

# 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”

**my CGS**

**Welcome to myCGS**

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Refer to the [Terms of Use](#) and [Privacy Notice](#).

**Returning User**

Enter your User ID and password to access your account.

User ID :

Password :

• [Forgot Your Password?](#)  
• [Need Help?](#)

**New User**

CGS is pleased to offer secure and fast access to your Medicare information through our myCGS System. Through this system, you can view beneficiary eligibility, claims status, online remittances and financial information.

CGS offers our myCGS program to providers who have an **EDI Enrollment Agreement** on file with us. One Provider Administrator is allowed to register for each enrollment agreement on file. Once Provider Administrators successfully register, they can grant access to their associates. Get started by clicking the Register Now button. [Learn More](#)

2. Select Form:

**my CGS**

Home Claims Remittance Eligibility Financial Tools Messages Forms Support Admin My Account

User:  Provider:

You have 0 unread message(s) and 0 alerts.

Welcome

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

## 3. Select a Topic – Reopenings

## 4. Select a Type – Defaults to Reopenings

**Secure Forms**

Forms and attachments completed on myCGS are automatically entered into our workflow. This makes form processing more secure, efficient and cost effective.

Before completing a form in this section, we suggest searching for the claim under the Claims Tab. The claim detail information will provide specific direction on what action can be taken on that claim.


To complete a form from this section, select from the drop-down options below. Based upon the answer given for each of the questions, the available form(s) will appear at the bottom of this box.

Select a Topic:

Select a Type:

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

- 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.



Home Claims Remittance Eligibility Financial Tools Messages **Forms** Support Admin My Account

User: [REDACTED] Provider: [REDACTED] [Logout](#)

[Get Status](#) You have **0 unread** message(s) and **0 alerts**. [Help](#) [Go To Page](#)

### Reopenings Request

The Reopenings requests must be submitted within 12 months from the original claim remittance date. Claims which denied for no appeal or adjustment rights are not considered eligible for timely filing.

A Reopenings form should be submitted for the following situations, so long as Medicare has not requested money to be returned: Minor billing or clerical errors, contractor error situations, timely filing denials, Medicare Secondary Payer requests, Beneficiary or Provider record updates that will result in the same or additional money to be paid.

Clearinghouse or provider duplicate claim submission errors should not be adjusted through the Reopenings process. Additionally, claims which previously denied as ineligible for adjustment or appeal (MA130, return reject, etc), and were not the result of contractor error, should not be adjusted through the Reopenings process. In these cases, the claims should be refiled as new claims.

Corrections which will result in Medicare requesting money back should be submitted to the Overpayment Recovery department.

Submission of medical documentation with no claim corrections requested are not generally Reopenings. Please review carefully to determine if your request is a Reopening, Redetermination, or Overpayment Recovery situation.

**Request a reopening by selecting one of the following options:**

- ☐ **Single Beneficiary** - User needs to submit one claim for one beneficiary.
- ☐ **Multiple Beneficiaries** - Request a correction to multiple beneficiaries by submitting a Remittance form or by submitting a spreadsheet with information to identify the claims to correct (Medicare Numbers, dates of service, procedure codes, and when possible the specific ICN) to maintain payment or pay additional money.
- ☐ **Medicare Secondary Payer Request** - Request a correction for one beneficiary, one or multiple claims, for Medicare Secondary Payer information, such as updated records, Liability, Disability, and Workman's Compensation issues to maintain payment or pay additional money. If this is related to single beneficiary, use Option 1.

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

## 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:

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

#### Beneficiary Information' Section

<b>Beneficiary Name</b>	<b>Medicare ID</b>
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The screenshot shows the 'Option 1: Single Beneficiary' section of the form. It includes two main sections: 'Provider Information' and 'Beneficiary Information'. The 'Provider Information' section contains fields for Provider Name, Provider Number, Provider Address 1, Provider City, Provider Zip Code, Last 5 Digits of Tax ID, NPI, Provider Address 2, Provider State, and Provider Phone Number. The 'Beneficiary Information' section contains fields for Beneficiary Name and Medicare ID. All required fields are marked with a red asterisk. The form is part of a larger application with a navigation bar at the top and a user/logout area at the top right.

#### 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.

The screenshot shows the 'Claim Information' section of the form. It includes a 'Claim ICN' field and a table for adding new values. The table has columns for Type, Action, Line, Position, and New Value. A dropdown menu is open for the 'Type' column, showing options: Modifier, Procedure Codes, Header Diagnosis Codes, Line Diagnosis Pointer, DOS, Billed Amount, Entire claim, Line, and Other. Below the table, there is a note about attaching up to 10 documents and a 'Browse...' button for attachments.

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

## Type

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

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

The screenshot shows the 'Claims Information' section of the form. The 'Claim ICN' field is empty. Below it, the 'Type' dropdown is set to 'Modifier'. The 'Action' dropdown is empty, and the 'Line' and 'Position' dropdowns are also empty. The 'New Value' field is empty. There are 'Add' and 'Clear' buttons to the right of the 'New Value' field. Below this, there is a section for 'Attachments' with a 'Browse...' button. At the bottom, there is a table for 'Attached Files' with columns for 'File Name', 'File Size (in bytes)', 'File Type', and 'Action'. The table is currently empty, and the 'Total File Size' is 0.

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

The screenshot shows the 'Claims Information' section of the form. The 'Claim ICN' field is empty. Below it, the 'Type' dropdown is set to 'Modifier'. The 'Action' dropdown is open, showing three options: 'Add', 'Remove', and 'Replace'. The 'Line' and 'Position' dropdowns are empty. The 'New Value' field is empty. There are 'Add' and 'Clear' buttons to the right of the 'New Value' field. Below this, there is a section for 'Attachments' with a 'Browse...' button. At the bottom, there is a table for 'Attached Files' with columns for 'File Name', 'File Size (in bytes)', 'File Type', and 'Action'. The table is currently empty, and the 'Total File Size' is 0.

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.

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

**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

**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:

**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

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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.