

ANNOUNCING

The Reopenings Modifier Adjustment Request Form

In the coming months, CGS will introduce a number of new forms to request specific types of Reopenings. This process improvement will help facilitate our efforts to automate Reopenings, which will, in time, result in a more efficient process.

The first in a series of new forms is the Medicare Part B Reopenings Modifier Adjustment Request Form (http://www.cgsmedicare.com/forms/rmf_780.pdf). This form will allow you to request simple corrections specific to adding, replacing, or deleting a modifier on a previously processed claim. Only one claim can be corrected per form; up to 10 modifier corrections for a single claim.

In order to use the new form, you must have access to your Remittance Advice (RA), as information from the RA must be entered into specific fields of the form. To address legibility issues, we encourage you to complete the form online, and then print it.

Reopenings Modifier Adjustment Request Form Instructions

- Complete the header of the form:

State	Kentucky <input type="checkbox"/>	Ohio <input type="checkbox"/>	Date	
Contact				

- Select the State
- Enter the date the form is completed
- Enter a contact person's name and telephone number

- Complete the *Provider Information* section:

Provider Information	
Name	Last 5 digits of Tax ID Number
Billing PTAN Number	Billing NPI Number

- Enter the Provider's Name
- Identify the last 5 digits of Tax ID number
- Enter the Billing PTAN (*Individual physicians/practitioners who reassign benefits to a group, enter the Group PTAN. Solo physicians/practitioners, enter the Individual PTAN.*)
- Enter the Billing NPI (*Individual physicians/practitioners who reassign benefits to a group, enter the Group NPI. Solo physicians/practitioners, enter the Individual NPI.*)

- Complete the *Beneficiary Information* section:

Beneficiary Information	
Name	
Medicare Number	Date of Birth

- Enter the Beneficiary's Name
- Beneficiary Medicare Number
- Enter the Beneficiary's Date of Birth

NOTE: To avoid processing delays, verify that the Beneficiary Medicare Number is correct.

- Identify the Claim information:

Service Date	HCPGS	ICN

- Enter the first *Date of Service* for the claim
- Identify the *HCPCS/CPT Code*. For multiple line claims, enter ONLY the HCPCS/CPT code on the FIRST line of the claim (even if that code is not the one being adjusted.) DO NOT list all of the HCPCS/CPT codes on the claim.

Example: Submitting Reopening request to add CPT modifier 59 on CPT code 11042.

Scenario 1: Claim submitted with one line item:

From Date			To Date			HCPCS/CPT
07	31	17	07	31	17	11042

Complete the **Claim Information** field as:

Service Date	HCPCS	ICN
07/31/17	11042	XXXXXXXXXXXXXX

Scenario 2: Claim submitted with multiple line items:

From Date			To Date			HCPCS/CPT
07	31	17	07	31	17	99213
07	31	17	07	31	17	17000
07	31	17	07	31	17	11042

Complete the *Claim Information* field as:

Service Date	HCPCS	ICN
07/31/17	99213	XXXXXXXXXXXXXX

- Enter the *Internal Control Number (ICN)* of the claim, which is located on the RA.

NOTE: Verify that the ICN is accurate. Incorrect, incomplete, or invalid ICNs will result in increased processing time (up to 60 days).

- Complete the *Reason for Request* section:

Reason for Request	
This request is for an MSP (Medicare Secondary Payer):	<input type="checkbox"/>
This request is for Non-MSP (Non - Medicare Secondary Payer):	<input type="checkbox"/>

- Select *Medicare Secondary Payer (MSP)* for requests involving other insurance

NOTE: MSP cases require additional steps and, therefore, will not be included in the automation process. Therefore, it may take up to 60 days to process MSP Reopenings.

- Select *Non-MSP* for all other requests

- Complete each column of the *Adjustment Details* section using information from the RA:

Adjustment Details			
Line	Position	Modifier Type (A = Add, R = Replace, D = Remove)	New Value

- Identify the *Line* you wish to have corrected.

Example: If the RA shows the claim was submitted with nine line items, and the modifier correction is needed on line six of the claim, enter '6'. (A value of 1-13 may be entered in this field.)

- Identify the *Position* of the modifier on the claim.

Example: If the RA shows two modifiers were submitted on the service, and the correction is needed to the second modifier, enter '2'. (A value of 1-4 may be entered in this field.)

- Enter the Modifier Type. The options are:
 - » *A* – Add a modifier to the line and position identified in the previous columns
 - » *R* – Replace a modifier on the line and position identified in the previous columns
 - » *D* – Remove the modifier from the line and position identified in the previous columns
- Identify the *New Value (modifier)* for the Add and Replace options.
 - » *This column is to remain BLANK if the 'D' (Remove) option is selected in the previous column.*

Please note the following:

- You may make only ONE correction per line. If two modifiers need to be added to a claim line, complete two rows of the form.
- For example, to add CPT modifiers 24 and 25 to an Evaluation and Management (E/M) service, complete the Adjustment Details section as follows:

Adjustment Details			
Line	Position	Modifier Type (A = Add, R = Replace, D = Remove)	New Value
1	1	A	24
1	2	A	25

Please pay special attention to the Adjustment Details section. Forms submitted with inaccurate, incomplete, or missing Line and Position fields may result in increased processing time of up to 60 days.