visit our [Provider Directory](#) on our website
- Timely filing for In-Network providers: 95 days from date of service

CLAIMS PORTAL

- ❖ Submit claims electronically
- ❖ Check the status of an existing claim
- ❖ Download EOP's and/or 835 remittances
- ❖ Check eligibility
- ❖ Available to Network and Non-Network providers

Self-Register: <https://visibiledi.com/integranet/Account/Register>

Additional claims information – including the Enrollment Packet: <https://www.integranethealth.com/>

PAPER CLAIMS

- ✓ Original, red and white CMS-1500 or CMS 1450 with black machine printed text
- ✓ Attachments must be on 8.5"x11" paper accompanied by valid claim form
- ✓ No photocopies or altered claims will be accepted

HOW TO SUBMIT A NEW CLAIM, CORRECTED CLAIM, OR RESUBMIT A CLAIM

Paper Claim	Electronic Claim	Payor ID
IntegraNet Health c/o Scan Health P.O. Box 925159 Houston, TX 77292 (effective 1/1/24)	Provider Portal https://visibiledi.com/integranet/Account/Register	Payor ID = ISCN1 Clearinghouse: VisibilEdi.com *Contact your clearing house directly for variations of this payor ID

Claims Status Customer Service: (832) 320-7220

Problems with Provider Portal submit a web-ticket (not for claim submissions):

Provider portal & Appeal Status form

<https://form.jotform.com/210314750232138>

**DO NOT SUBMIT PAPER/ELECTRONIC CLAIMS TO APPEAL AND RECONSIDERATIONS
THESE WILL NOT BE PROCESSED FOR PAYMENT**

Appeals and Reconsiderations (also see Appeals FAQ): Fax (832)-320-7221

PRIOR AUTHORIZATION

Providers are solely responsible for and are strongly encouraged to verify authorization requirements **prior** to rendering service. All questions regarding prior authorization call: **Utilization Management: 281-591-5289.**