



January 15, 2026

Nevada Medicaid Web Announcement 3818

Attention All Providers: Top Claim Denial Reasons and Resolutions/Workarounds for December 2025 Professional Claims

Nevada Medicaid and its fiscal agent have reviewed all claim submissions for the month of December 2025 and have compiled a list of the top reasons for which professional claims have been denied. The table below lists the top error codes along with the Explanation of Benefits (EOB) code that appears on the remittance advice for the claim denials, the error code descriptions, and instructions to providers on how to resolve the claim denials.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
452	452	No Medicare Coinsurance, Deductible or Copay Due	Providers will need to verify the co-insurance, deductible, or co-pay amount in the Medicare crossover details fields. See the Billing Information webpage as well as the Provider Web Portal (PWP) User Manual Chapter 3: Claims for more billing information when Third-Party Liability (TPL) is present.
3340	3340	Service not covered by NV Medicaid	Providers should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
4021	0698	No CVG (Coverage) Rule for Procedure	Providers should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
1047	0205	Provider Terminated – DTL Performing	Providers should ensure that the performing NPI is enrolled with Nevada Medicaid for the dates of service. Providers should check their enrollment status via the Search Provider tool. If not contracted, you will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.
1009	1009	Contract Could not be Determined	Review billing provider contract dates to verify provider is contracted with Nevada Medicaid for the dates of service listed on the claim. Providers may need to submit a new enrollment application to Nevada Medicaid via the Provider Flex tool to be able to bill for dates of service. Visit the Provider Enrollment webpage for more information.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
5035	5035	Exact Duplicate: Practitioner to Practitioner	Claim is an exact duplicate of a previously paid claim. Providers will need to review claim history and submit an adjustment or void the claim if changes are needed. This may be completed in the PWP . Please review the PWP User Manual Chapter 3: Claims for further instruction.
4371	1379	Claim Type Restriction on Proc Cvg Rule	Providers should review the claim type that was submitted to Nevada Medicaid and ensure that the correct claim type was used. Please visit PWP User Manual Chapter 3: Claims for more information.
4801	116	No Billing Rule for Procedure	If no active billing rules exist for the procedure, providers should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
2003	3006	Client ineligible on DTL DOS (detail level date of service)	Providers will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan. This may be completed in the PWP by reviewing the Member Eligibility tab, or by utilizing Gabby™ by calling the Gainwell Technologies Contact Center at (877) 638-3472 or the Automated Response System (ARS) at (800) 942-6511.