

# Reopening Request Form

## CHECKLIST

Review the Standard Paper Remittance (SPR) or Medicare Electronic Remittance Advice (ERA) on the claim(s) for which you are requesting a reopening. Is the ERA or SPR from CGS? If not, please submit the request for reopening to the appropriate Durable Medical Equipment Medicare Administrative Contractor (DME MAC) identified on the ERA or SPR.

Were the claim(s) in question denied as unprocessable? If so, you must correct and resubmit the claim(s).

Is the denial due to a minor clerical error or omission (such as units of service, service dates, HCPS coding, etc.)? If the denial was NOT due to a minor clerical error or omission, you need to request a redetermination through the myCGS web portal, by fax, or by mail. Note that claims denied as not reasonable and necessary (not medically necessary) MUST be appealed through redeterminations. Find redetermination/appeals information at <https://www.cgsmedicare.com/jc/claims/appeals/index.html>.

What was the date of the initial determination indicated on the ERA or SPR? Has more than one year lapsed since the initial determination? If so, you will need to provide "good cause" documentation to explain the late filing of your reopening request.

Have you reviewed all the information listed above? If so, you are now ready to file a reopening request.

**myCGS Web Portal:** If you are an existing myCGS user, read the "Reprocessing" section of the myCGS User Manual ([https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs\\_user\\_manual.pdf](https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_user_manual.pdf)) to learn how to submit reopening requests. To register for myCGS, read the myCGS Registration Guide ([https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs\\_registration\\_guide.pdf](https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_registration_guide.pdf)).

**Reopenings Phone:** 1.866.813.7878

**Underpayment Fax:** 1.615.782.4649

**Overpayment Fax:** 1.615.782.4477

**Mailing Address:** CGS – Jurisdiction C Written Reopenings  
PO Box 20010  
Nashville, TN 37202

**Reminder:** The DME Reopening Request form ([https://www.cgsmedicare.com/jc/forms/pdf/dme\\_reopening\\_guide.pdf](https://www.cgsmedicare.com/jc/forms/pdf/dme_reopening_guide.pdf)) is not required for mail and fax submissions, but it is recommended. If you decide not to utilize this form, you must submit at minimum the following elements:

- Beneficiary's name
- Medicare number
- Specific service(s) and/or item(s), specific date(s) of service, and specific reason for the reopening request (such as correct units of service, adding a modifier, etc.)
- First and last name of the person filing the request
- Telephone number of the person requesting the reopening