INSTRUCTIONS for myCGS Part B Self-Service

Part B providers can now correct modifier clerical errors themselves from myCGS. You can now access your claim information to make modifier addition/correction/changes yourself, just by following these instructions.

Reopening requests must be submitted within 12 months of the original claim remittance date.

1. **Enter your user ID and password in the appropriate fields, then click "Submit"**

2. **Select Form:**

3. **Select a Topic – Reopenings**

4. **Select a Type – Defaults to Reopenings**

5. **Click on Reopenings: ER –J15-B-1000 link**

   a. Once you click on the **"Reopenings Part B: ER-J15—B-1000,"** the myCGS 'Reopenings Request' page will appear. This page explains timeframes and provides examples of valid Reopening requests. These details must be considered prior to submitting a request.

6.   **Select Single Beneficiary.**

Single Beneficiary Reopening Form

There are four sections to the form:

1.   **Provider Information;**
2.   **Beneficiary Information;**
3.   **Claims Information; and**
4.   **Supporting Documentation.**

Each field marked with a **RED asterisk** is a required field.

Provider Information' Section

You must complete the following fields:

Provider Address 1	**Provider Phone Number**
Provider City	**Last 5 Digits of Tax ID**
Provider State	**National Provider Identifier (NPI)**
Provider Zip Code	

Beneficiary Information' Section

Beneficiary Name   **Medicare ID**

Claim Information' Section

Claim ICN – This is the internal control number (ICN) of the original claim. The ICN can be located on your remittance advice.

Type

Drop down box - Identifies the type of reopening you will be requesting, "Modifier"

1. **Select the Type of Adjustment – Modifier**

2. **Select the ACTION for the Modifier: Add, Remove, Replace**

3. **Select the Line on which to correct the Modifier. Please use your remittance for the specified claim to determine the line number.**

4. **Select the Position to add the Modifier. There are 4 positions available.**

5. **Enter the 3-7 digit diagnosis code that needs to be added or replaced in the New value field. Note: When the option "Remove" is selected the New Value field is locked, and is not used.**

Claims Information

Claim ICN: *

Add : This action will add a value on desired line and position

Type	Action	Line	Position	New Value
Modifier	Add	3	1	25 × Add Clear

Attachments: If you are submitting modifiers that require documentation, please submit attachments.

You should also include any documentation to support your reopenings request.
Examples of supporting documentation would include:

NOTE: You may attach up to 10 documents. Each attachment must be a PDF and can be up to 40 MB in size. The total size of all attachments cannot exceed 150 MB.

Attachments: [   ] Browse...

Attached Files

File Name	File Size (in bytes)	File Type	Action
	No data available in table		

Total File Size:

* **Reminder:** Documentation is not reviewed for a modifier - add, replace, or remove correction. The reopening department will only handle a simple correction, as outlined in the steps below. Documentation, including 1500 claim forms, is not needed for modifier - add, replace or remove corrections.

Submitter's Name : * [   ] Date: 10/16/2017

* Required Field

ER-J15-B-1000

Submit Clear Back

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'Submitters Name' field

1. **The first and last name of the person completing the form must be entered into the submitter's name field, before selecting the Submit button.**