

Part B

Redetermination Requests through myCGS

When you log into myCGS, you will find the FORMS tab. This option will allow you to access and submit CGS forms through myCGS. **NOTE:** Provider Administrators will have access to the tab by default. If the FORMS tab is grayed, please contact your Provider Administrator for access.

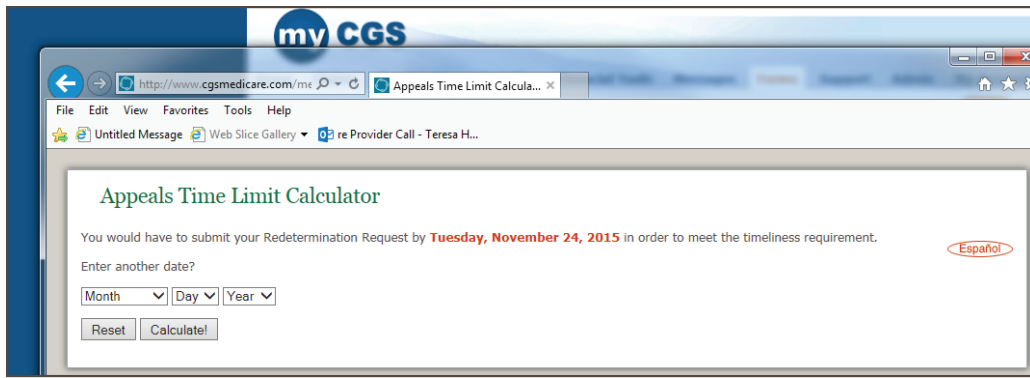
Once logged in, select the **Forms** tab. Under the “Select a Topic” drop-down box, click “Redeterminations.” From the “Select a Type” drop-down box, click “Redeterminations.” Select the **Redeterminations: 1st Level Appeal** link located at the bottom of the screen.

The screenshot shows the myCGS interface. At the top, the navigation bar includes 'Home', 'Claims', 'Medical Review', 'Remittance', 'Eligibility', 'MBI Lookup', 'Financial Tools', 'Messages', 'Forms' (highlighted), 'Support', 'Admin', and 'My Account'. Below the navigation bar, there are fields for 'User:' and 'Provider:', and a 'Logout' button. A 'Get Status' button is followed by a message: 'You have 62 unread message(s) and 0 alerts.' To the right, there is a 'Help' button, a 'Go To Page' button, and a 'Select Form' dropdown menu. The main content area is titled 'Secure Forms' and contains several paragraphs of text. Two dropdown menus are highlighted with red boxes: 'Select a Topic: Redeterminations' and 'Select a Type: Redeterminations'. Below these, there is a link for 'Appeals Calculator' and a checkbox for 'Is your appeal late? (over 120 days for a redetermination or over 365 days for a reopening): No'. At the bottom, a link for 'Redetermination: 1st Level Appeal (EA-J15-B-1000)' is highlighted.

You may also utilize the **Appeals Calculator** if you need help determining if your redetermination request is timely. By selecting the **Appeals Calculator** link, a new window will open. Enter the date of the initial determination of the service being appealed and click the **Calculate!** button.

The screenshot shows a browser window titled 'myCGS' with the URL 'http://www.cgsmedicare.com/me'. The browser's address bar shows 'Appeals Time Limit Calcula...'. The page content includes the title 'Appeals Time Limit Calculator' and the text: 'I would like to submit my Redetermination Request today. Will it meet the 120 day timeliness requirement? Simply enter the initial determination date on your Medicare Remittance Notice, Medicare Summary Notice, or Demand Letter.' There are three dropdown menus for date selection: 'July', '27', and '2015'. Below the dropdowns are 'Reset' and 'Calculate!' buttons. An 'Español' link is located in the top right corner.

The Appeals Calculator will display a date. The redetermination request must be received by the date displayed in order to be considered a timely request. If timely, return to the Redetermination screen to complete the form.



When completing the form, please note that fields with a RED* are required. This includes the beneficiary, provider and claim information.

The specific CPT/HCPCS codes and modifiers being appealed must be added to the form by entering them and clicking the **ADD** button to populate the appropriate box. Once all codes for the specific Internal Control Number (ICN) are populated in the box, click on **ADD CLAIMS INFORMATION**. You will see the details of the ICN on the form.

Also, identify whether or not the request is to appeal an overpayment. There is also an area to note the reason the redetermination request is being submitted. This field will hold up to 1200 characters.

Your entries have been validated. Please attach the required documents, input your name, and click Submit.

Redetermination: 1st Level Appeal- J15 Part B

Beneficiary Information

Patient Name: * Ben E. Ficiary Medicare Number: * XXXXXXXXXXXX
 State: * OH Phone Number: * 614-555-5555

Provider Information

Provider Name: CGS SUPERADMIN Provider Number (PTAN): 7777777
 National Provider Identifier (NPI): 7777777777 Provider Address 1: * 123 Any Street
 Provider Address 2: Provider City: * Any City
 Provider State: * OH Provider Zip Code: * 43215
 Provider Phone Number: * 614-555-5555 Tax ID: * 31XXXXXXXX

Claims Information

Service Date From: * [] X Service Date To: * [] X
 Date of Initial Determination: * [] X Initial Claim ICN OR Overpayment ICN: * []

Denied CPT/HCPCS & Modifiers: * []
 Add Remove Clear All

Add Claims Information

Initial Claim ICN	Service Date From	Service Date To	Initial Determination Date	Denied CPT/HCPCS Modifiers		
111111111111	07/13/2015	07/13/2015	07/27/2015	XXXXX	<input checked="" type="checkbox"/>	X

Is there an Overpayment Appeal? * Yes No

Reasons/Rationale: Service denied for medical necessity. Records to support medical necessity are attached.
 1111 characters left

Validate

Once the required fields are complete, select the **VALIDATE** button. myCGS will verify that all required fields are populated. When validated, a message will appear at the top of the screen in GREEN confirming this and the next steps prior to submitting the request.

At least one attachment must be sent with the request. Examples of documentation needed to process the redetermination request includes medical records, operative/radiology reports, and other documentation to support the service(s) being appealed. You can attach up to five documents. Attachments can be up to 40MBs in size, not to exceed to total of 150MBs for all attachments. The documents must be in a PDF format.

Click on the **Browse** button and a window will open allowing you to locate and attach the PDF document to the form.

Attachments: Please attach all documentation that you would like included in this redetermination. You should also include any documentation to support your redetermination request.
Examples of supporting documentation would include:

NOTE: You may attach up to 5 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: *

Enter the name of the person requesting the redetermination in the NAME field. Click the **Submit** button when the form is complete and ready to be submitted.

Name: * Date: 09/29/2015

* Required Field

EA-J15-B-1000

An 'e-signature' box will appear, asking you to verify that the information entered and attachments are correct. This ensures the signature requirement for submitting a redetermination request has been met.

e-Signature

Is this information correct? Please review your information and attachments carefully. If they are correct, please press Ok to submit. If not, press Cancel.

By clicking on the Ok button you are signing the form and are authorized to submit the information.

If the information was entered correctly, and all desired attachments were included, click 'OK' to submit the form and all attachments.

If corrections need to be made to the form or if any attachments need to be added or deleted, click 'Cancel' to return to the form.

After submitting the form, you will be taken to the **Message** tab. Shortly after submission, you will receive a message confirming receipt of the Redetermination request. A separate message will be sent to your inbox, which will include a Submission ID assigned to your request. The Submission ID may be used to track the status of your request.

Please refer to Chapter 6 (Messages tab) of the *myCGS User Manual* for more details (<http://www.cgsmedicare.com/pdf/mycgs/chapter6.pdf>).