

myCGS

User Manual

CHAPTER 2



'Claims' Tab

(for Part A and HH&H Providers)



A CELERIAN GROUP COMPANY

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'Claims' Tab (for Part A and HH&H Providers)

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CHAPTER 2

'Claims' Tab (for Part A and HH&H Providers)

'Claims' Tab

The 'Claims' tab allows users to check the status of a beneficiary's claim which has been submitted to CGS. Once you have signed into myCGS, select the "Claims" tab by clicking on it.

Reminder: Provider Administrators have access to all tabs within myCGS. Provider Users only have access to those tabs granted by their Provider Administrator. If you are a Provider User and the 'Claims' tab is grayed out, but you believe you need access to the 'Claims' Tab, you should contact your Provider Administrator.

The 'Claim Status Inquiry' screen will appear.

Accessing Claims Data

To access claim status information, you must enter the beneficiary's HIC (Health Insurance Claim) number, also known as Medicare number. You must also enter a date range in a MM/DD/CCYY format. The date range will default to 45 days from the beginning date. You can choose a shorter date range, but you cannot choose a date range of more than 45 days. Retrieving claims information older than 6 months may take additional time. In addition, offline claims will not be displayed. Many claims are offline after 3 years, sometimes earlier.

If there are claims in the date range you entered, you will receive a list of claims found.

List of Claim Status Information : XXXXXXXXXXA

Provider Number : XXXXXXXXXXXXX
HIC Number : XXXXXXXXXXXA

Claim#	Date of Service	Bill Amt	Process Date	Check #	Claim Status
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	708.60	05/04/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	633.60	05/04/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	633.60	02/24/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	708.60	02/24/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	708.60	11/17/11	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	633.60	11/17/11	XXXXXXXXXX	Completed

Viewing Detailed Claim Information

Each claim line will have a link to the claims details. By clicking on the 'Claim #' link, you can view the 'Detailed Claims Status Information' screen.



CHAPTER 2

'Claims' Tab (for Part A and HH&H Providers)

List of Claim Status Information : XXXXXXXXXA

Provider Number : XXXXXXXXXXXXX
HIC Number : XXXXXXXXXXXA

Claim#	Date of Service	Bill Amt	Process Date	Check #	Claim Status
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	708.60	05/04/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	633.60	05/04/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	633.60	02/24/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	708.60	02/24/12	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	708.60	11/17/11	XXXXXXXXXX	Completed
XXXXXXXXXXXXXX	10/23/2011 - 10/23/2011	633.60	11/17/11	XXXXXXXXXX	Completed



The 'Detailed Claims Status Information' screen provides detailed information for each claim line, including:

- Revenue codes
- HCPSC codes
- Service date
- Total charge
- Allowed amount
- Non-covered charges

List of Claim Status Information : XXXXXXXXXA

Provider Number : XXXXXXXXXXXXX
HIC Number : XXXXXXXXXXXA

Detailed Claim Status Information: Claim # XXXXXXXXXXXXXXXXX								
Date of Service	Bill Amt	Claim Status		Co-ins	Ded	Blood Ded	Paid	Diag
10/23/2011 - 10/23/2011	708.60	Completed		0.00	0.00	0.00	0.00	
Line	REV	HCPSC	Svc Dates	Total	Allowed Amount	Non-Covered	Denial Text	
1		A0429 NH	10/23/2011 10/23/2011	525.00	0.00	525.00	To obtain the reason for denial, please refer to the Medicare Remittance Notice	
2		A0425 NH	10/23/2011 10/23/2011	183.60	0.00	183.60	To obtain the reason for denial, please refer to the Medicare Remittance Notice	

Once you have reviewed the detailed claim information, you can either click 'Back' to return to the claim list, or click 'New Inquiry' to submit a new claim status inquiry.

No Claims Data Appears

If no claims are displayed for the date period you have chosen, you may want to choose a different date range or double-check your records to make sure you have entered the correct HIC number. Claims that are paid, in process, returned, or denied are displayed. Information is retrieved from CMS standard systems and is as current as the standard systems. Claims that are offline or returned without processing will not appear.