

REOPENING REQUEST FORM

COMPLETION GUIDE

DATA ELEMENT SPECIFIC INSTRUCTIONS

Form completion instructions are provided for each data item, which is indicated by a number. Please note that data items are in groups of related information.

MAIL COMPLETED FORM TO:

A reopening is a remedial action taken to change a final determination or decision that resulted in either an overpayment or an underpayment, even though the determination or decision was correct based on the evidence of record. Reopenings are separate and distinct from the appeals process. Reopenings are a discretionary action on the part of the contractor that initially issued the initial claim determination.

Indicate the appropriate jurisdiction by checking the box to the left of the Jurisdiction name.

- **Jurisdiction B – CGS, Administrators, LLC**
- **Jurisdiction C – CGS, Administrators, LLC**

CGS

DME MAC Jurisdiction B Reopenings
PO Box 20007
Nashville, TN 37202

CGS

DME MAC Jurisdiction C Reopenings
PO Box 20010
Nashville, TN 37202

Suppliers are reminded that they also have the option of submitting requests for reopening electronically. The fax numbers for each jurisdiction are provided in the bottom left hand corner of the Reopening Request Form.

FAX NUMBERS:

- **CGS Administrators, LLC - Jurisdiction B: 1.615.660.5978**
- **CGS Administrators, LLC - Jurisdiction C: 1.615.782.4649**

SUPPLIER INFORMATION SECTION

1. **Supplier Name:** Enter the name of the company/supplier.
2. **Contact Name:** Print the first and last name of the individual requesting the reopening. Do not enter the company/supplier name. Indicate the name of the person that should be contacted if additional information is required.
3. **Phone #:** Indicate the phone number of the person that should be contacted if additional information is required.
4. **Provider Transaction Access Number (PTAN) #:** Enter the 10-digit PTAN number assigned by the National Supplier Clearinghouse (NSC).

BENEFICIARY INFORMATION SECTION

1. **Beneficiary Name:** Enter the name of the patient (beneficiary) as it appears on their red, white and blue Medicare card.
2. **Medicare Number:** Enter the Medicare Number of the patient (beneficiary) as it appears on their red, white, and blue Medicare card.

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REASON FOR ADJUSTMENT SECTION

Reason for Adjustment: Indicate why you are requesting claim determination be reopened by marking the box next to the reason that best describes the action you are requesting. Suppliers should use one form per type of reopening submitted. (i.e., add/change modifier, correct place of service, etc.).

CLAIM INFORMATION SECTION

1. **Date of Service:** Enter the specific date(s) of service in question.
2. **HCPCS & Modifiers:** Enter the specific Healthcare Common Procedure Coding System (HCPCS) code(s) and modifier(s) for which the reopening is being requested. (HCPCS & Modifiers indicated on the original claim determination).
3. **Claim Control Number (CCN):** Enter the 14-digit claim control number listed on your electronic remittance advice (ERA)/Standard paper remittance (SPR) for which the reopening is being requested.

COMMENTS

Comments: Enter a detailed explanation of why you are requesting a Reopening.