



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.

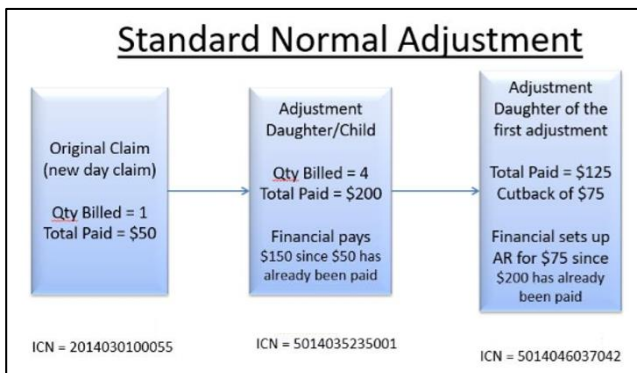
A provider-initiated claim void is used when a provider needs to completely cancel a previously paid claim. Voiding a claim removes the original claim and payment from the provider's claim history and payment records. Providers typically submit a void when the claim was paid in error or should not have 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.

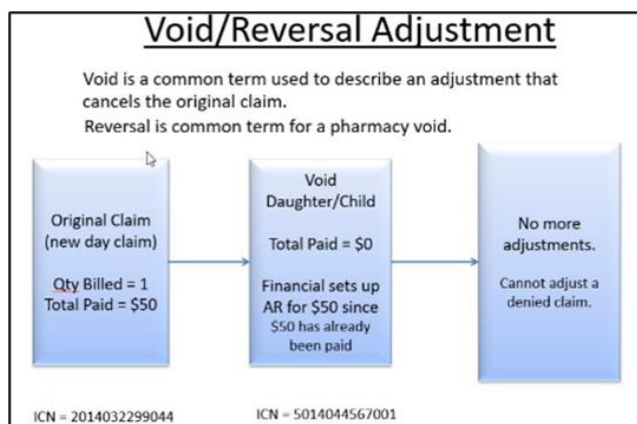
Adjustment/Voided Claims in MESA

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.

Search Claims

Medical/Dental Pharmacy

A minimum of one field is required.
Either 'Pay/Deny Date' or 'Service From' and 'To' Date are required fields for the search when claim information is not entered.

Claim Information

Claim ID TCN

Member Information

Member ID

Service Information

Service From To Claim Status

Pay/Deny Date Claim Type

Performing Provider ID ID Type Name

Search **Reset**

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Member ID	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	Member Responsibility
+	2323324000001		Crossover Professional	Finalized Payment	11/01/2023	709295593	1912381609	\$2.70	11/22/2023	

Click the hyperlinked **Claim ID**.

The claim details page opens.

View Professional Claim - ID 2323324000001 **Print Preview** **Back to Search Results**

Claim Type Crossover Professional

Provider Information

Billing Provider ID	1912381609	ID Type	NPI	Name	CLINIC PHARMACY
Taxonomy	333600000X-Pharmacy				
Performing Provider ID	1912381609	ID Type	NPI	Name	CLINIC PHARMACY
Taxonomy	333600000X-Pharmacy				

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

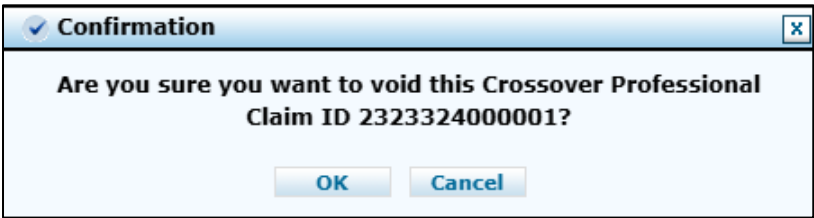
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount	Allowed Amount	Co-pay Amount
1 Finalized Payment	11/01/2023	11/01/2023	12	N	J7512	KX	1	150.000 Unit	☐	\$50.00	\$2.70	\$0.00

No Attachments exist for this claim

Edit **Copy** **Void** **Print Preview** **RA Copy**

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**.

Resubmit Professional Claim ID 2323324000001: Step 1

* Indicates a required field.

Claim Type Crossover Professional

Provider Information

Billing Provider ID	1912381609	ID Type	NPI
Taxonomy	333600000X-Pharmacy		
Performing Provider ID	1912381609	ID Type	NPI
Taxonomy	333600000X-Pharmacy		
Referring Provider ID	1497161020	ID Type	NPI
Taxonomy	207RN0300X-Internal Medicine - Nephrology		
Supervising Provider ID		ID Type	NPI
Taxonomy			

Continue

Cancel

Details for **Step 2** are displayed.

How to Adjust or Void a Claim Via the Provider Portal

Diagnosis Codes

Select the Expand button for a detailed view. Click the **Remove** link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	E250-CONGENITAL ADRENOGENITAL DISORDERS ASSOC	Remove
2			

2 *Diagnosis Type: *Diagnosis Code:

[Add](#) [Reset](#)

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
1	Claim Filing Indicator: "Medicare Part B"					Remove

☐ Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

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.

Service Details

Select the Expand button for a detailed view. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	11/01/2023	11/01/2023	12-Home	J7512-PREDNISONE IR OR DR ORAL 1MG	\$50.00	150.000 Unit	Remove
2							

2 *From Date: To Date: *Place of Service: EMG

*Procedure Code: Modifiers: *Diagnosis Pointers:

Charge Amount: *Units: *Unit Type: EPSDT ☐

Clin Number: Authorization Number:

Referring Provider ID: ID Type: NPI Taxonomy:

Performing Provider ID: ID Type: NPI Taxonomy:

Ordering Provider ID: ID Type: NPI Taxonomy:

Medicare Crossover Details

Allowed Medicare Amount: \$0.00 Co-insurance Amount: \$0.00

Deductible Amount: \$0.00 Psychiatric Services Amount: \$0.00

Medicare Payment Amount: \$0.00 Medicare Payment Date:

Copay Amount: \$0.00

NDCs for Svc. # 2

[Add](#) [Reset](#)

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
☐ Click to add attachment.					

#	Transmission Method	File	Control #	Attachment Type	Action
☐ Click to add attachment.					
Back to Step 1 Back to Step 2 Submit Cancel					

Job Aid
How to Adjust or Void a Claim Via the Provider Portal

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.

Adjudication Errors											+
Diagnosis Codes											+
Other Insurance Details											-
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date						
1	Claim Filing Indicator: 'Medicare Part B'										
Service Details											-
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Charge Amount	
1	11/01/2023	11/01/2023	12	N	J7512	KX	1	150.000 Unit	☐	\$50.00	
No Attachments exist for this claim											
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel											

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

Resubmit Crossover Professional Claim: Confirmation
Crossover Professional Claim Receipt
Your Crossover Professional Claim was successfully resubmitted.
The Claim ID is 5925287000003.
Click Print Preview to view the claim details as they have been saved on the payer's system.
Click Claims to return to the Search Claims page.
Click Copy to copy member or claim data.
Click View to view the details of the submitted claim.
Print Preview Claims Copy View

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.