

# DME MAC JURISDICTIONS B & C

# REOPENINGS CHART

The Reopenings Chart provides a general overview of the claim adjustment process. It contains the most common requests for adjustments to Reopenings; it does not address every scenario. The chart will assist in determining which claim adjustments may be processed by the myCGS web portal, Telephone Reopenings, and Written Reopenings.

**If a claim denies as not reasonable and necessary, you must file a redetermination appeal, regardless of the reopening change/request.**

**If the claim was previously adjusted, you cannot submit it through the myCGS web portal.**

**DISCLAIMER:**

CGS cannot guarantee that this resource will result in Medicare reimbursement for services provided.

Type of Change/Request	myCGS Portal: Reopening Request Form	myCGS Portal: Claim Correction Tool	Telephone Reopenings	Written Reopenings
Assignment: Change assignment on a claim	Yes	No	No	Yes
CMN/DIF: Adjust a claim that has a payable CMN/DIF*	Yes	Yes	Yes	Yes
CMN/DIF: Load CMN/DIF*	Yes, only with an associated denied claim	No	No	Yes, only with an associated denied claim
CMN/DIF: Make changes to CMN/DIF*	Yes, only with an associated denied claim	No	No	Yes, only with an associated denied claim
CR modifier and COVID-19 narrative missing on a claim that denies as not reasonable and necessary (not medically necessary denials on claims affected by a PHE waiver)	Yes	No	No	Yes
Date of Service: Change date or date span	Yes	Yes	Yes	Yes
Dispensing fee added/changed	Yes	Yes	Yes	Yes
HCPCS codes changes	Yes	Yes (not HCPCS with KX, GA, GY, or GZ appended or miscellaneous codes and codes beginning with WW)	Yes	Yes
Modifiers: BU, BR, BP	Yes, must include a copy of purchase option letter	No	No	Yes, must include a copy of purchase option letter
Modifiers: RR, NU	Yes	No	No	Yes
Modifiers: All other modifiers other than those listed above AND KX, GA, GY, and/or GZ	Yes	Yes	Yes	Yes
Number of services/units	Yes	Yes	Yes	Yes
Prescriber NPI/ Name: Make changes	Yes	No	No	Yes
Prior Authorization Unique Tracking Number (UTN): Add	Yes	No	No	Yes
Submitted amount corrections	Yes	Yes	Yes	Yes
Timely Filing: Claims denied for being filed after the claim filing time limit	Yes	No	No	Yes

\* CMNs and DIFs are eliminated for dates of service on or after January 1, 2023

For claim specific denials, refer to your remittance advice. Using the Claim Denial Resolution Tool enter the specific ANSI reason code. This tool will provide the remittance message for the denial and possible causes and resolutions.

## Claim Denial Resolution Tool

- **Jurisdiction B:** [https://www.cgsmedicare.com/medicare\\_dynamic/jb/claim\\_denial\\_resolution\\_tool/search.aspx](https://www.cgsmedicare.com/medicare_dynamic/jb/claim_denial_resolution_tool/search.aspx)
- **Jurisdiction C:** [https://www.cgsmedicare.com/medicare\\_dynamic/jc/claim\\_denial\\_resolution\\_tool/search.aspx](https://www.cgsmedicare.com/medicare_dynamic/jc/claim_denial_resolution_tool/search.aspx)

## Next Steps for Claims that Cannot Go Through Reopenings

### Resubmit the Claim for:

- Unprocessable/Returned claims (such as ANSI code 16)
- Correction of PTANS
- Claims rejected by CEDI for being submitted with a CMN/DIF (only applies to claims with dates of service on or after 01/01/2023).
- Claims missing the ST modifier (NOTE: ST modifier is used for orthoses Prior Authorization exceptions due to acute or emergent conditions).

### File a Redetermination Appeal for:

- Audit decisions- Denied claims from an audit or outside entity (UPIC/CERT/SMRC/MR/RAC)
- Break in need- Request to start a new capped rental due to break in need
- Diagnosis code changes for claims **denied not reasonable and necessary**
- Modifiers KX, GA, GY, and/or GZ corrections
- Not reasonable and necessary denials (not medically necessary denials)
- Overutilization denials
- Recouped claims- adjustments to claims in which payment has been recouped
- Same or similar denials

### File Overpayment Adjustments with Overpayment Recovery:

- Overpayment adjustments - Requests that will result in an overpayment (i.e., change HCPCS codes to a code with a lower fee schedule or change to lesser submitted amount)

### See the Claim Denial Resolution Tool & your remittance advice for resolution next steps

- Medicare beneficiary's name or Medicare Beneficiary Identifier (MBI) changes