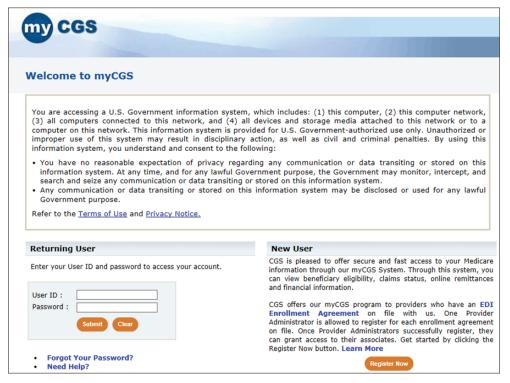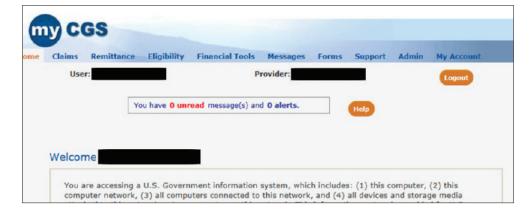# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

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.

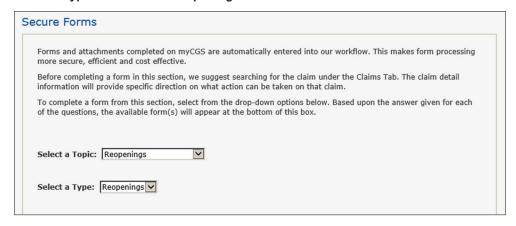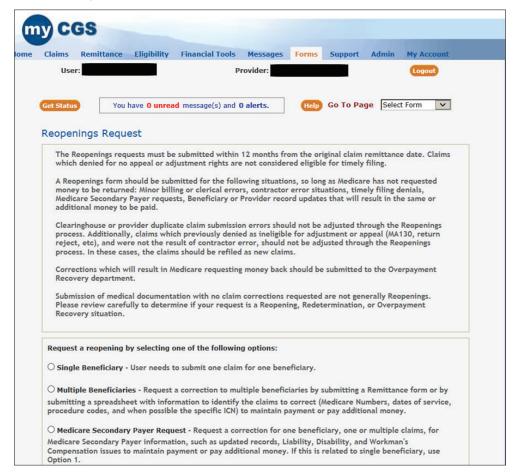1. **Enter your user ID and password in the appropriate fields, then click "Submit"**

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:

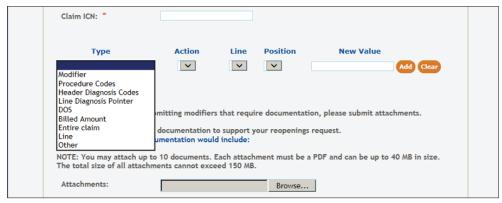|	
Provider Address 1	Provider Phone Number
Provider City	Last 5 Digits of Tax ID
Provider State	National Provider Identifier (NPI)
Provider Zip Code	

Beneficiary Information' Section

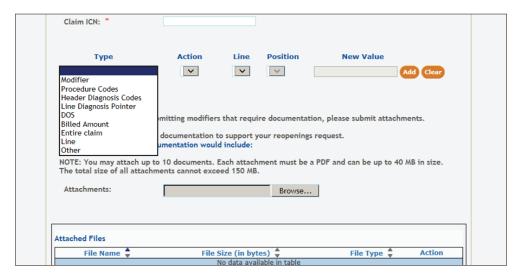|	
Beneficiary Name	Medicare ID

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.
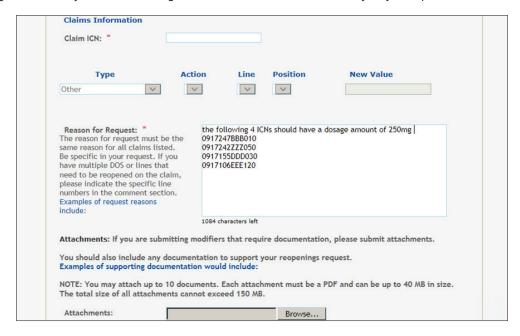
Type

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

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.

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,

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**