

ADJUSTMENT / VOID REQUEST

NEW MEXICO MEDICAID

For requests **exceeding 5 claims**,
Contact provider support via email at NMProviderSupport@conduent.com for guidance.

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) <input type="text"/>		Client ID# <input type="text"/>	
OR NM Provider ID <input type="text"/>		TCN (Must be 17 digits) <input type="text"/>	
SECTION C: Detailed Reason for Request			
SECTION D: Authorization			
Requestor Name <input type="text"/>		Requestor Email <input type="text"/>	
By signing below, I hereby certify that I am authorized to make the above request Requestor Signature <input type="text"/>		Requestor Phone <input type="text"/>	
		Date <input type="text"/>	