

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings



Part B providers can now make a request for multiple ICNs with the exact same correction to be made from myCGS correct OTHER errors themselves from myCGS. You can now access your claim information to make a Procedure Code correction 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:

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- 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 :

[Submit](#) [Clear](#)

[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](#)

[Register Now](#)

2. Select Form:

**my CGS**

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

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

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Welcome [Redacted]

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# 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.

**my CGS**

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.

## 6. Select Single Beneficiary.

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## 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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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 Select Form

Option 1: Single Beneficiary

**Provider Information**

Provider Name: [Redacted] Last 5 Digits of Tax ID: \*

Provider Number: [Redacted] NPI: [Redacted]

Provider Address 1: \* Provider Address 2:

Provider City: \* Provider State: \*

Provider Zip Code: \* Provider Phone Number: \*

**Beneficiary Information**

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.

Claim ICN: \*

Type	Action	Line	Position	New Value
Modifier				
Procedure Codes				
Header Diagnosis Codes				
Line Diagnosis Pointer				
DOS				
Billed Amount				
Entire claim				
Line				
Other				

Submitting modifiers that require documentation, please submit attachments.

documentation to support your reopenings request.

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...

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

## Type

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

Claim ICN: \*

Type	Action	Line	Position	New Value
Modifier				
Procedure Codes				
Header Diagnosis Codes				
Line Diagnosis Pointer				
DOS				
Billed Amount				
Entire claim				
Line				
Other				

Submitting modifiers that require documentation, please submit attachments.  
documentation to support your reopenings request.  
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...

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

1. Select the **Type** of Adjustment – Other – This is used for anything not specified by an individual option.
2. The remaining fields will be locked, and a text box with the words: Reason for Request will appear. Type the request for adjustment in this box, specifying the correction request and/or supporting statements.

**Please note:** If filing an MSP request, please use the Medicare Secondary Payor form. The Single Beneficiary form is not designed to handle Medicare Secondary Payor requests.

Claims Information

Claim ICN: \*

Type	Action	Line	Position	New Value
Other				

Reason for Request: \*

The reason for request must be the same reason for all claims listed. Be specific in your request. If you have multiple DOS or lines that need to be reopened on the claim, please indicate the specific line numbers in the comment section. Examples of request reasons include:

the following 4 ICNs should have a dosage amount of 250mg |  
091724788B010  
0917242ZZZ050  
0917155DD030  
0917106EEE120

1084 characters left

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...

Example could be New Patient Code – based on the 3 year rule – system denial – history shows provider has seen patient

\* **Reminder:** Documentation is not reviewed when “other” is selected to add, replace, or remove an item from multiple ICNs for the exact item... The reopening department will only handle a simple correction, as outlined in the steps above. Documentation,

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

including 1500 claim forms, is not needed when “Other is selected to identify to add, replace or remove the exact item.

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