**ADJUSTMENT / VOID REQUEST**

NEW MEXICO MEDICAID

For requests **exceeding 5 claims**,

Contact provider support via email at [NMProviderSupport@conduent.com](mailto:NMProviderSupport@conduent.com) for guidance.

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| **ADJUSTMENT**  Select Adjustment to make changes to a previously paid claim.   * Submit this form with a corrected CMS-1500, UB-04 or Dental claim form with red drop out ink and legal claim notice. * Include all attachments submitted with the original claim. * Adjustment requests must be submitted within 90 days from the date of the Remit Advice (RA) form the original paid claim. * Claims originally submitted via the web portal can be adjusted online (TCNs beginning with 9). | **VOID**  Select Void to cancel and recoup a previously paid claim.   * A claim form is not needed for a Void request. * Only entire claims can be voided * Paid claims that need lines or a line voided should be submitted as adjustment. * There is not a timely filing deadline for voids. * Claims originally submitted via the web portal can be voided online (TCNs beginning with 9). |
| **ALL FIELDS BELOW ARE REQUIRED**  **(SECTIONS A,B,C,D)**  **INCOMPLETE FORMS WILL BE RETURNED** | |
| **SECTION A: Provider Information** | **SECTION B: Claim Information** |
| **NPI (Must be 10 digits)**    OR  **NM Provider ID** | **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** |