

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.
- 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.

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

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