



## **To the Point:** **Submitting a CGS Connect® Request**

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**Slide 1:** *To the Point* is presented by the Provider Outreach and Education Department at CGS.

**Slide 2:** The Provider Outreach and Education department creates these brief recordings on hot topics or upcoming events. The purpose is to provide suppliers with quick information on identified topics, how they affect you and any action(s) needed on your part. These recordings are less than 10 minutes and will contain resources for additional information when applicable. This segment of *To the Point* is on Submitting a CGS Connect Request.

**Slide 3:** This session of *To the Point* will provide a brief explanation of what CGS Connect is, the benefits to suppliers and how to submit a request. We will then discuss tips on how to avoid delays and rejections. Concluding with the resources used within the presentation.

CGS Connect is a unique, concierge-level service that provides a professional review and evaluation of pre-claim documentation before suppliers submit an initial claim to Medicare.

The benefits to suppliers include:

- Reducing claim denials related to documentation errors
- Reducing the number of appeals
- One-on-one education with a clinician

Note: CGS Connect is not a guaranteed payment or pre-approval of services. It is for educational purposes only.

**Slide 4:** Before using CGS Connect, check the CGS Connect webpage to determine if the equipment or supply is eligible for pre-claim review. CGS Connect has a limited list of HCPC codes from each policy.

A list of almost 30 policies is available for review on the CGS Connect webpage. Links to those pages are seen here. On that webpage, suppliers can find details on what to expect from the program, how to get started, and the Request Form and Completion Guide.

**Slide 5:** When you request a clinical review through CGS Connect, our professional Medical Review clinicians will evaluate your pre-claim documentation and provide guidance based on their applied medical knowledge of policy-based requirements. When necessary, the clinician will contact you directly to discuss their evaluation and recommendations. In all cases, you will be provided with documented, detailed feedback regarding your submission. You will then have the opportunity to correct the errors in the documentation (if possible) before submitting the claim for processing. CGS Connect also accepts subsequent submissions for a review after the supplier has had the opportunity to make improvements.

**Slide 6:** If you request the documentation review after the equipment has been delivered, CGS will respond in writing within 15 days. CGS will notify whether the documentation is either



“supported” or “unsupported,” and if “unsupported,” they’ll explain why the documentation didn’t meet Medicare guidelines.

If you request the documentation review before the equipment has been delivered, CGS will respond with a letter within 10 days. For new suppliers to the program, CGS will attempt a phone call to make the first “unsupported” decision for each HCPCS code.

If your request is deemed “unsupported,” you may provide further documentation and submit a subsequent request. CGS must receive the subsequent request within 30 days of the initial request. Please submit all supporting documentation with your subsequent request(s). For subsequent requests, the “supported” or “unsupported” decision will be sent via letter.

**Slide 7:** Here’s information that goes in the upper section of the request form:

- Select the appropriate Contract: JB or JC
- Enter the date of request
- Is this the Initial or Subsequent request?
- Was the item delivered? Yes or No
- Is this an Upgrade? Yes or No
- Number of pages included with fax or mail

**Slide 8:** In the lowest section of the form, complete the following:

Under the beneficiary’s information section,

- The beneficiary’s name
- Their address
- Their date of birth
- The Medicare Beneficiary Identifier or (MBI)

For the supplier’s information, include:

- The company’s name
- The person requesting or submitting the review
- The supplier’s address
- Phone and Fax of the Person submitting the request
- National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN)

The supplier information on the form must match the information on file with the National Provider Enrollment (NPE) contractor.

**Slide 9:** Use these tips to avoid delays or rejected requests

- Complete the form in its entirety
  - Incomplete forms will be rejected
- The fax cover sheet should be first, followed by the completed form, then supporting documentation
  - Indicate the number of pages (including the cover sheet)
- Only one HCPCS code per pre-review request
  - Do not indicate more than one
- Include the first and last name of the contact person
  - A direct phone number for questions or additional information
  - A fax number where the results letter may be sent

**Slide 10:** Some notes to consider:

- The supplier information on the form **must match** the information on file with the National Provider Enrollment (NPE) contractor or we’ll reject the request.
  - Name

- Address
- PTAN

Keep in mind that:

- Participation in CGS Connect does not exempt suppliers from the audit process.
- Our review and recommendations under the program are for educational purposes only and do not guarantee payment for services billed
- It offers you a professional evaluation of your pre-claim documentation.
- It provides individualized education to prevent future documentation-related errors.

**Slide 11:** Here are resources for today's edition of *To the Point*. Links to:

- CGS Connect dedicated webpage
  - JB: <https://www.cgsmedicare.com/jb/mr/cgsconnect.html>
  - JC: <https://www.cgsmedicare.com/jc/mr/cgsconnect.html>
- [CGS Connect Request Form](https://www.cgsmedicare.com/jc/forms/pdf/cgs_connect_request_form.pdf) ([https://www.cgsmedicare.com/jc/forms/pdf/cgs\\_connect\\_request\\_form.pdf](https://www.cgsmedicare.com/jc/forms/pdf/cgs_connect_request_form.pdf))
- [CGS Connect Request Completion Guide](https://www.cgsmedicare.com/jc/forms/pdf/cgs_connect_request_instructions.pdf) ([https://www.cgsmedicare.com/jc/forms/pdf/cgs\\_connect\\_request\\_instructions.pdf](https://www.cgsmedicare.com/jc/forms/pdf/cgs_connect_request_instructions.pdf))
- [CGS Connect Email Address Box](mailto:CGS.DME.CONNECT.INQUIRIES@cgsadmin.com) (CGS.DME.CONNECT.INQUIRIES@cgsadmin.com)

**Slide 12:** If you are unsure that the supplier information on the form matches the information on file with the National Provider Enrollment (NPE) contractor, here are the links to those contractors:

- [National Provider Enrollment \(NPE\) East \(Novitas Solutions\)](https://www.novitas-solutions.com/webcenter/portal/DMEPOS) (<https://www.novitas-solutions.com/webcenter/portal/DMEPOS>)
- [National Provider Enrollment \(NPE\) West \(Palmetto GBA\)](https://www.palmettogba.com/palmetto/npewest.nsf) (<https://www.palmettogba.com/palmetto/npewest.nsf>)

**Slide 13:** Thank you for viewing this session of *To the Point* on Submitting CGS Connect Requests. We hope you will join us again for other educational offerings by the Provider Outreach and Education Department here at CGS.