ADJUSTMENT / VOID REQUEST

NEW MEXICO MEDICAID

Must select one of the options below

☐ ADJUSTMENT

Use this selection:

To make any changes to a claim that was paid incorrectly.

- Must be submitted with a corrected CMS-1500, UB-04 or Dental claim form and must include red-drop out ink and legal claim notice on the back.
- Always fill out the corrected claim (replacement claim) exactly as the claim was originally filed, with the exception of the information being changed.
- Adjustment requests must be submitted within 90 days from the date of the Remit Advice (RA) form the original paid claim.
- Submitting Adjustments via the web portal can only be done for claims submitted online. *i.e. Claims that were originally submitted through the web portal (these claims are indicated by TCNs that that begin with a 9), can be adjusted via the web portal*
- For adjustment requests exceeding 5 claims or more, Contact Consolidated Customer Service Center 1-800-299-7304 to submit a Tier3 escalation request.

☐ VOID

Use this selection:

For any paid claim that needs to be **fully** recouped.

- Only entire claims can be voided
- Paid claims that need lines or a line voided are to be considered as an adjustment, not a void.
- There is no time limit when a claim can be voided.
- Voids via web portal can only be done for online submitted claims. *i.e. Claims that were originally submitted through the web portal (these claims are indicated by TCNs that begin with a 9) can be voided via the web portal.*
- A claim form is not needed for a Void request
- For void requests exceeding 5 claims or more, send your request via email to NM.Providers@state.nm.us.

ALL FIELDS BELOW
(SECTIONS A,B,C,D)
ARE REQUIRED TO BE COMPLETED IN ORDER TO PROCESS THIS REQUEST

INCOMPLETE FORMS WILL BE RETURNED

SECTION A: Provider Information

Billing NPI (Must be 10 digits)

OR

Billing NM Provider ID

SECTION B: Claim Information

Client ID#

TCN (Must be 17 digits)

SECTION C: Detailed Reason for Request

SECTION D: Authorization

Requestor Name

By signing below, I hereby certify that I am authorized to make the above request

Requestor Signature

Requestor Email

Requestor Phone

Date