CMS 1500 VOID AND ADJUSTMENT REQUESTS

OVERVIEW

Printed claims and any associated documentation must be submitted as single-sided only.

The following is an explanation of how to prepare a paper CMS 1500 claim submission with a void or adjustment. Use this guide in conjunction with the CMS 1500 Claim Instructions. Please refer to the CMS 1500 claim instructions for a block-by-block explanation.

To complete a void or an adjustment, the claims reference numbers from your remittance advice will be needed. All lines submitted on a claim form will have an individual reference number assigned as each line is evaluated separately for payment.

VOIDS

Generally, it is recommended to void the entire claim and submit a new claim. A void request will void all paid lines on the original claim form. Every line is reprocessed.

- A paid line has the payment voided and deducted from other payments due.
- A denied line remains denied.
- A pending line is denied.

A void transaction is shown on the Remittance Advice as a payment deduction from payment that may be due. Once the void appears on the Remittance Advice, the services may be resubmitted.

Reasons to void a claim may include but are not limited to the following:

- Change in recipient information
- Change in provider
- Add or delete diagnosis codes
- Change in the order of diagnosis codes
- Add or delete lines on a HCFA
- Change dates of service on a HCFA
- Change in procedure code and/or modifier on a HCFA
- Change in claim type
- Change in third party liability
- Change in servicing or billing provider
- Overpayment determined within 3 months of adjudication

Submitting a Void Request

To submit a void request, follow the steps below:

- Reprint the claim;
- In block 22 of the CMS 1500, enter the number “8” at the left;

- In the same block, enter the claim reference number that South Dakota Medicaid assigned to the original claim, at the right;
- Highlight (use yellow highlighter only) around (not through) block 22;
- Send the void request to South Dakota Medicaid;
- Keep a copy of your request for your files.

If the original claim reference number is not shown in the void request, it will not be processed and will appear on your Remittance Advice as an error. Once a claim has been voided, it cannot be reversed and repaid. You must submit a new claim.

ADJUSTMENTS

Generally, it is recommended to void the entire claim and submit a new claim. However, providers may submit a credit adjustment to modify a paid line on a claim due to an error. When processing a void or adjustment the payment is an offset on paper only.

The corrections indicated on the adjustment claim are processed as new debit claims. All paid lines are processed as you note on each claim line:

- The original paid claim lines are considered void.
- An adjustment claim line is paid as a new or debit claim.
- A denied line remains denied.
- A pended line is also denied.

The adjustment claim must include the same number and arrangement of claims lines as the original claim. Submitting an adjustment with more or fewer lines than the original will cause a claim denial. The adjustment may result in either an increased payment or a decreased payment depending upon the changes you noted on the adjustment claim. Both the original transaction and the adjustment transaction will be shown on your Remittance Advice

South Dakota Medicaid's claims payment system links the original claim with subsequent adjustment and/or void requests, to ensure that any transaction is only adjusted or voided once. The adjustment claim replaces the original claim. If an additional adjustment needs to be made, use the new adjusted claim reference number.

An adjustment cannot be submitted to:

- Change the servicing or billing provider
- Change in recipient information
- Change in claim type
- Add or remove claim lines

Submitting an Adjustment Request
To submit an adjustment request, follow the steps below:

- Make corrections and print the claim;
- In block 22 of the CMS 1500, enter the number "7" at the left;

- In the same block, enter the claim reference number that South Dakota Medicaid assigned to the original claim, at the right;
- Highlight around (not through) block 22;
- Highlight around all the corrections entered;
- Do not use post-it notes. These may become separated from the request and delay processing;
- Send the adjustment request to South Dakota Medicaid;
- Keep a copy of the request for the required time.

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations

QUICK ANSWERS

1. **When is it appropriate to adjust a claim versus void a claim?**

   Generally, it is simpler to void the entire claim and submit a new claim. When in doubt, void it out.

2. **When I void/adjust a claim is the money taken out of my bank account?**

   No, future payments will be reduced by the amount of the void/adjustment.

3. **Can I adjust a denied claim to a paid claim?**

   No, once a claim is denied it cannot be adjusted or voided. You must resubmit an original claim.

4. **If I submitted a claim as a Medicare crossover, can I adjust the claim into a Medicaid primary claim?**

   No, you must void the crossover and resubmit a Medicaid primary claim.