Adjust or Void a Claim Via the Provider Portal Job Aid

Purpose

This job aid defines key terms related to claim adjustments and voids and offers step-by-step instructions on how to adjust or void a paid claim in the MESA Provider Portal.

Adjustment/Voided Claims Defined

A provider-initiated claim adjustment occurs when a provider identifies an error on a previously paid claim and submits a corrected version to update the original claim record. Adjustments may be used to correct information such as billing codes, service dates, units, modifiers, place of service, referring provider ID, diagnosis codes, or charges. Any change made to a previously paid claim is considered an adjustment. An adjusted claim replaces the original claim and reflects the corrected payment amount once processed.
NOTE: A denied claim cannot be adjusted. A new claim should be submitted with corrections addressed on the new claim.

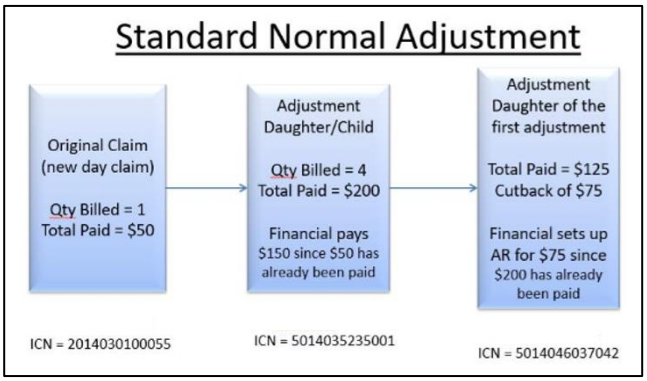
A provider-initiated claim void is used when a provider needs to completely cancel a previously paid claim. Voiding a claim removes the original claim and payment from the provider's claim history and payment records. Providers typically submit a void when the claim was paid in error or should not have been billed at all. If there were audits that the claim paid against, then those audits will be reset when the claim is voided. For example, if 1 office visit unit billed counted against the yearly office visit limit of 16 visits, then the voided claim will remove 1 unit. If any money was paid against the claim, Financial will set up Accounts Receivable (AR) to recoup the paid amount.

ICN Region Code on Adjustment/Voided Claims

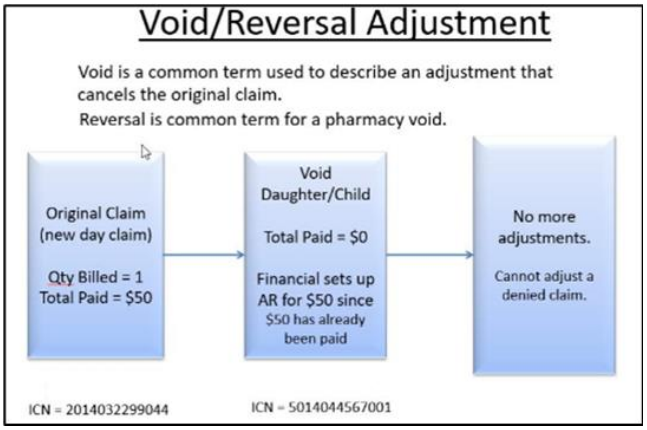
The easiest way to identify whether a claim is the original first submission of a claim or an adjusted/voided claim is to look at the first two numbers of the ICN (Internal Control Number). This is called the Region Code. The region code indicates how the claim was submitted to MESA. Adjustments/Voids start with 5. All converted claims Paid or Adjusted/Voided (before 10/1/2022) begin with 4. Refer to the Internal Claim Number Job Aid for a complete explanation of the claim number format and region codes.

Adjustment/Voided Claims in MESA

Adjusted and voided claims are not the first submission of a claim, but they function as a replacement of the original, or the preceding submission of a claim. This process is called the daisy-chain effect. When the claim before is adjusted by the present claim, then the present claim will take the original, or preceding claim's place. The ICN region code will reflect the change through the submission of the adjustment or void.



As seen here, the original claim starts the chain with the original ICN region code 20. The first adjustment ICN begins with 50, as well as the second adjustment.
As stated here, Financial will either pay for a credit, or set up an Account Receivable (AR) for a debit to the provider.

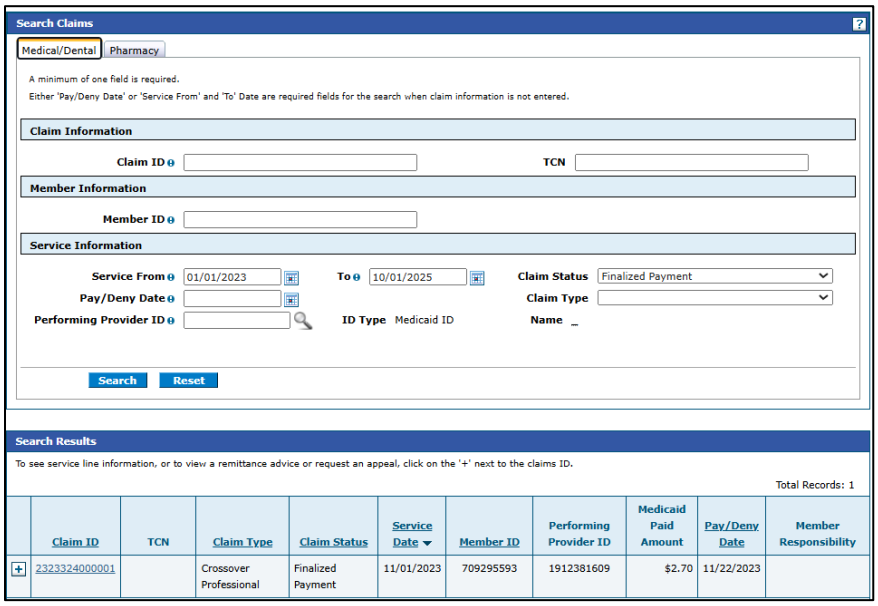


The void/reversal adjustment, as described here, shows how an adjustment cancels the original claim. A **denied** claim **cannot** be adjusted.

Start Claims Adjustment/Void

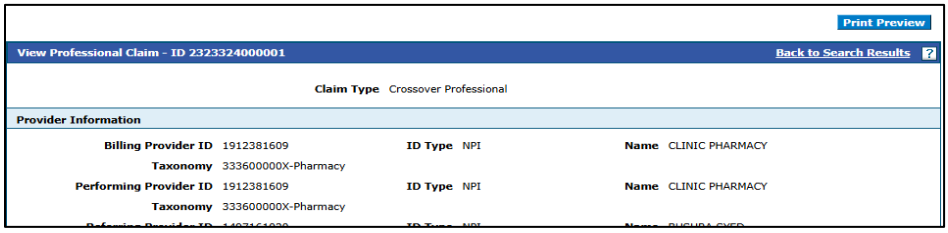
Finding a Claim

To adjust a claim, you must first locate the original claim in the provider portal. Having the ICN is the easiest way to locate the claim, but a combination of any of the other fields will render a list of claims. The **Claim Status** should be set to **Finalized Payment**. Denied claims cannot be adjusted or voided.

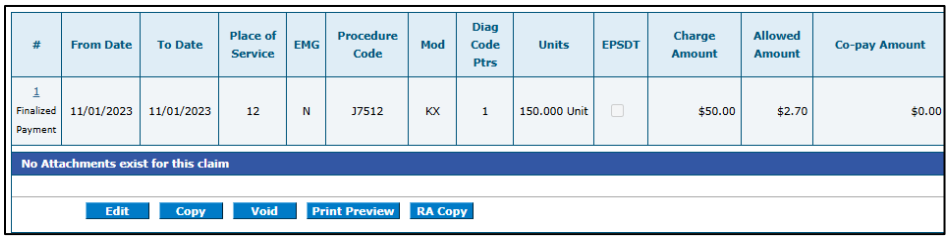


Click the hyperlinked **Claim ID**.

The claim details page opens.

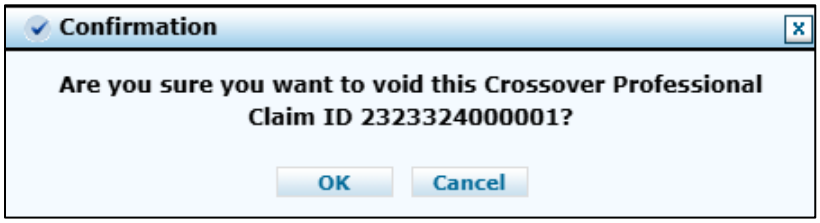


At the bottom of the screen, there are function buttons:



Void a Claim

Select the **Void** button to submit the claim to be voided. A **Confirmation** message will appear for you to approve.



Click **OK** to void the claim.

Click **Cancel** to go back to the claim's details page.

Edit the Claim for Adjustment

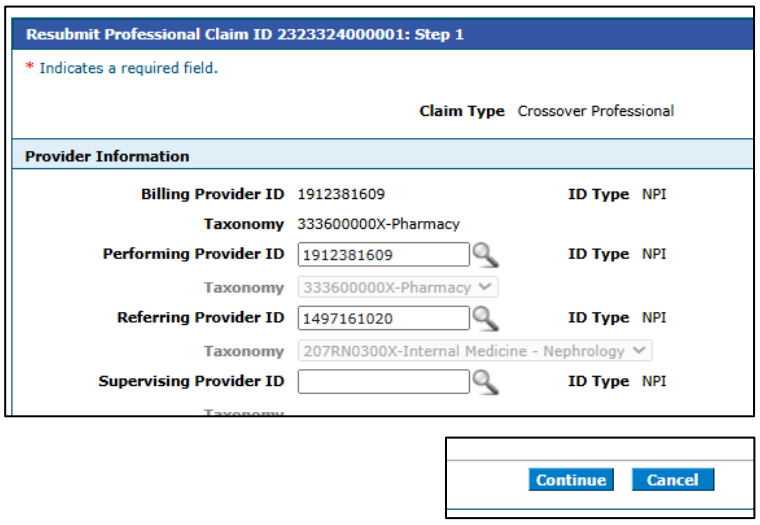
Select the **Edit** button at the bottom of the Claim's Details page.

The claim fields will open for changes on the details page.

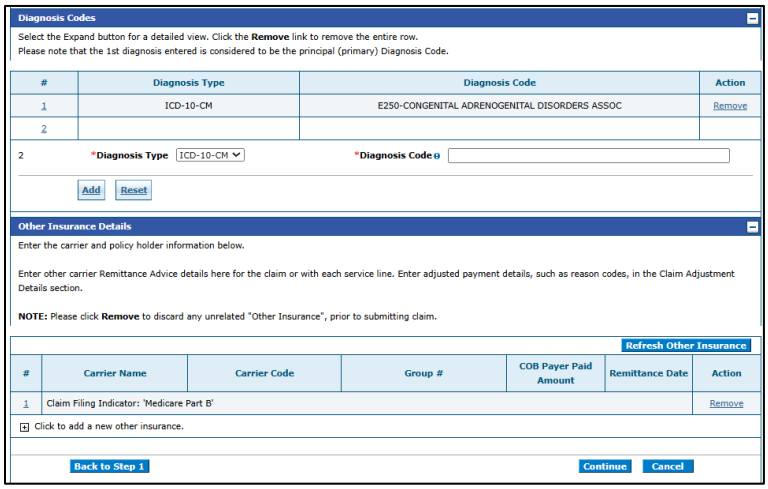
Step 1 will allow changes to be made under the first three sections of the claim:

- **Provider** Information
- **Member** Information
- **Claim** Information

Once changes are made, select Continue at the bottom of the page to continue to **Step 2**.



Details for **Step 2** are displayed.



Diagnosis Codes and **Other Insurance Details** can be edited during this step.

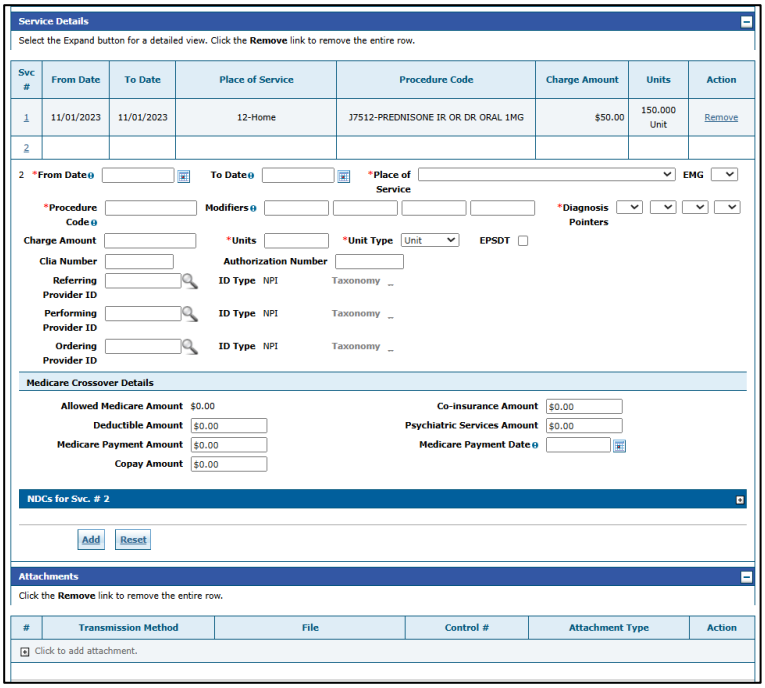
Click **Continue** once changes have been made to proceed to Step 3. If you need to go back to Step 1, select the **Back to Step 1** button.

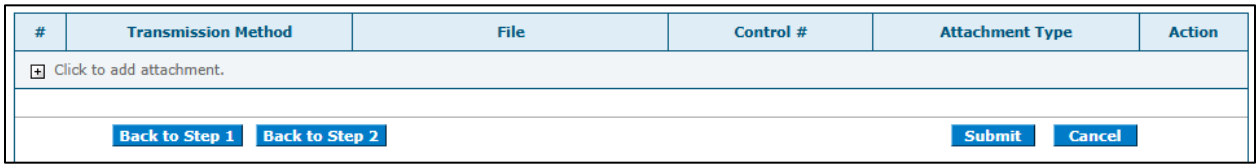
In Step 3, **Service Details** can be edited, added or removed.

NOTE: Required attachments will need to be added here. The original claim's attachments will *not* be auto-populated during an adjustment.

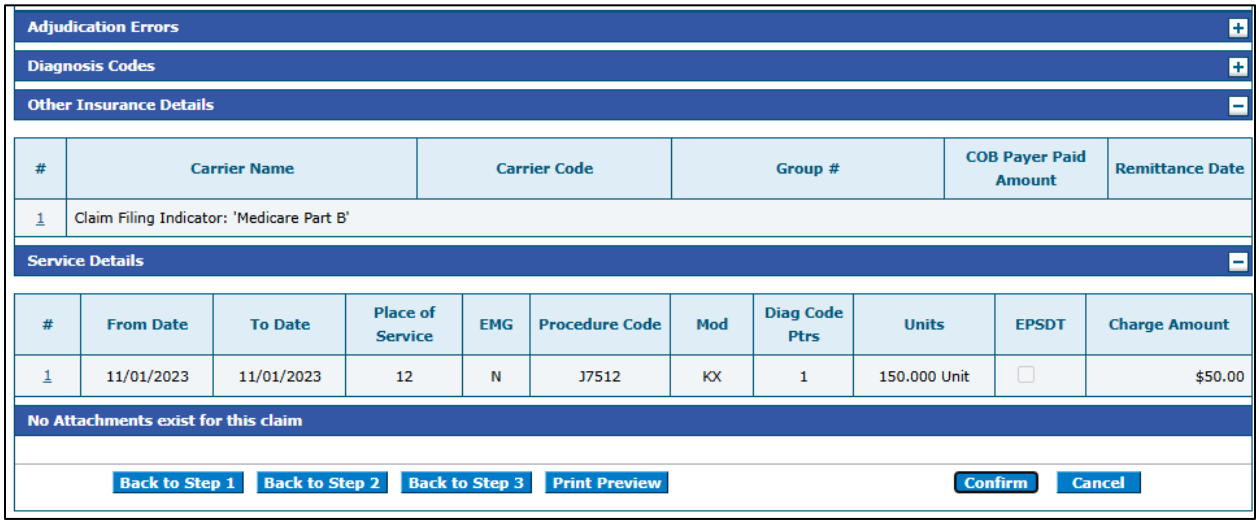
Once all details and attachments are completed, select **Submit**.

You can also navigate back to **Step 1** or **Step 2** if necessary.

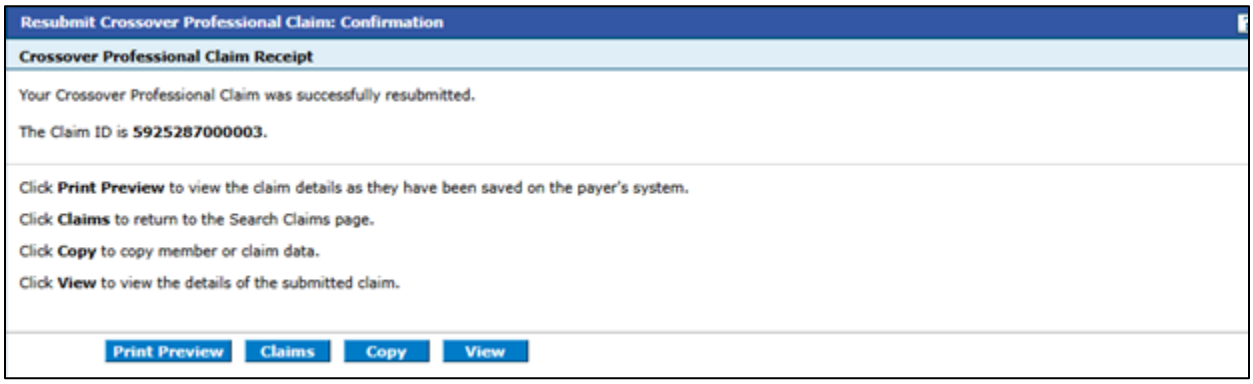




The Confirmation page will allow you to do a **Print Preview**. Select Print Preview **before** you select **Confirm** if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.



The Resubmit Claim Confirmation message will appear with the claim information and more functions at the bottom of the message.



Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	10/14/2025	Gainwell	Initial publication
0.2	11/3/2025	Gainwell	Updated per feedback from DOM.