

3. Adjusting and Voiding Claims

DOM and Gainwell allow providers to adjust and void claims. The following procedures allow providers to find solutions to payment difficulties and correct under/overpayments:

- Providers may submit an adjustment/void if paid incorrectly on the RA for a Medicaid claim or if monies have been received from a third-party payer after payment from Medicaid. The adjustment/void must be submitted on the appropriate claim form (CMS-1500, UB-04, Dental).
- Providers may submit an adjustment/void claim to request an adjustment. Adjustment requests are used to change the original amount paid on a claim. The original payment can be increased or decreased. Void requests are used to refund the entire original payment on a claim.
- When refunding money to Medicaid, it is not necessary to remit a refund check.
 - If an adjustment results in a reduction in the original Medicaid payment and no refund check is included, an adjustment is made on the subsequent weekly RA.
 - If a refund check is included, the adjustment is applied against the refund check.
 - The only time the actual Medicaid check should ever be returned is in the rare event that all claims on the RA were paid incorrectly and the entire amount is to be refunded.
- A denied claim must be resubmitted on the appropriate claim form, and the error must be corrected. The Explanation of Benefits (EOB) message on the RA provides guidance for submitting the corrected claim.
- If an adjustment appears on a remittance advice and is not correct, another adjustment request may be submitted using the Internal Control Number (ICN) from the debit line of the adjusted claim.

3.1. Completing the Adjustment/Void Request Claim (CMS-1500, UB-04, ADA 2012)

Instructions for completing the adjustment/void claim are described in each of the corresponding claim sections.