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myCGS
DME MAC
JURISDICTIONS B & C

myCGS User Manual

Version 7.1

myCGS Overview

What Is myCGS?

The myCGS portal is a Web-based application developed by CGS that is available to suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) who serve beneficiaries in Jurisdictions B and C. Using myCGS is a fast and easy way to get Medicare claim and billing information.

myCGS offers suppliers a wide range of functionality and support, such as:

- **Beneficiary Eligibility**
  Find beneficiary eligibility, Medicare Secondary Payer, Medicare Advantage Plan, home health episode, hospice, and inpatient stay information.

- **Claim Status**
  Check on the status of claims you've submitted to Jurisdiction B or C

- **Same or Similar Information**
  Search beneficiary claim history for same or similar items

- **Redetermination and Reopening Status and Submission**
  Check the status of your Redetermination and Reopening requests and submit new requests directly through myCGS

- **ADMC and Prior Authorization Status and Submission**
  Submit ADMC and Prior Authorization requests and check their status directly through myCGS

- **Claim Corrections**
  Make corrections to claims that have been processed by CGS

- **And More!**

This manual contains the information you need to navigate myCGS and take advantage of its many helpful features. The instructions in this manual assume that you are familiar with basic Medicare rules and regulations as they pertain to DMEPOS suppliers. For a detailed overview of Medicare DMEPOS rules and regulations, refer to our *Supplier Manual*. The *Supplier Manual* is the first resource that you should use for Medicare billing questions. You can access the *Supplier Manual* at the links below (depending on your jurisdiction).

- ***DME MAC Jurisdiction B Supplier Manual:***
  https://www.cgsmedicare.com/jb/pubs/supman/index.html

- ***DME MAC Jurisdiction C Supplier Manual:***
  https://www.cgsmedicare.com/jc/pubs/supman/index.html

For instructions on myCGS registration and user maintenance, refer to the myCGS Registration Guide at https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_RegistrationGuide.pdf. For news and updates regarding myCGS, as well as other important DME MAC articles and information, be sure to subscribe to our ListServ, the CGS electronic mailing list. To join the ListServ, visit our website at https://www.cgsmedicare.com.

If you have any questions that cannot be answered in this manual or the *Supplier Manual*, contact our Customer Service Department at one of the following phone numbers (**be sure to call the correct jurisdiction**):

- **Jurisdiction B:** 1.866.590.6727
- **Jurisdiction C:** 1.866.270.4909

Who Can Use myCGS?

Any DMEPOS supplier or affiliate who serves beneficiaries in Jurisdictions B and/or C may register for myCGS. All myCGS users must be approved through the myCGS registration process before receiving the ability to use myCGS. For assistance with registering for myCGS, refer to the myCGS Registration Guide (https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_RegistrationGuide.pdf).

There are three different types of myCGS user roles—End User, Designated Approver, and CHBA. The majority of the functionality within myCGS is available to all user roles. The additional feature of being able to maintain user privileges is available only to Designated Approvers.

Logging In to myCGS

Before you can use myCGS, you must complete the registration process and receive a myCGS User ID and password. Refer to the myCGS Registration Guide (https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_RegistrationGuide.pdf) for instructions on how to register.

Once you have successfully registered, follow these steps to log in to myCGS:

1. Open myCGS by going to https://mycgsportal.com.

2. Select the **Login to DME myCGS** link.

3. Log in using your **myCGS User ID** and **Password**.

   > **NOTE:** Your account will be locked if you enter your password incorrectly three consecutive times within a 120-minute period. Once your account is locked, you must call our Provider Contact Center to have your account unlocked.

4. Generate a **Multi-Factor Authentication (MFA) code**. To generate an MFA code, press the appropriate button (or letter on your keyboard—T, E, or B) for how you would like to receive the code—**Text**, **Email**, or **Both**, or if you have Google Authenticator set up, simply enter your Google Authenticator code. Once you have received the MFA code, enter the code and press Next.

   > **NOTE:** Text and email MFA codes are valid for up to 12 hours after they are initially generated and can be reused throughout the entire 12-hour window. Note that if you request another MFA code, only the most recently generated code is valid.

5. Read the myCGS Terms and Conditions, and then select your DME Jurisdiction (B or C)

   > **NOTE:** You can easily switch back and forth between Jurisdictions B and C without having to log out of myCGS. Refer to the Switching between Jurisdictions section below.

6. Once you have successfully logged in, you will be taken to the myCGS Home screen.

Once logged in (as an End User or CHBA), you will see eight menu selections across the top of the myCGS portal—Home, Beneficiary Information, Claims, Claim Preparation, Finance, Reprocessing, MBI Lookup, and News & Information. To get started, select the menu that contains the information you need. In this manual, you will find a section devoted to each of these menu screens.

> **NOTE:** If you are registered for myCGS as a Designated Approver, then you will be taken directly to the User Management section of myCGS when you first log in. Press the Home menu to go to the End User section. Refer to the Admin section in this manual for additional information.

If one or more of your menu options has a locked icon, then you do not have permission to view/use that menu. Request access to any locked menus from your Designated Approver. You will not be able to access a locked menu until your Designated Approver updates your user permissions. Refer to the Locked Menus section below.

> **NOTE:** Be sure to log in regularly and to keep your password up to date. If you do not log in for 30 consecutive days, your account will be suspended—in order to reactivate your account, you must call our Provider Contact Center. If you do not log in for 90 consecutive days, your account will be deactivated, and you will need to re-register for myCGS. In order to qualify as an active login, you must successfully complete the entire myCGS login process, including use of your MFA code.

myCGS Interface Overview

myCGS contains eight primary menu options, as well as account, help, and feedback sections. Use the sections throughout this manual to find detailed information about all of the myCGS functions and capabilities.

The image below shows the main areas of myCGS:

Table of Contents
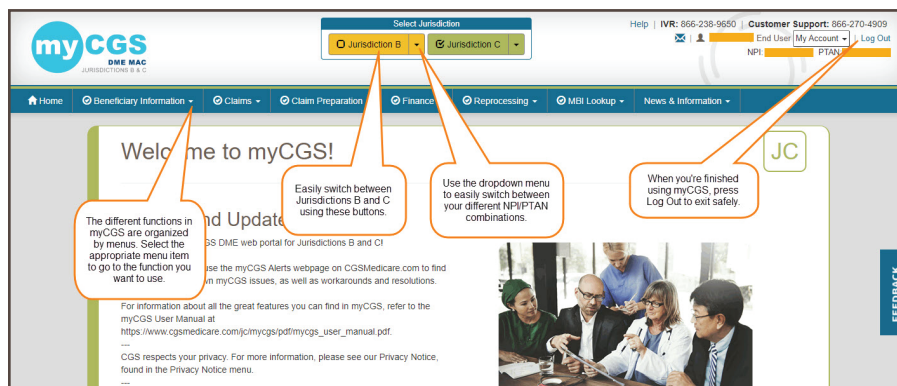
Switching Between Jurisdictions

If you are a supplier who services beneficiaries in both Jurisdictions B and C, myCGS allows you to easily switch back and forth between the two jurisdictions. To do so, simply press the appropriate jurisdiction button in the top-center of your screen.
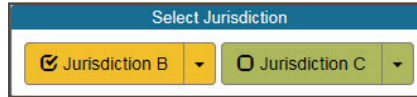

You can always know which jurisdiction you are currently viewing based on the color scheme of myCGS, as well as the JB or JC label in the top-right corner of the main body of myCGS. As you can see in the screen images below, yellow is Jurisdiction B, and green is Jurisdiction C.
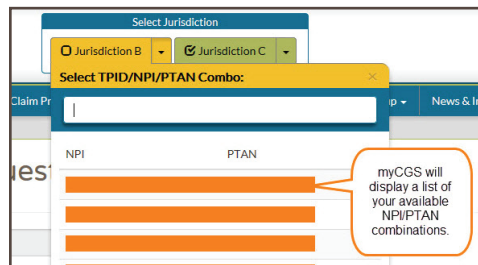
Change NPI/PTAN

Most of the functional capabilities in myCGS depend on your supplier information—your NPI and PTAN. If you represent a company that uses only one NPI/PTAN, then you do not need to worry about changing NPI/PTANs—your correct NPI/PTAN information will always populate automatically in any screen that requires supplier information in myCGS. But if you represent a company that has multiple NPI/PTAN combinations, then you need to make sure you are using the appropriate NPI/PTAN for the information you are requesting.

> **NOTE:** myCGS will automatically give you access to all of the NPI/PTAN combinations that are associated with your Tax ID.

Switching between NPI/PTANs in myCGS is easy. In the upper-right corner of myCGS, you will always see the NPI/PTAN associated with your account that is currently selected. This NPI/PTAN will auto-populate in any functional screen within myCGS that requires supplier information.
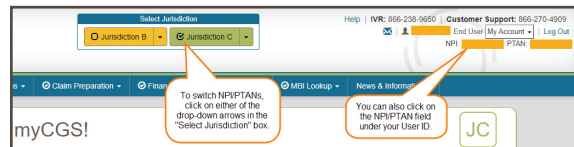
To change to a different NPI/PTAN, use the dropdown arrow found in the "Select Jurisdiction" box—a dropdown menu will appear that allows you to switch to a different NPI/PTAN.

If you have a large number of NPI/PTAN combinations, you can enter the first few digits of your desired NPI to narrow down your search and easily find the NPI/PTAN you need.
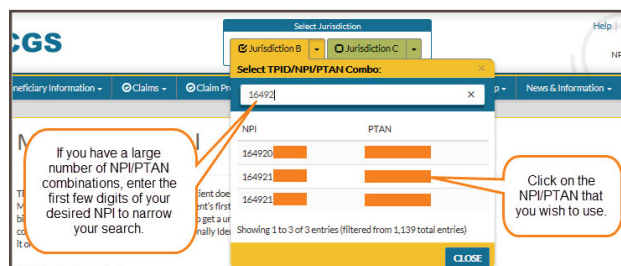
Medicare ID

Beginning January 1, 2020, all transactions in myCGS should be completed using the Medicare Beneficiary Identifier (MBI) as the beneficiary's Medicare ID, with limited exceptions. All search screens in myCGS either default to the MBI or are MBI-only.

There are rare occasions in which you may still need to use a Health Insurance Claim Number (HICN) in myCGS. For any screen that allows either MBI or HICN, the default value of the Medicare ID field is MBI. If you need to search by HICN, enter the HICN in the Medicare ID field and then select the HICN radio button.

Locked Menus

Your organization's Designated Approver has the ability to grant or take away user permissions specific to your user profile. These permissions control which features you can and cannot use in myCGS. If one of your function menus shows a closed lock icon, then you do not have permission to use this function and will not be able to access the menu.

NOTE: If you are a CHBA user, your permissions have been set by the DMEPOS supplier in their CEDI authorization agreement.
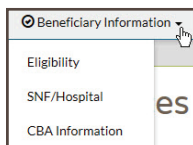
If you need access to a menu which is currently locked, contact your Designated Approver and request access.
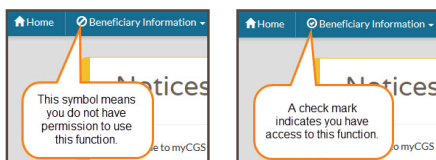
Beneficiary Information

Beneficiary Information Overview

There are three main menu options found under Beneficiary Information: Eligibility, SNF/Hospital, and CBA Information. From the Beneficiary Information menu, select the option you wish to use.

The Beneficiary Information menu gives you access to a variety of information about Medicare beneficiaries, including:

- Medicare Part A and Part B effective and termination dates
- Current year deductible to be met
- Previous year deductible to be met
- The DME MAC jurisdiction in which the beneficiary resides
- Medicare Advantage Plan (MAP) information
- Medicare Secondary Payer (MSP) records
- Hospice records
- Home health episodes

- Skilled nursing facility (SNF) and hospital stays
- Competitive Bidding Area (CBA) information

Eligibility

The Eligibility screen gives you access to basic beneficiary eligibility records, including Medicare Part A and B effective dates, current and previous year deductible, date of death (if applicable), and the DME MAC jurisdiction in which the beneficiary currently resides. Additionally, the Eligibility screen will provide details of any Medicare Advantage Plan (MAP), Medicare Secondary Payer, Hospice, and Home Health Episode records on file for the beneficiary (when applicable).
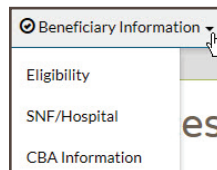
The Eligibility screen, like all search screens in myCGS, automatically populates your NPI and PTAN; therefore, you do not need to manually enter this information. If you have more than one NPI/PTAN and need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN by following the instructions in the Change NPI/PTAN section in this manual.

To search for beneficiary eligibility, enter the following beneficiary information, and press the **SUBMIT** button:

- Medicare ID (MBI only)
- Beneficiary Last Name (first six letters)
- Beneficiary First Name (first initial)
- Beneficiary Date of Birth (eight digits)

> **NOTE:** When entering the beneficiary's date of birth, myCGS will automatically add slashes; you only need to enter the numerical digits of the date of birth. This is true of all date fields in myCGS.

- Date of Service

> **NOTE:** The Date of Service field defaults to today's date. myCGS searches for eligibility information within a 16 month span—one year prior to and four months after—of the date of service entered. You may change this date to search for historic eligibility information. The maximum date of service you may enter is three years prior to today's date (which would give you eligibility data reaching back four years).
>
> **Example:** You enter a date of service of 6/1/19. myCGS will return eligibility information that is valid from 6/1/19 through 10/1/19.

After pressing the **SUBMIT** button, myCGS will return basic eligibility information, including Part A and B effective dates, deductible, date of death (if applicable) and DME MAC jurisdiction of residence, as well as any Medicare Advantage Plan (MAP), Medicare Secondary Payer (MSP), hospice records, and home health episodes on file. The information returned will include any valid eligibility information found within one year prior to and four months after the date of service entered. For details about these records, refer to the sections below.

The image below shows eligibility results for a beneficiary who has no MAP, MSP, Hospice, or HHE records on file.

In addition to the eligibility information shown above, you can also check to see if the beneficiary was billed for a skilled nursing facility (SNF) or hospital stay on a specific date of service. To do so, use the SNF/Hospital menu option. Refer to the SNF/Hospital section below for more information.

Medicare Advantage Plan (MAP)

A Medicare Advantage Plan (MAP) is an alternative to the traditional fee-for-service Medicare plan. The Eligibility screen in myCGS allows you to determine if a beneficiary is enrolled in a MAP. To find MAP information, search for beneficiary eligibility as described in the Eligibility section above. When myCGS finds MAP enrollment, the following information will be displayed on the Eligibility screen:

- Plan name
- Plan address
- Plan phone number
- Plan ID
- Plan Benefit Package Number*
- Plan Benefit Package Name*
- Enrollment date
- End date
- Plan type

* To find details about the Plan Benefit Package Number/Name, refer to the CMS MAP Monthly Enrollment by Plan Web page at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Plan.html.

The following screen image shows an example of a beneficiary currently enrolled in a MAP:

Medicare Advantage Plan (MAP) Information

Plan Name:	COMMUNITY INSURANCE COMPANY
Address:	4361 Irwin Simpson Road, Mason, OH 45040
Phone Number:	8662894250
Plan ID:	H3655
Plan Benefit Package Number:	032
Plan Benefit Package Name:	Anthem MediBlue Essential
Plan Website:	https://shop.anthem.com/medicare
Enrollment Date:	01/01/2015
End Date:	
Plan Type:	HMO Medicare Risk

Medicare Secondary Payer (MSP)

The term Medicare Secondary Payer (MSP) refers to situations when a beneficiary has another form of insurance which would pay a claim before Medicare. When a beneficiary has an MSP plan, you may need to submit his/her claim to the primary insurance before submitting a claim to CGS.

The Eligibility screen in myCGS allows you to determine if a beneficiary has an MSP plan. To find MSP information, search for beneficiary eligibility as described in the Eligibility section above. When myCGS finds an MSP result, the following information will be displayed on the Eligibility screen:

- Plan Name
- MSP Type
- Related Diagnosis Code (diagnosis driven MSP plans only) (ICD-10 codes only)
- Policy Number
- Effective Date
- Termination Date
- Plan Address

NOTE: It is possible for a beneficiary to have multiple MSP plans. Be sure to pay attention to the effective and termination dates of any MSP plans listed.

Medicare Secondary Payer (MSP) Information

Plan Name	Type	MSP Type	Related Diagnosis Codes	Policy #	Effective Date	Termination Date	Address
STATE AUTOMOBILE MUTUAL INSURANC		Liability	S0100XA	AOH0217727	01/23/2016		518 E BROAD ST COLUMBUS, OH

Hospice

When a beneficiary is enrolled in hospice coverage, all DMEPOS claims related to the service must be billed through the hospice, not to the DME MAC.

The Eligibility screen in myCGS allows you to determine if a beneficiary is enrolled in hospice. To find hospice information, search for beneficiary eligibility as described in the Eligibility section above. When myCGS finds hospice enrollment, the following information will be displayed on the Eligibility screen:

- Start date
- End date
- Hospice NPI

NOTE: myCGS will return all hospice episodes that appear in the beneficiary's records within 16 months (one year prior to and four months after) of the date of service submitted in your request.

You can use the NPI to find the name and contact information of the hospice by visiting the NPI Registry.

Home Health Episode (HHE)

When a beneficiary is under a home health plan of care, payment for certain items must be made through the home health agency overseeing the home health plan. The Eligibility screen in myCGS allows you to determine if a beneficiary is currently being billed for a home health episode (HHE).

To find HHE information, search for beneficiary eligibility as described in the Eligibility section above. When myCGS finds a home health episode, the following information will be displayed on the Eligibility screen:

- Start date
- End date
- Home Health Agency NPI

You can use the NPI to find the name and contact information of the home health agency by visiting the NPI Registry (https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do).

SNF/Hospital

When a beneficiary is enrolled in a Part A covered Skilled Nursing Facility (SNF) or Hospital stay, most claims are not payable by the DME MAC. The Beneficiary Information menu in myCGS allows you to determine if a beneficiary is enrolled in a SNF or hospital stay on a specific date of service. To find SNF/Hospital information, search for beneficiary eligibility as described in the Eligibility section above. Once eligibility is returned, select the SNF/Hospital menu option.

Once you have navigated to the SNF/Hospital screen, enter the date of service in which you wish to check for Part A stay information, and then press the **SUBMIT** button.

> **HINT:** If the only piece of eligibility information you need is SNF or hospital information, you can go directly to the SNF/Hospital screen without performing a search for beneficiary eligibility. In this case, you must enter all of the appropriate beneficiary data (MBI, last name, first name, and date of birth), along with the date of service you need to check.

When myCGS finds a SNF or hospital stay, the following information will be displayed on the SNF/Hospital Information screen:

- Start Date
- Patient Status
- Discharge Date
- End Date
- Admitted Date
- Facility NPI
- Facility Type

You can use the NPI to find the name and contact information of the SNF/Hospital by visiting the NPI Registry (https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do).

Skilled Nursing Facility (SNF)/Hospital Information 🖨 JC

Medicare ID:
Beneficiary Name:

Start Date	End Date	Facility Type	Patient Status	Admitted Date	Discharge Date	Facility NPI
05/24/07	06/05/07	Hospital Inpatient Admission to Discharge	Discharged/transferred to home under the care of an organized Home Health service organization	05/24/07	06/05/07	1518945799

Use the Facility NPI to find the name of the facility in the NPI Registry.

NPI REGISTRY — Select the NPI Registry button to access the NPI Registry in a new window.

NEW SEARCH   **EXIT**

CBA Information

The CBA Information screen allows you to easily determine if a beneficiary resides in a Competitive Bidding Area (CBA). After navigating to the CBA Information screen, simply enter the zip code where the beneficiary resides, and press the **SUBMIT** button. If the zip code is included in a CBA, then myCGS will display specific information about the CBA, including the CBA number and effective dates.

Competitive Bidding Area (CBA) Information Request 🖨 JC

CBA Zip	CBA	Effective Date	Expiration Date
37228	23395	07/01/2016	09/30/2018
37228	20315	07/01/2013	06/30/2016

NEW SEARCH   **EXIT**

Claims

Claims Overview

The Claims menu gives you access to a variety of information about the claims that you have submitted to Jurisdiction B or C, including:

- Claim status
- Explanation of denied/reduced claims
- Additional Documentation Request (ADR) viewing and response submission

- Pending claim information
- Ability to view/order a duplicate Remittance Advice (RA) and view an RA summary

Within the Claims menu, there are four main menu options: Claim Status, ADR, Pending Claims, and Order RA. Use the Claim Status screen to search for claim status and claim explanations. To view and/or respond to an ADR letter, go to the ADR screen. To find the total number of pending claims for your NPI/PTAN, go to the Pending Claims screen. If you need to order a duplicate Remittance Advice (RA) or view an RA summary, go to the Order RA screen (note that you can also order a duplicate RA after performing a claim status search).

All screens within the Claims menu automatically populate your NPI and PTAN; therefore you do not need to manually enter this information. If you have more than one NPI/PTAN and need to use a different NPI/PTAN than what is currently selected, follow the instructions in the Change NPI/PTAN section in this manual.

⊘ Claims ▾   ⊘ Cl

Claim Status

ADR

Pending Claims

Order RA

Claim Status

The *Claim Status* screen in myCGS allows you to find the status of any claim you have submitted to Jurisdiction B or C (depending on which jurisdiction you have selected). Within the Claim Status screen, you can find detailed information about your individual claims, including claim denial explanations. To access claim status, select the **Claim Status** option in the Claims menu.

Searching for Claims and Explanations

To search for the status of a claim, enter the following information on the Claim Status Request screen:

- Medicare ID
- Beneficiary Last Name
- Beneficiary First Name
- Date of Service From
- Date of Service To (optional)

> **NOTE:** When entering the date of service, myCGS will automatically add slashes; you only need to enter the six digits of the date of service. This is true of all date fields in myCGS.

Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. **The search results will be limited to only display claim history for the NPI/PTAN listed in the search criteria.** If you need to use a different NPI/PTAN than what is currently selected, follow the instructions in the Change Change NPI/PTAN section in this manual

Note that the "Date of Service To" field is optional. If you are looking for only one specific date of service, leave this field blank. If you would like to see all claims that you have submitted for a beneficiary over a certain period of time, then use this field to span the date range in your search.

After entering the claim data, press the **SUBMIT** button.

Claim Status Summary

After pressing the **SUBMIT** button, myCGS will return claim information found for the search criteria. The following information will be displayed on screen:

- Claim Control Number (CCN)
- Remit Date
- Deductible Applied (DED)
- Paid Amount
- Status
- Place of Service
- HCPCS Code
- From Date
- To Date
- Number of Services
- Submitted Amount
- Allowed Amount
- Claim explanation (if applicable)

In addition to the above claim information, the Claim Status screen in myCGS includes several "claim action buttons" which allow you to perform additional tasks related to the claim. Refer to the Claim Actions section below for details.

The image below shows an example of the Claim Status Summary screen:

Claim Actions

On the Claim Status **Summary** screen in myCGS, there are several claim action buttons that allow you to perform specific tasks associated with the claim. There are five claim action buttons on the Claim Status Summary screen:

- **Claim Correction –** request a simple correction to the claim
- **Redeterminations –** submit a Redetermination request form for the claim
- **Reopenings –** submit a Reopening request form for the claim
- **Order RA –** order a duplicate Remittance Advice
- **ADR –** check to see if an ADR letter was sent regarding the claim

If you need to make a simple correction to a completed claim, you can do so by using the **Claim Correction** button. Refer to the Claim Correction section in this manual for instructions on using the Claim Correction feature in myCGS.

To submit Redeterminations or Reopenings requests from the Claim Status screen, you can do so via the **Redeterminations** or **Reopenings** button (whichever is appropriate). Refer to the Redeterminations Form Submission section and Reopenings Form Submission section for instructions.

If you would like to order a duplicate copy of a Remittance Advice (RA), press the **Order RA** button. A duplicate RA will then be printed and mailed to your address on file. You can also order a duplicate RA from the Order RA screen (refer to the Order RA section below).

To check to see if an Additional Documentation Request (ADR) letter was sent regarding the claim, press the **ADR** button. If an ADR letter was indeed sent, a popup box will display the ADR Detail screen, where you can view the ADR letter itself and respond to the ADR if the claim is still pending. Refer to the ADR section below for details and instructions on using the ADR Detail screen and how to respond to an ADR in myCGS.

> **NOTE:** If you are an End User, your default permissions to Claim Corrections, Redeterminations, Reopenings, and ADR are set to off. Your Designated Approver must grant you permission to use these features.

When submitting Redeterminations or Reopenings requests via the Claim Status screen, you will need to select the specific claim line(s) you wish to include in your submission request. To

do so, first press the Redeterminations or Reopenings button (as appropriate), and then select the appropriate claim line(s) using the "Select" checkboxes as shown in the image below.
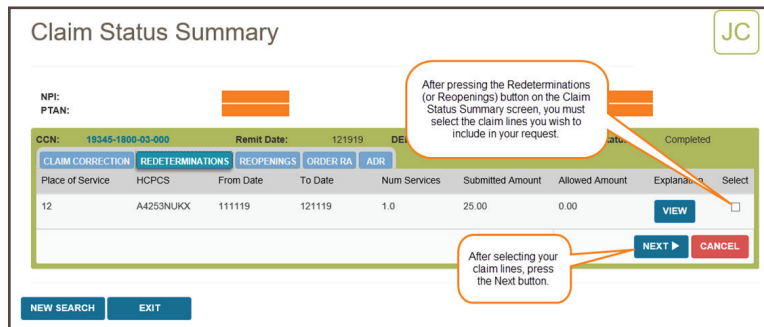
Claim Explanations

If a claim you have submitted has been denied or has paid at less than the submitted amount, myCGS will provide an explanation to help you understand the situation. Press on the **View** button in the Explanation column in order to see the claim explanation. A new window will pop up showing the explanation, as shown in the image below. Press the **OK** button to dismiss the message.
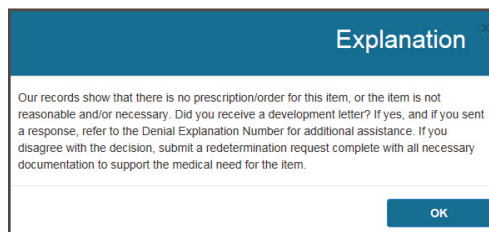
Additional Claim Detail

You can select a displayed claim to get more detail using the CCN link of the claim. After selecting the CCN, the Claim Status Detail Information window will appear. The following additional detail is available:

- Status
- Completed Date
- Provider Paid Amount
- Denial Code Explanations (if applicable)
- ADR Sent Date (if applicable)
- ADR Denial Date (if applicable)

- ADR Response Receipt Date (if applicable)
- Ordering/Referring Physician NPI
- Ordering/Referring Physician Name
- GR/REAS Codes, Remarks Codes, and their Corresponding Amounts

The following image shows an example of the Claim Status Detail Information window:

To return to the Claim Summary screen, press the **EXIT** button.

ADR

When the DME MAC needs additional information to process a claim correctly, we send what is called an Additional Documentation Request (ADR) letter. This may include claims that are currently in process and have not received a payment decision (known as Pre-Pay) or claims that were initially paid but now require additional information to maintain payment (Post-Pay). If you receive an ADR letter, you must respond to the request in the given timeframe in order for your claim to be processed correctly and avoid denial (or recoupment). myCGS gives you the ability to check ADR status, view ADR letters, and submit your response directly within the portal.

The ADR screen in myCGS gives you access to all of your ADR needs. From the ADR screen, which you can access via the ADR option in the Claims menu, you can:

- Find all of your open and/or closed ADR cases (for both Pre-Pay and Post-Pay)
- Check the status of your ADR cases
- View the details of your ADR claims
- View a copy of the ADR letter that was mailed to you
- Submit your response to the ADR
- View a summary of any education provided to you by CGS

The sections below outline each individual ADR screen and function. For a "quick reference" guide on how to respond to an ADR in myCGS, refer to the ADR Response Quick Reference section.

ADR Select

The ADR Select screen allows you to search for ADRs (both Pre-Pay and Post-Pay) over a three-month span. You can search for open cases, closed cases, or both. **The search will return results based on the date ADR letters were generated (not the date of service of the claim).**

To search for ADRs, enter the following data on the ADR screen:

- ADR Letter Date Range, From and Through

> **NOTE:** The maximum date span is three-months. Only ADRs within the past year are available. Attempts to search for greater than a three-month span or dates greater than one year prior to today's date will result in an error.

- Search option—Open Only, Close Only, or Both Open and Closed

Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. **The search results will be limited to only display claim history for the NPI/PTAN listed in the search criteria.** If you need to use a different NPI/PTAN than what is currently selected, follow the instructions in the Change NPI/PTAN section in this manual.

After entering your ADR search data, press the **SUBMIT** button.

The ADR Summary screen will then display any ADRs that meet your search criteria. Note that you can use the Pre Pay and Post Pay radio buttons at the top of the ADR Summary results screen to filter the ADRs shown.

- Pre Pay/Post Pay – an indicator of whether the ADR was sent prior to the initial claim's completion (Pre-Pay) or after the initial claim's completion (Post-Pay)
- CCN – the Claim Control Number of the claim associated with the ADR; press the CCN to view the ADR Detail screen
- ADR Letters – the ADR letter number; press the ADR letter number to view a copy of the letter
- Letter Date – the date the ADR letter was generated by CGS
- Letter Delivery Method – the method by which the letter was sent to you (i.e., mail)
- Letter Delivery Location – the location where the ADR letter was sent
- Status – the current status of the ADR and claim; there are three possible statuses:

  - Closed – the ADR has completed; press the closed status link to view the ADR Detail screen
  - Respond – the claim is waiting a response to the ADR; press the respond status ink to respond to the ADR in myCGS
  - Received – a response to the ADR has been received and is currently pending; it may take up to 30 days to process the claim once we have received your ADR response

To view a summary of the education that has been provided to you by our Medical Review department, select the Educational Summary button at the bottom of the ADR results (see the Educational Summary section below).
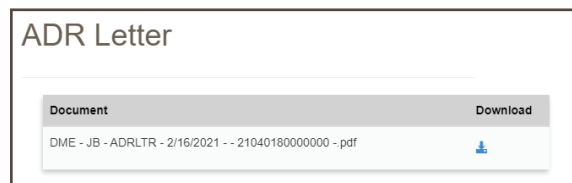
Viewing an ADR Letter

To view a copy of the ADR letter sent by CGS, press the ADR letter number (for instance, "769" in the image above). After pressing the link, a popup window will be displayed showing the letter details. To view the letter itself, press the Download icon. The letter will then open in a new window.

ADR Detail

To view details of an ADR, select the CCN link of the claim listed on the ADR Summary screen. The ADR Detail screen will then be displayed with the following information:

- Documentation Received by CGS – the date CGS received a response to the ADR (if applicable); note that this date may not match the ADR Response Receipt Date listed on the Claim Status screen exactly, as these dates are pulled from different systems

- Date New ADR Letter Sent – the date a new ADR letter was sent (if applicable)

- Review Result Code(s) – select the Review Results/DEN Codes to view an explanation of why the claim was denied (if applicable)

  - The Review Results link applies to Post-Pay ADR only

  - The DEN Codes link applies to Pre-Pay ADR only

- Date Review Completed – the date the ADR review was completed

- Claim Completed – the date the claim was completed

- Appeal Request Status – the status of any related Reopening or Redetermination request (if applicable)

- ADR Letters – the ADR letter number; press the ADR number to view a copy of the ADR letter

- Actions – press the ADR button to view claim status details of the claim in question; press the Respond button (if present) to respond to an open ADR

ADR Detail - Post Pay

Documentation Received by CGS	Date New ADR Letter Sent	Review Result Code(s)	Date Review Completed	Claim Completed	Appeal Request	ADR Letters	Actions
1/26/2021	N/A	Review Results DEN Codes	1/27/2021	1/7/2021	Reopening status: None Redetermination status: None	769	ADR

RETURN

Responding to an ADR

To respond to an ADR in myCGS, press the **Respond** button on the ADR Detail screen or the ADR Summary screen. A popup window will ask if you wish to submit documentation for the ADR. Press Yes to continue.

my CGS   Information

Do you want to submit documentation for this request?

YES   NO

You will then see the ADR Submission screen, which will list details about the claim and provide the ability to upload documentation. Review the screen to be sure that you are responding to the correct claim and then use the Upload button to attach your documentation.

ADR Submission

CCN:

Medicare ID:

Beneficiary First Name:

Beneficiary Last Name:

Date of Service: 01/01/2019

HCPCS Code: A4253

NPI:

PTAN:

ADR Letter Number: 438

Julian Date: 19043

Select Files for Upload

Attachments:
A maximum of 15 attachments allowed per submission.
NOTE: Each attachment cannot exceed 50 MB.

UPLOAD

SUBMIT   CANCEL

After pressing the **Upload** button, a navigation window will popup allowing you to select the files you wish to attach and submit to CGS.

NOTE: The maximum size limit for upload is 50 MB per file. A maximum of 15 files may be attached per submission. Only the following files types are permitted for submission in myCGS:

- PDF
- TIFF
- DOC
- DOCX
- RTF

After selecting your documents, myCGS will list the files under the Upload button on the ADR Submission screen. Verify that all of the appropriate files have been selected and then press the **Submit** button to submit your response.

A popup message will appear, asking if you have attached all of your documentation. If you are ready to submit, press Yes. If you need to attach more documents or wish to cancel your response, press No.

After pressing yes, myCGS will upload your documents into the CGS internal processing system. You will receive a message stating that all files were submitted successfully, with the time and date of the submission. Note that the daily ADR response cut off time is 4:00 pm Central Time—any response submitted after 4:00 pm Central Time is considered to be received the following business day.

After you have submitted a response, you can verify your submission on the ADR Detail screen in the "Documentation Received by CGS" field. Note that this field will not update immediately after document submission, as the request must be processed in our internal systems before the documentation received date is updated.

Educational Summary

The Educational Summary screen provides details and copies of any education provided to you by CGS, either by letter or telephone. To view your educational summary, perform an ADR search as detailed above, and press the Educational Summary button from the ADR Summary screen. The Educational Summary screen will then be displayed, showing any education provided during the date span of your search. Note that Educational Summary documents dated prior to 3/1/2019 are not available for viewing in myCGS.

**NOTE:** Educational Summary applies to Pre-Pay ADR only.

The Educational Summary screen provides the following information:

- Education Date – the date the education was provided

- Education Type – the type of education, letter or telephone; press the Letter or Teleconference link to view a copy of the letter or teleconference summary (opens in a new window/tab)

- HCPCS Code – the specific HCPCS code which was discussed in the education (if applicable)

Educational Summary		
Education Date	**Education Type**	**HCPCS Code**
07/17/2019	Letter	E0601
02/20/2019	Letter	K0001
01/15/2019	Letter	K0001
01/15/2019	Letter	K0001
01/16/2019	Letter	K0001
12/11/2018	Letter	
01/04/2019	Teleconference	
01/03/2019	Teleconference	
12/28/2018	Teleconference	A4253
12/28/2018	Teleconference	A4253
12/11/2018	Teleconference	A4253

RETURN

In order to view a PDF of the education provided, press the link found under Education Type (letter or teleconference). A popup window will appear—press the download icon on the popup window to view a copy of the education.

Educational Summary

Press the Download icon to view a copy of the education provided.

Document	Download
Letter	↓
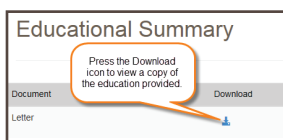
ADR Response Quick Reference

Below are simple step by step instructions on how to submit an ADR response. You can submit ADR responses through either the Claim Status screen or the ADR screen in myCGS.

From the ADR Screen

Follow these steps to submit a response to an ADR letter using the ADR screen in myCGS:

1. Go to the ADR screen and perform a search for open cases based on the date of your ADR letter (you can search up to a three-month date span).

2. From the ADR Summary screen, press the **Respond** link listed in the Status column for the CCN in question.

   NOTE: If you want to view details of the ADR before submitting your response, you can click on the CCN link of the ADR from the ADR Summary screen. This will open the ADR Detail screen. You can then submit your response from the ADR Detail screen by pressing the Respond button.

3. A popup window will ask if you want to submit documentation. Select **Yes**.

4. The ADR submission window will be displayed. Press the **Upload** button to select your files. Navigate to where your files are stored and select all of your desired documentation. Once you have made all of your file selections, press the **Submit** button.

5. A popup window will ask if you have uploaded all of your documents. If you have selected all of your desired files, select Yes to submit your request. If you forgot to include a file, select No and upload the rest of your files.

6. myCGS will then ingest all your documentation into our internal processing system. Once the upload has completed, you will receive a message stating that the files were successfully submitted. Note that it may take up to 30 days for your request to be processed by CGS.

From the Claim Status Screen

If you know the specifics of the claim in question, you can submit an ADR response from the Claim Status screen. Follow these steps:

1. Go to the Claim Status screen and perform a search for the claim in question.

2. On the Claim Status Summary screen, press the **ADR** button. The ADR Detail screen will be displayed (if an ADR has been sent).

3. On the ADR Detail screen, select the **Respond** button (note that the Respond button will only be present if the claim is still open).

4. A popup window will ask if you want to submit documentation. Select **Yes**.

5. The ADR submission window will be displayed. Press the **Upload** button to select your files. Navigate to where your files are stored and select all of your desired documentation. Once you have made all of your file selections, press the **Submit** button.

6. A popup window will ask if you have uploaded all of your documents. If you have selected all of your desired files, select Yes to submit your request. If you forgot to include a file, select No and upload the rest of your files.

7. myCGS will then ingest all your documentation into our internal processing system. Once the upload has completed, you will receive a message stating that the files were successfully submitted. Note that it may take up to 30 days for your request to be processed by CGS.

Pending Claims

The Pending Claims screen allows you to view information about the number of claims you have pending on either the payment floor, the Common Working Files (CWF), or in process. To access the pending claims, select the **Pending Claims** option in the Claims menu.

Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

To search for your pending claim information, press the **SUBMIT** button. myCGS will then display three types of pending claim information, as described below.

Pending Claims on Payment Floor

When a claim has been submitted to Medicare, it must wait a certain period of time before payment can be released. When a claim has been approved but has not yet reached the minimum waiting period, it is on the "payment floor." When searching for pending claim information, myCGS will display the number of your claims currently on the payment floor, as well as the dollar amount submitted and the projected payment amount for the claims. Note that the projected payment amount may differ from the actual Medicare payment/check that you will receive.

Pending Claims at CWF

When a claim has been approved for payment by CGS, it then must go to the Common Working Files (CWF) for final approval. Claims that are pending at CWF are one step closer to completion, but have not yet actually been approved.

Pending claim information in myCGS provides you with the total number of claims and dollar amount submitted that are currently pending at CWF.

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Other Pending Claims in Process

Before CGS has made a claim decision, your claim is considered to be pending and in process. Pending claim information in myCGS allows you to see the total number of claims and dollar amount submitted that have been received by CGS, but in which a payment determination has not yet been made.

Order RA

The Order RA screen allows you to view a duplicate copy of a Remittance Advice (RA). You can also view a detailed summary of an RA or order a duplicate copy of an RA that will be sent via mail.

To view/order an RA or RA summary, follow these steps:

- In the Claims menu, select the **Order RA** option.

- Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

- In the "Remittance Advice Date From" field, enter the date of the RA you wish to view/order, and then press the **SUBMIT** button.

A general summary of your RA will then be displayed, showing the provider paid amount, check amount, and offset amount.

- To view a copy of your RA, press the **View** button found in the Remittance Advice field. A popup window that includes a Download button will open. Press the Download button, and the RA will open in a new window.

> **NOTE:** RAs are available in myCGS the afternoon following the day they were generated. For instance, if an RA is generated/dated October 7, it will be available for viewing on October 8 in the afternoon. Only electronic RAs generated beginning October 7, 2019, and paper RAs generated beginning September 10, 2019, are viewable in myCGS. For older RAs, use either the Order RA or RA Details option.

- To order a duplicate RA via mail, press the **Order RA** button.

- To view a detailed summary of your RA, press the **RA Details** button.

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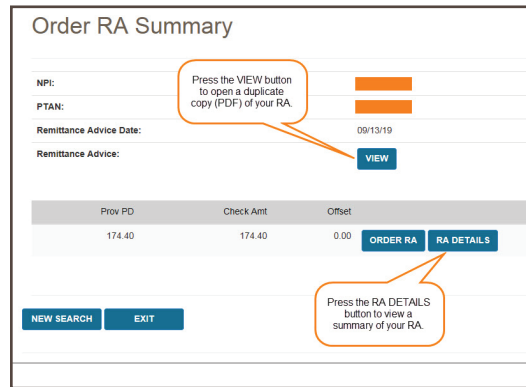
If you choose to view RA Details, your screen will expand to show the following fields:

- Claim totals (billed amount, allowed amount, deductible, coinsurance, provider paid amount, and check amount)

- Total assigned claims

- Financial details (previously paid amount, paid to beneficiary amount, interest, MSP, offset amount, and other adjustments)

- Offsets (CCN, patient number, DCN, and offset amount)

- Claim details (CCN, HICN/MBI, amount paid, check amount, and interest for each individual claim on the RA)

When viewing RA Details, you can also find details for each individual claim on the RA. Simply press the Claim Detail button, as shown in the image below, and a new window will pop up showing a summary of the individual claim.
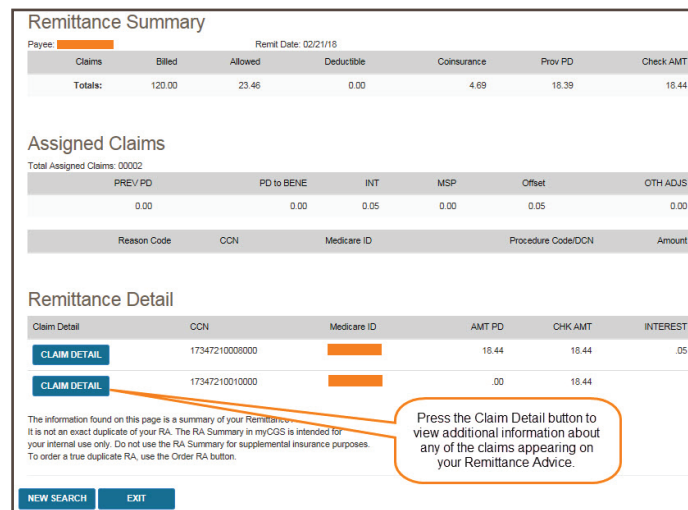
You can view even more information about the claim using the CCN link from the Claim Detail window, as shown below.

Claim Preparation

Claim Preparation Overview

The Claim Preparation menu gives you access to a variety of information that you may need before filing a claim to CGS, including information about same or similar equipment that the beneficiary may have on file.

There are six main menu options in the Claim Preparation menu:

- **CMN Status –** allows you to search for a beneficiary's CMN history
- **Ordering/Referring Physician –** allows you to determine the status of a physician's NPI
- **Diabetic Supplies/Shoes –** allows you to search for a beneficiary's claim history for either diabetic testing supplies or diabetic shoes
- **Claim History –** allows you to find the past claim history of a specific item/HCPCS code billed to Jurisdiction B or C
- **Prior Auth**
  - **Status –** allows you to view the status of Prior Authorization requests
  - **Form Submission –** allows you to submit a Prior Authorization request via myCGS
- **ADMC**
  - **Status –** allows you to view the status of ADMC requests
  - **Form Submission –** allows you to submit an ADMC request via myCGS

Refer to the sections below for detailed information about each of these menu options.

All screens within the Claim Preparation menu automatically populate your NPI and PTAN; therefore you do not need to manually enter this information. If you have more than one NPI/PTAN and need to use a different NPI/PTAN than what is currently selected, follow the instructions in the Change NPI/PTAN section in this manual.
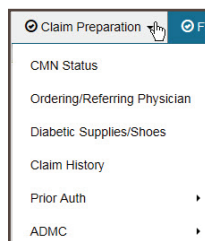
CMN Status

The CMN Status screen in myCGS allows you to search a beneficiary's CMN history. A beneficiary's CMN history is important to know, because it can help you avoid same or similar

equipment denials. For instance, if you need to know if a beneficiary has previously received oxygen equipment, you can use the CMN Status screen to search for an oxygen equipment HCPCS code, such as E1390. If you perform a CMN search for E1390, myCGS will show any related oxygen equipment CMNs that have been previously billed to Jurisdiction B or C (depending on which jurisdiction you have selected).

To search for CMN status, select the **CMN Status** option in the Claim Preparation menu, and enter the following information on the CMN Status screen:

- Medicare ID (MBI only)
- Beneficiary Last Name (first six letters)
- Beneficiary First Name (first initial)
- Beneficiary Date of Birth (six digits)
- HCPCS

> **HINT:** You can search for more than one HCPCS code at a time by using an asterisk (*) as a qualifier. For instance, if you enter E* in the HCPCS field, myCGS will return CMN results for any HCPCS code that begins with an E.

Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

After entering the information, press the **SUBMIT** button.

After pressing the **SUBMIT** button, myCGS will return CMN history found for the search criteria you entered, including the HCPCS code you entered and related HCPCS codes (i.e., same or similar). The following information will be displayed on screen:

- HCPCS
- Type (initial, revised, or recertification)
- Length
- Initial Date
- Revised/Recert Date (if applicable)

The image below shows an example of CMN status results. In this example, the user searched for all HCPCS codes beginning with E (by using "E*"):
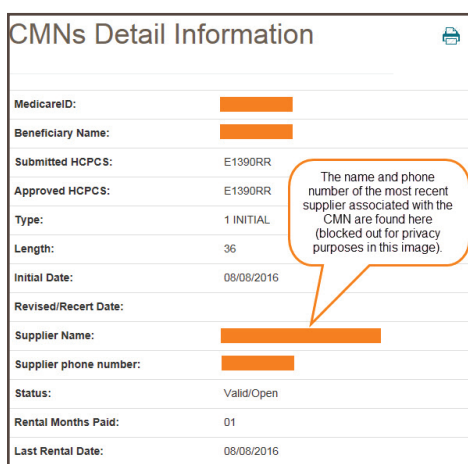

To get additional information about a CMN, select the HCPCS code of the appropriate CMN.

Upon pressing the HCPCS hyperlink, the CMN Detail Information window will appear with the following CMN details:

- Submitted HCPCS
- Approved HCPCS
- Type (initial, revised, or recertification)
- Length

- Initial Date
- Revised/Recert Date (if applicable)
- Supplier Name
- Supplier Phone Number

- Status
- Rental Months Paid*
- Last Rental Date

* The rental months paid displayed in myCGS account for payments made by Jurisdiction B or C (depending on which jurisdiction you have selected), but not for other DME MACs. If a beneficiary has resided in another jurisdiction, it is possible that additional rental months have been paid.

The following image shows an example of the CMN Detail Information window:

To return to the CMN Summary screen, press the EXIT button.

A Few Notes about CMNs

CMNs that appear in myCGS may be true CMNs or "dummy" CMNs. A true CMN is a CMN or DIF that was completed by a physician/supplier and submitted to Jurisdiction B or C with a claim. A dummy CMN is a CMN set up for the purposes of tracking payments on capped rental items or inexpensive and routinely purchased (IRP) items.

When a capped rental item has been extended beyond the initial 13 month rental period due to a break in billing, it will appear as a revised CMN in myCGS.

Accessories which are capped rental items or IRP items will be shown as their own CMN within myCGS for the sake of tracking payments, even if the accessory was listed on the same CMN as the base equipment.

Ordering/Referring Physician

Claims submitted to a DME MAC must include the ordering/referring physician's NPI. The physician's NPI must be enrolled in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) to be valid. You can use myCGS to check a physician's NPI for valid PECOS enrollment.

To search for ordering/referring physician status, select the **Ordering/Referring Physician** option in the Claim Preparation menu, and enter the following information:

- Ordering/Referring Physician NPI
- Physician Last Name (first six letters only)

After entering the information, press the **SUBMIT** button.

myCGS will return a statement regarding the ordering/referring physician status found for the search criteria.

The image below shows a response for a physician who is currently enrolled in PECOS:

If you need to perform another physician NPI search, press the CLEAR button, and then enter the next physician's information.

Diabetic Supplies/Shoes History

The Diabetic Supplies/Shoes History screen in myCGS allows you to check a beneficiary's history of diabetic supplies and shoes claims. You can use this information on a pre-claim basis in order to determine if a beneficiary is eligible for additional supplies or shoes. You can also use this feature if you have had a claim denied due to overutilization and wish to find out if the beneficiary received supplies or shoes from another DMEPOS supplier. To access the Diabetic Supplies/Shoes History screen, select the **Diabetic Supplies/Shoes** option in the Claim Preparation menu.

The first step in searching for diabetic history is to choose the type of diabetic items you need to find. To do so, select the appropriate option in the History Type drop-down menu:

- **Testing Supplies A4253 and A4259 –** This option will only search for HCPCS codes A4253 and A4259
- **Testing Supplies Other –** This option will search for all diabetic supply HCPCS codes other than A4253 and A4259
- **Shoes A5500 and A5501 –** This option will only search for HCPCS codes A5500 and A5501
- **Shoes Other –** This option will search for all diabetic shoe insert HCPCS codes, but not A5500 and A5501

After selecting your history type, enter the rest of the required search information, as detailed in the sections below.

Diabetic Supplies

To search for diabetic supply history, go to the Claim Preparation menu, and select **Diabetic**

Supplies/Shoes.

After choosing the appropriate History Type, enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name (first six letters)
- Beneficiary First Name (first initial)
- Beneficiary Date of Birth (six digits)
- Date of Service (myCGS will check for claims 90 days before and 90 days after the date that you enter for A4253 and A4259, and six months before and after for other testing supplies)

After pressing the **SUBMIT** button, myCGS will return the following diabetic supply claim history found for the search criteria:

- From Date
- To Date
- HCPCS (with modifiers)
- Units
- Provider Name
- Provider Phone Number
- Status (Allowed or Denied)

The following image shows an example of diabetic supply history for a beneficiary who has received HCPCS codes A4253 and A4259:

Diabetic Shoes

To search for diabetic shoe history, go to the Claim Preparation menu, and select **Diabetic Supplies/Shoes**.

After choosing the appropriate History Type, enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name
- Beneficiary First Name
- Date of Birth
- Calendar Year*

* myCGS will check for shoe claim history only in the calendar year you select.

After pressing the **SUBMIT** button, myCGS will return the following diabetic shoe claim history found for the search criteria:

- From Date
- To Date
- HCPCS (with modifiers)
- Units
- Provider Name
- Provider Phone Number
- Status (Allowed or Denied)

The following image shows an example of claim history for a beneficiary who received diabetic shoes (A5500) in 2017:

Claim History

The Claim History screen in myCGS allows you to find the claim history of a specific HCPCS code for a beneficiary. You can use this information on a pre-claim basis in order to determine if a beneficiary has previously received a specific item. Using the claim history search can help you avoid same or similar equipment denials.

> **HINT:** If you are searching for same or similar history for a Capped Rental item or Inexpensive or Routinely Purchased (IRP) item, it is best to check CMN Status before searching Claim History. Using both of these options in myCGS will give you a more complete picture of a beneficiary's equipment history.

To search for claim history, go to the Claim Preparation menu, select **Claim History**, and then enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name (first six letters)
- Beneficiary First Name (first initial)
- Beneficiary Date of Birth (six digits)

- HCPCS
- Claim History Starting Date*
- Claim History Ending Date*

* Although there is no limit to the date span range you use in the claim history search, a shorter date range will result in faster response times.

After pressing the **SUBMIT** button, myCGS will return the following claim history found for the search criteria you entered:

- Medicare ID (MBI only)
- From Date
- To Date

- HCPCS (with modifiers)
- Units
- Provider Name

- Provider Phone Number
- Status (Allowed or Denied)

In the following image, the user searched claim history for HCPCS code K0553.

Prior Authorization

The Prior Authorization screens in myCGS allow you to view the status of Prior Authorization requests you've submitted to Jurisdiction B or C, as well as to submit new Prior Authorization requests. To view status of a Prior Authorization request, go to the Claim Preparation menu, choose Prior Auth, and then select the Status sub-menu. To submit a Prior Authorization request, choose Form Submission from the Prior Auth sub-menu.

For information about Prior Authorization, refer to the Medical Review pages found on our Jurisdiction B or C website—go to https://www.cgsmedicare.com, select either JB or JC DME, and then go to Medical Review. Prior Authorization information is also available in Chapter 9 of the Supplier Manual.
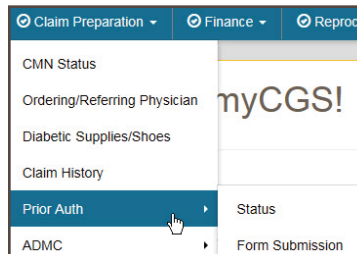
Prior Authorization Status

The Prior Authorization Status screen in myCGS allows you to view the status of any Prior Authorization request you have submitted to Jurisdiction B or C (depending on which jurisdiction you have selected). To search for Prior Authorization status, select Prior Auth from the Claim Preparation menu, choose Status in the **Prior Auth** sub-menu, and then enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name (first six letters)
- Beneficiary First Name (first initial)
- Beneficiary Date of Birth (six digits)
- HCPCS Code

NOTE: Please allow three business days after submission for requests to appear in myCGS.

After pressing the Submit button, myCGS will return the following information:

- Status
- Date of Receipt
- Date of Decision
- Action Taken (Affirmed or Non-Affirmed)
- Denial Reason (if the request was non-affirmed)
- UTN
- Documents

Prior Authorization Information

Beneficiary Name:
Medicare ID:
HCPCS: k0813

Status	Date of Receipt	Date of Decision	Action Taken	Denial Reason	UTN	Documents
Pending	06/27/2019	07/21/2019	Affirmed		0CD19197900003	View
Pending	06/26/2019	07/21/2019	Pending			View

NEW SEARCH   EXIT

To view the Prior Authorization decision letter, press the View link in the documents column. myCGS will then open a document window where you can view and print the letter by pressing the Download icon.

Prior Auth Documents

Document	Download
19179 - 34473626 - - DME: MED - Prior Auth Letters - - -.pdf	⬇

Prior Authorization Form Submission

The Prior Authorization Form Submission screen in myCGS allows you to submit Prior Authorization requests to Jurisdiction B or C. To submit a Prior Authorization request, select **Prior Auth** from the Claim Preparation menu, choose **Form Submission** in the Prior Auth sub-menu, and then enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name
- Beneficiary First Name
- Beneficiary Date of Birth (six digits)
- HCPCS Code

Note that myCGS will only accept HCPCS codes which are valid for Prior Authorization submission (a list of codes is available on our website and in the Supplier Manual, Chapter 9).

Prior Authorization Submission

NPI:
PTAN:
Medicare ID: Please enter MBI only
Beneficiary Last Name: Minimum first six characters
Beneficiary First Name: Minimum first character
Beneficiary Date of Birth: mm/dd/yy
HCPCS Code:

SUBMIT   CLEAR   EXIT

After pressing the **Submit** button, myCGS will verify the beneficiary and HCPCS information you have entered, and then will take you to the Prior Authorization Request (PAR) Coversheet screen.

On the PAR Coversheet, complete all of the required information, and attach your supporting documentation. To attach documents, press the **Upload** button.

Prior Authorization Request (PAR) Coversheet

After pressing the **Upload** button, a navigation window will pop up allowing you to select the files you wish to attach and submit with your request.

NOTE: The maximum size limit for upload is 50 MB per file. A maximum of 15 files may be attached per submission. Only the following files types are permitted for submission in myCGS:

- PDF   - TIFF   - DOC   - DOCX   - RTF

After selecting your documents, myCGS will list the files under the Upload button on the screen. Verify that all of the appropriate files have been selected and then press the **Submit** button to submit your request.

A popup message will appear, asking if you have attached all of your documentation. If you are ready to submit, press Yes. If you need to attach more documents or wish to cancel your request, press No.

After pressing yes, myCGS will upload your request into the CGS internal processing system. You will receive a message stating that your request was submitted successfully, with the time and date of the submission.

After submitting your request, you can use the Prior Authorization Status screen to check the status of your request; however, it will take up to three business days after submission before the status of your request is available.

ADMC

The ADMC screens in myCGS allow you to view the status of Advanced Determination of Medicare Coverage (ADMC) requests you've submitted to Jurisdiction B or C, as well as to submit new ADMC requests. To view status of an ADMC request, go to the Claim Preparation

menu, choose ADMC, and then select the Status sub-menu. To submit an ADMC request, choose Form Submission from the ADMC sub-menu.

For information about ADMC, refer to the Medical Review pages found on our Jurisdiction B or C website—go to https://www.cgsmedicare.com, select either JB or JC DME, and then go to Medical Review. ADMC information is also available in Chapter 9 of the Supplier Manual.
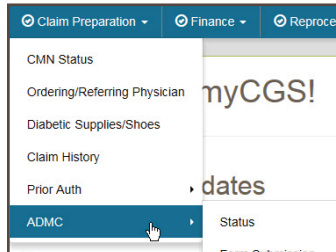
ADMC Status

The ADMC Status screen in myCGS allows you to view the status of any ADMC request you have submitted to Jurisdiction B or C (depending on which jurisdiction you have selected). To search for ADMC status, select ADMC from the Claim Preparation menu, choose Status in the ADMC sub-menu, and then enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name (first six letters)
- Beneficiary First Name (first initial)
- Beneficiary Date of Birth (six digits)
- HCPCS Code

NOTE: Please allow three business days after submission for requests to appear in myCGS.

After pressing the Submit button, myCGS will return the following information:

- Status
- Date of Receipt
- Date of Decision
- Action Taken (Affirmed or Non-Affirmed)

- Denial Reason (if the request was non-affirmed)
- DCN
- Documents

To view the ADMC decision letter, press the View link in the documents column. myCGS will then open a document window where you can view and print the letter by pressing the Download icon.

ADMC Form Submission

The ADMC Form Submission screen in myCGS allows you to submit ADMC requests to Jurisdiction B or C. To submit an ADMC status, select **ADMC** from the Claim Preparation menu, choose **Form Submission** in the ADMC sub-menu, and then enter the following information:

- Medicare ID (MBI only)
- Beneficiary Last Name
- Beneficiary First Name
- Beneficiary Date of Birth (six digits)
- HCPCS Code

Note that myCGS will only accept HCPCS codes which are valid for ADMC submission (a list of codes is available on our website and in the Supplier Manual, Chapter 9).

After pressing the **Submit** button, myCGS will verify the beneficiary and HCPCS information you have entered, and then will take you to the ADMC Submission Form screen.

On the ADMC Submission Form, complete all of the required information, and attach your supporting documentation. To attach documents, press the **Upload** button.

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After pressing the Upload button, a navigation window will pop up allowing you to select the files you wish to attach and submit with your request.

> **NOTE:** The maximum size limit for upload is 50 MB per file. A maximum of 15 files may be attached per submission. Only the following files types are permitted for submission in myCGS:
>
> • PDF   • TIFF   • DOC   • DOCX   • RTF

After selecting your documents, myCGS will list the files under the Upload button on the screen. Verify that all of the appropriate files have been selected and then press the **Submit** button to submit your request.

A popup message will appear, asking if you have attached all of your documentation. If you are ready to submit, press Yes. If you need to attach more documents or wish to cancel your request, press No.

After pressing yes, myCGS will upload your request into the CGS internal processing system. You will receive a message stating that your request was submitted successfully, with the time and date of the submission.

After submitting your request, you can use the ADMC Status screen to check the status of your request; however, it will take up to three business days after submission before the status of your request is available.
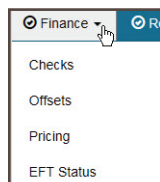
Finance

Finance Overview

The Finance menu in myCGS gives you access to a variety of financial information, including:

- The last five checks issued to your account
- Recent outstanding checks
- Offset information
- Pricing (fee schedules)
- EFT application status

Within the Finance menu, there are four options: Checks, Offsets, Pricing, and EFT Application Status. The **Checks** screen allows you to see the checks that have been issued to you recently, as well as any outstanding (not cashed) checks. The **Offsets** screen allows you to find information about overpayments that have resulted in an offset to your account, including the name and HICN/MBI of the beneficiary on the original overpayment. The **Pricing** screen provides a link to the current DME MAC fee schedules. The **EFT Application Status** screen allows you to check the status of any Electronic Funds Transfer (EFT) update requests that you have sent to CGS.

All screens within the Finance menu automatically populate your NPI and PTAN; therefore you do not need to manually enter this information. If you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

Checks

The Checks screen allows you to see the last five issued checks issued to your account by CGS, as well as outstanding checks that have been issued in the last 30 days. To search for your checks, select the **Checks** option in the Finance menu. Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

After confirming the NPI and PTAN are correct, press the **SUBMIT** button.

myCGS will return the following check information:

- The date, amount, and status of the last five checks issued to your NPI/PTAN
- The date and amount of any outstanding checks issued to your NPI/PTAN within the last 30 days

Note that if you have outstanding checks that are greater than 30 days old, they will not be reflected in the check results.

The following image shows an example of check results in myCGS:

Offsets

The Offsets screen gives you access to information about overpayments that have resulted in an offset. To use the Offsets screen, you will need the Financial Control Number (FCN) of the overpayment.

To search for an offset, select the **Offsets** option in the Finance menu. Once on the Offsets screen, enter the FCN of your offset. You can find the FCN on your remittance advice. Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

After pressing the **SUBMIT** button, myCGS will return the following offset information:

- Original overpayment date
- Current offset balance (if any)
- Medicare ID (HICN/MBI) of the beneficiary on the original overpayment
- Name of the beneficiary on the original overpayment
- Date of service of the claim that was overpaid

The image below shows an example of the Offset screen:

Pricing

The DME MAC fee schedules are available for download or online viewing on the CGS website. The Pricing screen in myCGS gives you a direct link to the fee schedule page on our website.

To access pricing information, select the **Pricing** option in the Finance menu. From the Pricing screen, select on the pricing hyperlink. A new window will open, taking you directly to the Jurisdiction B or C fee schedule page on https://www.cgsmedicare.com.

EFT Status

If you have submitted an application for Electronic Funds Transfer (EFT), the **EFT Status** screen provides the current status of your application.

To search for your EFT status, select the **EFT Status** option from the Finance menu. Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If

you need to use a different NPI/PTAN than what is currently selected, change your NPI/PTAN following the instructions in the Change NPI/PTAN section in this manual.

> **NOTE:** Only EFT requests that have been submitted to CGS are available in myCGS. The status of an EFT request submitted to any other contractor is not available.

After pressing the **SUBMIT** button, myCGS will return the following information regarding your EFT application:

- Date in which your request was received

- Status of your request

The following image shows an example of the EFT Application Status screen:
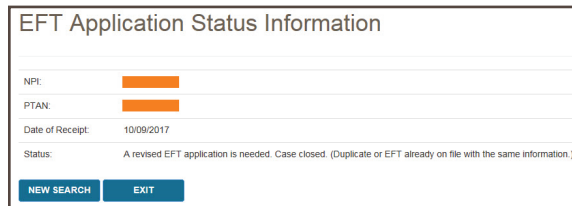
Reprocessing

Reprocessing Overview

The Reprocessing menu in myCGS gives you the ability to view the status of Redetermination and Reopening requests and the ability to submit Redeterminations, Reopenings, and Claim Correction requests. There are two main menu options in the Claim Preparation menu: **Redeterminations** and **Reopenings**, each of which have submenus which contain options for status or form submissions.

Refer to the sections below for detailed information about each of the Reprocessing menu options.
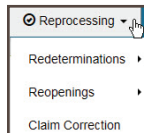
Redeterminations

The Redeterminations menu in myCGS includes two options: Status and Form Submission. Use the Status screen to find the current status of Redeterminations you've submitted to CGS. Use the Form Submission screen to submit a new Redetermination request. Refer to the sections below for details.
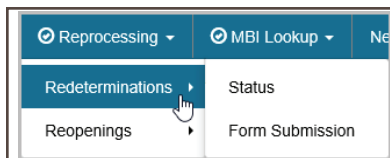
Redeterminations Status

The Redeterminations Status screen provides current status of redetermination requests that you have submitted to Jurisdiction B or C (depending on the jurisdiction you have selected). You can search for a redetermination in myCGS by either the Document Control Number (DCN) of the request or the Claim Control Number (CCN) of the original claim.

To search for Redetermination status, go to the Reprocessing menu, select **Redeterminations Status**, and then enter the following information:

- DCN or CCN (as appropriate)
- HICN or MBI of the beneficiary on the claim which you have appealed

Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you have more than one NPI/PTAN and need to use a different NPI/PTAN than what is currently selected, follow the instructions in the Change NPI/PTAN section in this manual.

Redeterminations Status Request

Please allow 3 business days for submitted documents to reflect in the system.

DCN/CCN:		○ DCN ● CCN
Medicare ID:		○ HICN ● MBI
NPI:		
PTAN:		

SUBMIT   CLEAR   EXIT

After pressing the **SUBMIT** button, myCGS will return following information about your request:

- Date of Receipt
- Status
- Date of Decision
- CCN
- DCN

The following image shows an example of redetermination status:

Redeterminations Status Information   JC

CCN: 19317200010000
MBI:

Date of Receipt	Status	Date of Decision	CCN	DCN	Documents
01/17/2020	Pending Review	n/a	19317200010000	20017000002	VIEW

NEW SEARCH   EXIT

myCGS also allows you to view any related documents attached to your Redeterminations request. To view the attached documents, press the View button in the Documents column. A popup window will appear on screen, showing a list of any documents that are attached to the request. You can then press the download icon next to the document you wish to view to open the document in a new window.

Redeterminations Documents

Document	Download
WebPortalCoverLetter.pdf	↧
REDREOLetter479.pdf	↧

NOTE: When myCGS pulls documents related to your search criteria, a variety of documents may be displayed. This will include any documents you have submitted with your original request and any letters sent to you by CGS. Note that myCGS may also display documents from other Redeterminations/Reopenings cases that meet your search criteria. For instance, if you search for Redeterminations Status in myCGS and there are other Redeterminations cases on file matching your search, then myCGS may also display documents and letters related to those cases.

Redeterminations Form Submission

The Redeterminations Form Submission screen in myCGS allows you to submit Redeterminations requests for claims that you have submitted to CGS. Redeterminations submitted through myCGS will be processed by the DME MAC just like Redeterminations submitted via fax or mail. For information about the Redeterminations process, refer to Appeals section of our website (https://www.cgsmedicare.com) and/or the Supplier Manual, Chapter 13.

> **NOTE:** If you are an End User, then Redeterminations Form Submission access is turned off by default. Your Designated Approver (DA) must grant you access before you can use the Redeterminations Form Submission Screen. If you need access, please contact your DA.

In order to initiate your request, the original claim in question must have already completed processing and must be eligible for a Redetermination. If the claim is still in process, you must wait for it to complete processing before submitting your request. Use the Claim Status screen in myCGS to check on the current status of your claim. If a Redetermination cannot be requested for the claim you select for any reason, you will receive an error message with instructions.

You can initiate Redeterminations requests in myCGS from either the Claim Status screen (in the Claims menu) or from the Redeterminations Form Submission screen (in the Reprocessing menu). Both options work the same way; it is a matter of personal preference/convenience as to which screen you use to begin. To submit a Redetermination in myCGS, follow the steps below.

Step 1 – Select Your Claim(s)

The first step in requesting a Redetermination in myCGS is to select the claim or claims you wish to include in your request. You can find your claim using either a regular Claim Status search (via the Claims menu—refer to the Claims section in this manual) or through the Redeterminations Form Submission screen (in the Reprocessing menu). Either method will take you to the same Redeterminations Request Form after you have found and selected your claim.

From the Claim Status screen, select your claim(s) by pressing the Redeterminations button on the Claim Status Summary screen. After pressing the Redeterminations button, you must select the claim lines you wish to include in your request. After selecting your claim lines, press the Next button. This will take you to the Redeterminations Request Form.

From the Redeterminations Form Submission screen (in the Reprocessing menu), enter the beneficiary's Medicare ID. Your NPI and PTAN will be auto-populated (make sure you have the correct NPI/PTAN selected). Then enter the CCN of the claim you wish to appeal, and press the ADD CCN button. If you wish to include more than one claim in your request, continue to add more CCNs until all of the claims you need to appeal are included.

Once you have added a CCN successfully, it will appear on the screen with a green checkmark next to it, as shown in the following image.

If the claim in question is past the timely filing limit for submitting a Redetermination request, the Past Timely popup message will appear. If you have good cause to submit your request past the timely limit, enter your reason in the Past Timely window and press Save.

After adding your CCN(s), press the NEXT button to continue with your request.

Step 2 – Complete the Redeterminations Request Form

The Redeterminations Request Form in myCGS includes all the same information as the normal Redeterminations Request Form that you would use to mail or fax Redeterminations requests. The supplier and beneficiary information sections will be auto-populated based on your user information and the claim(s) you've selected. Complete the rest of the form just as you would complete the paper version of the Redeterminations Request Form.

Step 3 – Upload Files and Submit

The final step before submitting your request is to attach your supporting documentation. To upload your files, press the **Browse** button at the bottom of the form. After pressing the Browse button, a navigation window will pop up allowing you to select the files you wish to attach and submit with your request.

> **NOTE:** The maximum size limit for upload is 50 MB per file. A maximum of 15 files may be attached per submission. Only the following files types are permitted for submission in myCGS:
>
> • PDF • TIFF • DOC • DOCX • RTF

After selecting your documents, myCGS will list the files under the Browse button on the screen. Verify that all of the appropriate files have been selected and then press the Submit button to submit your request.

After pressing the Submit button, your request will be submitted to CGS and processed just like a Redetermination request that was submitted via mail or fax. You can check the status of your request using the Redeterminations Status screen. Please allow three business days for submitted requests to reflect in the system.

Reopenings

The Reopenings menu in myCGS includes three options: Status, Form Submission, and Claim Correction. Use the Status screen to find the current status of Reopenings you've submitted to CGS. Use the Form Submission screen to submit a new Reopening request. Use the Claim Correction screen to make simple claim corrections. Refer to the sections below for details.
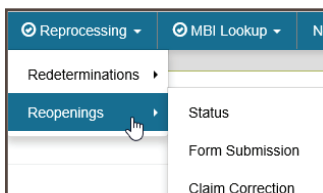
Reopenings Status

The Reopenings Status screen provides current status of reopening requests that you have submitted to Jurisdiction B or C (depending on the jurisdiction you have selected). You can search for a reopening in myCGS by either the Document Control Number (DCN) of the request or the Claim Control Number (CCN) of the original claim.

To search for Reopening status, go to the Reprocessing menu, select **Reopenings Status**, and then enter the following information:

- DCN or CCN (as appropriate)
- The beneficiary's MBI

Your NPI and PTAN will be auto-filled based on the NPI/PTAN you have selected from your profile. If you have more than one NPI/PTAN and need to use a different NPI/PTAN than what is currently selected, follow the instructions in the Change NPI/PTAN section in this manual.

After pressing the **SUBMIT** button, myCGS will return following information about your request:

- Date of Receipt
- Status
- Date of Decision
- CCN
- DCN

The following image shows an example of reopening status:

myCGS also allows you to view any related documents attached to your Reopenings request. To view the attached documents, press the View button in the Documents column. A popup window will appear on screen, showing a list of any documents that are attached to the request.

You can then press the download icon next to the document you wish to view to open the document in a new window.
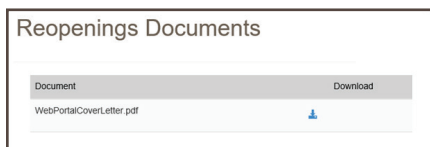
> **NOTE:** When myCGS pulls documents related to your search criteria, a variety of documents may be displayed. This will include any documents you have submitted with your original request and any letters sent to you by CGS. Note that myCGS may also display documents from other Redeterminations/Reopenings cases that meet your search criteria. For instance, if you search for Reopenings Status in myCGS and there are other Reopenings cases on file matching your search, then myCGS may also display documents and letters related to those cases.

Reopenings Form Submission

The Reopenings Form Submission screen in myCGS allows you to submit Reopenings requests for claims that you have submitted to CGS. Reopenings submitted through myCGS will be processed by the DME MAC just like requests submitted via fax or mail. For information about the Reopenings process, refer to the Reopenings section of our website (https://www. cgsmedicare.com) and/or the Supplier Manual, Chapter 13.

Note that if a claim is eligible for a simple claim correction, then using the Claim Correction screen in myCGS is the fastest and easiest way to reopen and correct your claim. Refer to the Claim Correction section below. You should use the Reopenings Form Submission only when a simple claim correction is not an option.

> **NOTE:** If you are an End User, then Reopenings Form Submission access is turned off by default. Your Designated Approver (DA) must grant you access before you can use the Reopenings Form Submission Screen. If you need access, please contact your DA.

In order to initiate your request, the original claim in question must have already completed processing and must be eligible for a Reopening. If the claim is still in process, you must wait for it to complete processing before submitting your request. Use the Claim Status screen in myCGS to check on the current status of your claim. If a Reopening cannot be requested for the claim you select for any reason, you will receive an error message with instructions.

You can initiate Reopenings requests in myCGS from either the Claim Status screen (in the Claims menu) or from the Reopenings Form Submission screen (in the Reprocessing menu). Both options work the same way; it is a matter of personal preference/convenience as to which screen you use to begin. To submit a Reopening in myCGS, follow the steps below.

Step 1 – Select Your Claim(s)

The first step in requesting a Reopening in myCGS is to select the claim or claims you wish to include in your request. You can find your claim using either a regular Claim Status search (via the Claims menu—refer to the Claims section in this manual) or through the Reopenings Form Submission screen (in the Reprocessing menu). Either method will take you to the same Reopenings Request Form after you have found and selected your claim.

From the Claim Status screen, select your claim(s) by pressing the Reopenings button on the Claim Status Summary screen. After pressing the Reopenings button, you must select the claim lines you wish to include in your request. After selecting your claim lines, press the Next button. This will take you to the Reopenings Request Form.

From the Reopenings Form Submission screen (in the Reprocessing menu), enter the beneficiary's Medicare ID. Your NPI and PTAN will be auto-populated (make sure you have the correct NPI/PTAN selected). Then enter the CCN of the claim you wish to appeal, and press the ADD CCN button. If you wish to include more than one claim in your request, continue to add more CCNs until all of the claims you need to appeal are included.

Once you have added a CCN successfully, it will appear on the screen with a green checkmark next to it, as shown in the following image.

After adding your CCN(s), press the NEXT button to continue with your request.

Step 2 – Complete the Reopenings Request Form

The Reopenings Request Form in myCGS includes all the same information as the normal Reopenings Request Form that you would use to mail or fax Reopenings requests. The supplier and beneficiary information sections will be auto-populated based on your user information and the claim(s) you've selected. Complete the rest of the form just as you would complete the paper version of the Reopenings Request Form.

Step 3 – Upload Files and Submit

The final step before submitting your request is to attach your supporting documentation. To upload your files, press the **Browse** button at the bottom of the form. After pressing the Browse button, a navigation window will pop up allowing you to select the files you wish to attach and submit with your request.

> **NOTE:** The maximum size limit for upload is 50 MB per file. A maximum of 15 files may be attached per submission. Only the following files types are permitted for submission in myCGS:
>
> - PDF
> - TIFF
> - DOC
> - DOCX
> - RTF

After selecting your documents, myCGS will list the files under the Browse button on the screen. Verify that all of the appropriate files have been selected and then press the **Submit** button to submit your request.

After pressing the Submit button, your request will be submitted to CGS and processed just like a Reopenings request that was submitted via mail or fax. You can check the status of your request using the Reopenings Status screen. Please allow three business days for submitted requests to reflect in the system.

Claim Correction

The Claim Correction screen in myCGS allows you to make simple corrections to claims that you have submitted to CGS. This is similar to a telephone reopening, but done in the web portal instead of over the phone. Only simple corrections can be made through this process. For more

complicated claim adjustments or for a claim appeal, you will need to submit a reopening or redetermination request (whichever is appropriate for the situation).

> **NOTE:** If you are an End User, then Claim Correction access is turned off by default. Your Designated Approver (DA) must grant you access before you can use the Claim Correction Screen. If you need access, please contact your DA.

The following items on a claim can be corrected via the Claim Correction process in myCGS:

- Place of Service
- HCPCS Code (except for "miscellaneous" codes and codes beginning with WW)
- Modifiers (except for KX, GA, GY, and GZ modifiers)
- Date of Service (From and To Dates)
- Number of Services
- Submitted Amount

> **NOTE:** Diagnosis codes cannot be corrected through Claim Corrections or Reopenings. Corrections to diagnosis codes must be submitted through Redeterminations.

In order to initiate a claim correction, the original claim must have already completed processing. If the claim is still in process, you must wait for it to complete processing before submitting a correction. Use the Claim Status screen in myCGS to check on the current status of your claim. Duplicate claims and claims which have already had an adjustment initiated (through a reopening, appeal, or other adjustment process) are not eligible for correction in myCGS. Claims that completed processing over one year ago are not eligible for correction. If a claim cannot be corrected/adjusted in myCGS for any reason, you will receive an error message with instructions.

> **NOTE:** Claims with MSP involvement that are adjusted through the claim correction process may deny for MSP reasons. We do not recommend using the Claim Correction screen in myCGS for MSP claims.

You can request a claim correction in myCGS from either the Claim Status screen (in the Claims menu) or from the Claim Correction screen (in the Reprocessing menu). Both options work the same way; it is a matter of personal preference/convenience as to which screen you use to begin. To initiate a claim correction in myCGS, follow the steps below.

Step 1—Find the Claim that Needs to be Corrected

You can find your claim using either a regular Claim Status search (via the Claims menu—refer to the Claims section in this manual) or through the Claim Correction screen (in the Reprocessing menu). Either method will take you to the same Claim Correction screen after you have found and selected your claim.

If you begin on the Claim Status screen, search for your claim as you normally would when checking claim status, and then press the **CLAIM CORRECTION** button on the Claim Status Summary screen.

If you begin on the Claim Correction screen, search for your claim using the same data as you would when searching for claim status. The Claim Correction search screen behaves exactly the same way as the Claim Status screen. Once you have found your claim, press the **CLAIM CORRECTION** button.

After you have found the claim that needs correction and pressed the Claim Correction button, you will be taken to the Claim Correction screen, where you can make your request.

Step 2—Correct the Claim

Once you're on the Claim Correction screen, myCGS will present the claim that you've selected for adjustment. All fields that are eligible for correction will be editable. Make as many changes to your claim as you need (you must make at least one change). After you have updated the field or fields you need to change, enter the reason why you are making the correction in the Reason for Claim Correction field.

Once you have made your correction and completed all required fields, press the **SUBMIT** button. myCGS will then initiate the adjustment in our claim processing system and you will receive a confirmation number. **Please be sure to keep a copy of the confirmation number for your records.** If you have a question about the adjusted claim and need to call Customer Service, you will need to reference the confirmation number. Use the print icon in the top right corner of the screen to print a copy or save a PDF of the confirmation screen.

> **NOTE:** Pressing Enter on your keyboard also acts as a submit button (depending where your cursor is positioned), as it does throughout myCGS. You can press Enter if your cursor is in the Reason for Claim Correction field to create a paragraph break, but if your cursor is anywhere else on the screen, pressing Enter may submit your request. Be careful not to press Enter until you are ready to submit your claim correction, otherwise you may submit your request prematurely.

After the request has been successfully submitted, the claim correction will be processed by CGS just like any claim correction/reopening. Note that most reopening requests are completed in 10–14 days. To check the status of your claim correction, go to the Reopening Status Screen (in the Reprocessing menu) in myCGS. When checking status, you can use the confirmation number you received as the DCN in your reopening search (or you can search using the CCN).

You can also check the status of your claim correction on the Claim Status screen in myCGS. When you search for claim status, you will see both your original claim and your adjusted claim. The adjusted claim will show the current status of your claim correction.

MBI Lookup Tool

The MBI Lookup Tool in myCGS gives you the ability to search for a beneficiary's Medicare Beneficiary Identifier (MBI). Use this tool when you have a patient who has been mailed a new Medicare Card with MBI, but you do not have a record of the MBI itself.

> **NOTE:** The MBI Lookup Tool is to be used only when a Medicare patient doesn't or can't give you his/her MBI. The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential, so you must protect it as Personally Identifiable Information and use it only for Medicare-related business.
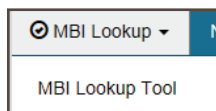
To lookup a beneficiary's MBI, select the MBI Lookup Tool from the MBI Lookup menu, and then enter the following information:

- Patient Last Name
- Patient First Name
- Patient Suffix (choose from dropdown menu if applicable; if the patient does not have a name suffix, do not use this field)
- Patient Date of Birth (MM/DD/YYYY)
- Patient Social Security Number (SSN)

After entering all of the required information, check the box which says "I am not a robot." You must check this box in order to successfully submit your request.

MBI Lookup Request

This tool is to be used only when a Medicare patient doesn't or can't give you his/her Medicare Beneficiary Identifier (MBI). The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential so you'll have to protect it as Personally Identifiable Information and use it only for Medicare-related business.

Indicates field is required.

Patient Last Name: *

Patient First Name: *

Patient Suffix: Select...

Patient Date of Birth: *   mm/dd/yyyy

Patient SSN: *

NPI: *   1548358633

PTAN: *   0124710001

☐ I am not a robot.

Note: To search for a different patient, click the CLEAR button

SUBMIT   CLEAR   EXIT

After pressing the **SUBMIT** button, myCGS will return the beneficiary's MBI (if a match is found).

News & Information

News & Information Overview

The News & Information menu contains a variety of useful information for suppliers and myCGS users, including the following information:

- News about myCGS and other DME MAC happenings
- Hours of operation for CGS Customer Service Representatives
- Information about your appeal rights for Medicare claims

News & Information ▾

Important News

CSR Hours

Appeal Rights

Important News

The Important News screen in myCGS contains information about upcoming system outages, recent myCGS revisions, and addition DME MAC news. As a myCGS user, you should visit the Important News screen on a regular basis in order to keep up with the latest myCGS news.

To access the Important News screen, select the **Important News** option from the News & Information menu.

CSR Hours

The CSR Hours screen in myCGS lets you view the times and days when DME MAC Jurisdictions B and C Customer Service Representatives (CSRs) are available to assist you. It also informs you of our holiday closure schedule.

To access the CSR Hours screen, select the **CSR Hours** option from the News & Information menu.

Appeal Rights

The Appeal Rights screen in myCGS contains information about your right to appeal Medicare claims.

To access the Appeal Rights, select the **Appeal Rights** option from the News & Information menu.

Secure Messaging

Inbox

The Secure Messaging Inbox in myCGS allows you to receive and respond to direct messages from CGS Jurisdiction B and C staff. Currently this feature is used exclusively for Targeted Probe and Educate (TPE) cases in which you have already responded to an ADR request, but our Medical Review staff needs additional information (for instance, when your ADR response did not include all requested documents or information). When you receive a message, you have five business days to respond to the request; after 10 business days the message is deleted.

Note that submitting the requested documentation does not guarantee claim payment.

When a message is generated to you by CGS staff, you will receive email notification from myCGS stating that you have a new message. When you log into myCGS, the Secure Message icon (which looks like an envelope) in the top-right corner of your screen will display the number of new/unread messages you have in your inbox, as shown in the following image.
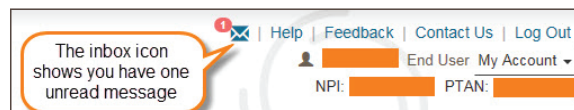
Note that messaging in myCGS can only be initiated by CGS staff. You cannot initiate a message yourself in myCGS, only respond to a message we have sent regarding a claim.

Permissions

All Designated Approvers (DAs) in myCGS automatically have access to the secure message inbox in myCGS. End Users by default do not have access—**DAs must specifically give End Users access to secure messaging in order for them to access the inbox**. CHBA user access will depend upon the access granted by the associated supplier on the CEDI Supplier Authorization Form.

If you are a DA in myCGS, you must identify which of your End Users need access to secure messaging and then grant them access on the User Permissions screen. Refer to the myCGS Registration & Account Management Guide at https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_RegistrationGuide.pdf for instructions on granting user permissions in myCGS.

Accessing your Inbox

To access your inbox, select the inbox icon in the top-right corner of your screen (you can access your inbox whether you have any unread messages or not). Note that the inbox itself is jurisdiction-neutral, meaning it doesn't matter if you are currently logged into Jurisdiction B or Jurisdiction C. Also note that it doesn't matter which NPI/PTAN you currently have selected—the inbox will show you messages for all of your NPI/PTANs. There is only one inbox; each message in your inbox will identify the associated jurisdiction and NPI/PTAN.

After selecting the icon, you will be taken to your inbox, where you will see a list of any read and/or unread messages you have (if any). From the inbox, you will see the following information for each message you have:

- Jurisdiction (JB or JC)
- Type of message (currently all messages are "DME: ADS – RESPONSES")
- Title of the message, along with the first few words of the message text
- Date of the message

Click on the desired message to open it. If you hover your cursor over the message, you will also have the option of a quick reply or delete button.
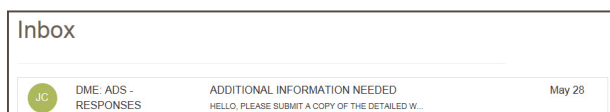
Viewing Messages

After selecting a message, a popup window will appear on your screen showing you the full message, as well as the following information about the message and claim in question:

- NPI
- PTAN
- Beneficiary (Name and Medicare ID)
- CCN
- Date of Service
- Web Submission ID

> **NOTE:** By default, the message window only displays the NPI, PTAN, and Beneficiary. To see the other fields mentioned above, press the "More details…" link.

The message window also includes the following button options:

- Reply – Respond to the message
- Export – Create a PDF file of the message and save it to your computer
- Delete – Permanently delete the message
- Close – Close the message window

Please respond to all messages sent to you within five business days. All messages are automatically deleted from myCGS 10 business days after they are sent to you. Note that "business days" are Mondays through Fridays; holidays are not taken into account.

Responding to Messages

To respond to a message in myCGS, press the Reply button. The Secure Message Form window will appear, where you can enter text and attach documents. All responses must include at least one attachment.

Enter any message you wish to include in the "Message" text box (up to 250 characters), and then press the Browse button to add your attachments.

> **NOTE:** The maximum size limit for upload is 50 MB per file. A maximum of 15 files may be attached per submission. Only the following files types are permitted for submission in myCGS:
> - PDF   TIFF   • DOC   DOCX   • RTF

After selecting your documents, myCGS will list the files you have ready to submit. Verify that all of the appropriate files have been selected and then press the Submit button to submit your response. If you wish to save a copy of your response, press the Export button to save your message as a PDF.

After pressing Submit, a popup message will appear asking if you have attached all of your documentation. If you are ready to submit, press Yes. If you need to attach more documents or wish to cancel your response, press No.

After pressing yes, myCGS will upload your documents into the CGS internal processing system. You will receive a message confirming your response with the time and date of the submission. Note that the daily response cut off time is 4:00 pm Central Time—any response submitted after 4:00 pm Central Time is considered to be received the following business day. CGS staff will then review your response and process the claim appropriately.

If you wish to view your response after you have submitted, open the message from your inbox again. You will notice that the Reply button has changed to a **My Response** button. Press the My Response button to view your response. You will then also be able to export your response if you did not do so previously. Please remember that all messages in myCGS are automatically deleted after 10 business days, so if you wish to permanently save a copy of the message and/or your response, you must export and save/print them.
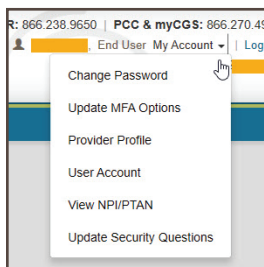
My Account

My Account Overview

The My Account menu in myCGS allows you to view information about your user account, such as your NPI/PTAN information. There are several options in the My Account menu, including:

- **Change Password –** change your myCGS password
- **Update MFA Settings –** change your Multi-Factor Authentication (MFA) settings
- **Provider Profile –** view the supplier information on file for your NPI/PTAN, such as your PTAN's effective dates, location and payee addresses, and more
- **User Account –** view and update your basic user information
- **View NPI/PTAN –** view the NPI/PTAN combinations associated with your account
- **Update Security Questions –** update your security questions and answers

When you are finished viewing any screen within the My Account section, select on the **Home** menu to return to the myCGS home page, where you can continue to use the functions and features of myCGS.

> **NOTE:** The menu items available in the My Account menu may vary based on your user role (End User, CHBA, or Designated Approver).

Change Password

Passwords are an important part of securing both beneficiary data and your company's data. Your myCGS password should be kept up to date (changed every 60 days) and should be known only to you. Your account will be locked if you enter your password incorrectly three consecutive times within a 120-minute period.

myCGS keeps count of consecutive invalid login attempts within a 120-minute period until there is a successful login. Once your account is locked, you must call our Provider Contact Center (Jurisdiction B: 866.590.6727, Jurisdiction C: 866.270.4909) in order to have your account unlocked. We recommend that if you have two consecutive unsuccessful login attempts that you do one of the following to prevent being locked out:

- Wait 120 minutes and then try to log in again OR
- Use the "Forgot Password" link on the login screen to generate a temporary password

Passwords in myCGS must:

- Be at least eight characters
- Begin with a letter
- Include at least one upper case letter
- Include at least one lower case letter
- Include at least one number
- Include at least one special character (such as @,#, $, etc.)
- Contain at least six different characters than your previous password
- May not be the same as one of your previous 12 passwords

When you change your password, you cannot reuse any of your previous 12 passwords. Additionally, your new password must contain at least six different characters than your previous password, or if you reuse the same characters, they must be in a different position in the password. For example, if your previous password started with the letter P, your new password should start with a different character, but you can still use the letter P in a different position of the password.

Example: Your old password is Portal$84. If you attempt to change to a new password of Portal#92, myCGS will give you an error message stating that you need to use different characters for your password. This is due to the fact that six characters ("Portal") are the same characters in the same position as your previous password. If you instead change your password to Latrop#92, this password would be accepted because even though six of the same characters are reused, they are in different positions.

Change Password

To change your myCGS password, use the **Change Password** link found on the initial myCGS "splash" page (before you log in) or if you're already logged in, select the Change Password option in the My Account menu.

On the **Change Password** screen, enter your myCGS User ID and previous (old) password, and then enter your new password twice. Note that myCGS includes an optional suggested password in case you are having difficulty creating your own password (see the Password Suggestion section below). Press the **SUBMIT** button to complete your password change.

Password Suggestion

When changing your password, myCGS offers an optional "password suggestion" that you can use as your new password. To use the password suggestion, follow these steps:

1. Go to the Change Password screen in myCGS.

2. Enter your User ID. (The suggested password will not appear unless you have done this step.)

3. Type the suggestion into the New Password field, re-enter to confirm, and press **SUBMIT**. For security reasons, you cannot copy and paste the password suggestion.

Password Suggestion:	p7N0-8%K

Update MFA Options

If you need to update or change your cell phone, email information, or Google Authenticator account that is associated with your Multi-Factor Authentication (MFA) settings, go to the MFA Options screen. To access the MFA Options screen, select the **My Account** menu found in the top-right corner of your screen, and select **Update MFA Options**.

On the MFA Options screen, you can add or alter your MFA email address, cell phone information, and/or Google Authenticator. We recommend that you set up at least two forms of MFA so that you always have a backup.

If you choose to use Text as one of your MFA options, you must enter your 10-digit cell phone number, and choose your cell phone service provider (AT&T, Sprint, T-Mobile, or Verizon).

> **NOTE:** If you change cell phone carriers, you must update your Service Provider to reflect your current carrier in order to continue to receive myCGS MFA text messages, even if your cell phone number remains unchanged. If you use a cell phone carrier other than one of the four service providers listed, choose the service provider network which is used by your carrier to provide service. If you are unsure of the network, please contact your carrier. If you choose the wrong service provider, you will not receive MFA text messages.

If you choose to use Google Authenticator, you will need to either download the Google Authenticator app on your smart device (phone, tablet, etc.) or add the Google Authenticator extension to your web browser (Chrome, Firefox, or Edge). There are also third-party applications that can give you access to Google Authenticator (CGS does not provide advice on use of third-party applications). Check with your management to see if Google Authenticator can be made available to you.

To use Google Authenticator, first download the appropriate app on your smart device, or download the web browser extension:

• Apple App Store: https://apps.apple.com/us/app/google-authenticator/id388497605

• Google Play: https://play.google.com/store/apps/details?id=com.google.android.apps.authenticator2&hl=en_US&gl=US

• Google Authenticator Browser Extension: https://authenticator.cc/

Then select the checkmark next to "Use Google Authenticator," or press "New Authentication Setup." A QR code will display on screen. Follow the instructions in your Google Authenticator app or web extension to scan the QR code, or manually enter the code.

> **NOTE:** You must press SUBMIT in myCGS in order for your account to be saved and linked to your Google Authenticator app.

Set Multifactor Authentication (MFA) Preferences

Make any necessary changes to your information, and press the **SUBMIT** button. If you chose Google Authenticator as one of your MFA choices, you will be immediately asked to enter your Google Authenticator code.

Provider Profile

The Provider Profile screen in myCGS allows you to view basic records about your PTAN as maintained by the National Supplier Clearinghouse (NSC) and PECOS. To view your provider profile, select the **Provider Profile** option in the My Account menu.

The Provider Profile screen is based on the NPI/PTAN you currently have selected in myCGS. If you have more than one NPI/PTAN and wish to view the Provider Profile for a PTAN different than what is currently selected, follow the instructions in the Change NPI/PTAN section in this manual.

On the Provider Profile screen, you will find the following information about your PTAN:

- Supplier Name
- Payee Name
- Location Address
- Payee Address

- Phone
- Fax
- Last Standard Paper Remit Date
- Biller ID

- Participation Information
- PTAN Effective and Termination Dates
- Notes on your account

Any changes to your supplier information must be made through the appropriate entity (i.e., NSC).

Once you are finished viewing your provider profile, press the **Home** menu to return to the main functional areas of myCGS.

Provider Profile

User Account

To view your basic user profile information (such as your address or telephone number), select the **User Account** option in the My Account menu. The User Info screen will appear, showing your basic contact information.

On the User Account screen, you can update your last name and/or email address using the available text boxes. Make your changes, and press the **SUBMIT** button.

> **NOTE:** The email address listed under User Account is separate from the email address listed in your MFA settings. Changing the email address your User Account does not affect the email address in your MFA settings (and vice versa). If your email address has changed, you must update it on both screens. Refer to the **Update Your MFA Settings** section below.

View NPI/PTAN

Registration in myCGS is based on your company's Tax ID/EIN. When you register for myCGS, all of the NPI/PTAN combinations associated with your Tax ID are automatically added to your myCGS account.

To view a list of all the NPI/PTAN combinations associated with your account, select the View NPI/PTAN option in the My Account menu. The **View NPI/PTAN** screen will appear, showing a list of all of your NPI/PTANs.

If your company has more than one Tax ID, then you will need to submit a request to add the additional Tax IDs to your myCGS account. Refer to the myCGS Registration Guide for instructions (https://www.cgsmedicare.com/jc/myCGS/pdf/myCGS_RegistrationGuide.pdf).

Once you are finished viewing your NPI/PTAN profile, press the **Home** menu to return to the main functional areas of myCGS.

Update Security Questions

If you wish to update or change your security challenge questions and answers, go to the Update Security Questions screen. To access the Security Questions screen, select the **My Account** menu found in the top-right corner of your screen, and select **Update Security Questions**.

Choose questions from each of the three drop down menus, and answer them accurately. Be sure to choose questions and answers that are personal to you and that you will remember. You will need to be able to answer the challenge questions should you forget your password and need to have it reset.

NOTE: Special characters are not allowed in your security answers.

Designated Approver/User Management

User Management Overview

If you are registered for myCGS as a Designated Approver (DA), you have access to user management screens in myCGS that other users in your company cannot access. In fact, when you first log in to myCGS, you are taken directly to the DA User Management screen, rather than to the normal home screen that End Users see.

For instruction on using the User Management section in myCGS, refer to the myCGS Registration Guide (https://www.cgsmedicare.com/jc/mycgs/pdf/mycgs_RegistrationGuide.pdf).