

# AuthentiCare 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.

- Adjustment requests must be submitted within 90 days from the date of the Remit Advice (RA) form the original paid claim.
- For adjustment requests exceeding 5 claims or more, send your request via email to [NM.Providers@state.nm.us](mailto:NM.Providers@state.nm.us).
- Section C: Please provide the request. Examples: if the dates of service needed to be changes or units need to be adjusted by code/line.
- Section C: Please indicate that you approve the update as outlined.
- If Section C is not completed as required adjustment will be returned.

**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.
- 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](mailto: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	SECTION B: Claim Information
<b>Billing NPI (Must be 10 digits)</b> <input style="width: 95%; height: 20px;" type="text"/>  OR <b>Billing NM Provider ID</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Client ID#</b> <input style="width: 95%; height: 20px;" type="text"/>  <b>TCN (Must be 17 digits)</b> <input style="width: 95%; height: 20px;" type="text"/>
SECTION C: Detailed Reason for Request	
.	
SECTION D: Authorization	
<b>Requestor Name</b> <input style="width: 95%; height: 20px;" type="text"/>  <b>Requestor Signature</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>Requestor Email</b> <input style="width: 95%; height: 20px;" type="text"/>  <b>Requestor Phone</b> <input style="width: 95%; height: 20px;" type="text"/>  <b>Date</b> <input style="width: 95%; height: 20px;" type="text"/>

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