

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings



Part B providers can now correct Procedure Code clerical 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:

- 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: [redacted] Provider: [redacted]

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

Welcome [redacted]

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

# 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.

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

## 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 a navigation bar at the top with links like Home, Claims, Remittance, Eligibility, Financial Tools, Messages, Forms, Support, Admin, and My Account. Below the navigation bar, there are fields for User and Provider, a Logout button, and a message status indicator. The main form area is titled 'Option 1: Single Beneficiary' and contains two sections: 'Provider Information' and 'Beneficiary Information'. The 'Provider Information' section includes fields for Provider Name, Provider Number, Last 5 Digits of Tax ID, NPI, Provider Address 1, Provider Address 2, Provider City, Provider State, Provider Zip Code, and Provider Phone Number. The 'Beneficiary Information' section includes fields for Beneficiary Name and Medicare ID. Red asterisks indicate required fields.

### 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 field for Claim ICN. Below this, there is a table with columns for Type, Action, Line, Position, and New Value. The 'Type' column has a dropdown menu with options: Modifier, Procedure Codes, Header Diagnosis Codes, Line Diagnosis Pointer, DOS, Billed Amount, Entire claim, Line, and Other. The 'Action' column has a dropdown menu with options: Add, Clear, and Cancel. The 'Line' column has a dropdown menu with options: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The 'Position' column has a dropdown menu with options: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. The 'New Value' column has a text input field. There are 'Add' and 'Clear' buttons next to the input field. Below the table, there is a note: '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.' At the bottom, there is a field for Attachments and a 'Browse...' button.

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings

**Drop Down Box Type** - Identifies the type of reopening you will be requesting

1. Select the **Type** of Adjustment – Procedure Codes

The screenshot shows the 'Claim ICN' field at the top. Below it is a table with columns: Type, Action, Line, Position, and New Value. The 'Type' dropdown menu is open, showing options: Modifier, Procedure Codes, Header Diagnosis Codes, Line Diagnosis Pointer, DOS, Billed Amount, Entire claim, Line, and Other. 'Procedure Codes' is selected. To the right of the table, there is a note: 'Submitting modifiers that require documentation, please submit attachments. documentation to support your reopenings request. Documentation would include:'. Below this is a '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.' and an 'Attachments:' field with a 'Browse...' button. At the bottom, there is an 'Attached Files' table with columns: File Name, File Size (in bytes), File Type, and Action. The table is empty with the text 'No data available in table'.

2. Select the **Action** for the Procedure Code. Replace is the only selection available.

**Note:** You cannot delete or add procedure codes and/or lines to a claim.

3. Select the **Line** on which to correct the Procedure Code

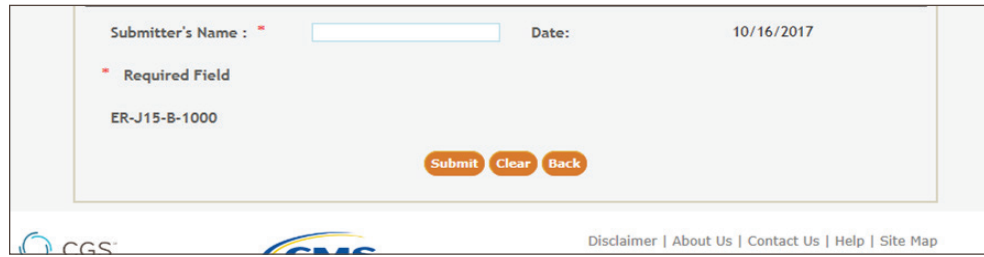
4. Position is blank, and nothing can be entered here.

5. Enter the new Procedure Code value in the New Value field. Procedure code must be a valid procedure code.

The screenshot shows the 'Claim ICN' field at the top. Below it is a table with columns: Type, Action, Line, Position, and New Value. The 'Type' dropdown menu is set to 'Procedure Codes'. The 'Action' dropdown menu is open, showing the option 'Replace'. The 'Line' dropdown menu is open, showing the option '1'. The 'New Value' field contains '99213'. To the right of the table, there is a note: '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:'. Below this is a '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.' and an 'Attachments:' field with a 'Browse...' button. At the bottom, there is an 'Attached Files' table with columns: File Name, File Size (in bytes), File Type, and Action. The table is empty with the text 'No data available in table'.

\* **Reminder:** Documentation is not reviewed for a procedure code to be replaced. The reopening department will only handle a simple correction, as outlined above. Documentation, including 1500 claim forms, is not needed to replace procedure code.

# INSTRUCTIONS for myCGS Part B Self-Service Reopenings



The screenshot shows a web form for myCGS. At the top, there is a label 'Submitter's Name : ' followed by a text input field. To the right of the input field is the label 'Date:' and the date '10/16/2017'. Below the input field, there is a red asterisk icon followed by the text 'Required Field'. Further down, the text 'ER-J15-B-1000' is displayed. At the bottom of the form, there are three buttons: 'Submit', 'Clear', and 'Back'. The footer of the page includes the myCGS logo, a 'Disclaimer' link, and links for 'About Us', 'Contact Us', 'Help', and 'Site Map'.

## '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