NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

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Nevada Medicaid Web Announcement 3983

Attention All Providers: Top Claim Denial Reasons and Resolutions/Workarounds for July 2026 Professional Claims

Nevada Medicaid and its fiscal agent have reviewed all claim submissions for the month of July 2026 and have compiled a list of the top reasons for which professional claims have 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 should 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.
1010	3110	Rendering Prov not Member of Billing Prov Group	Providers should ensure that the rendering provider is enrolled with Nevada Medicaid for the dates of service as well as verify linkage information to determine if the rendering provider was linked to the Group at the time the service was rendered. Providers should log in to PWP access their "Affiliated Providers" page to see current linkage information. See Web Announcement 2982 for more information. If the rendering NPI is not linked, the provider should submit an update via PWP the requesting linkage.
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.
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	The billing provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. If not contracted, providers should submit a new enrollment 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 that the 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
1048	0025	Provider Terminated – DTL DOS (detail level date of service)	The billing or rendering provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. If not contracted, providers should submit a new enrollment application to Nevada Medicaid via the Provider Flex tool. Visit the Provider Enrollment webpage for more information.
1008	1508	Billing Prov is not a Grp/Performing is a Grp Prov	Providers should review claims to ensure that a Group National Provider Identifier (NPI) is listed as the billing NPI and that an individual NPI is listed as the rendering or performing provider.
5035	5035	Exact Duplicate: Practitioner to Practitioner	Claim is an exact duplicate of a previously paid claim. Providers should review claim history and submit an adjustment or void the claim if changes are needed. This may be completed in the Claim is an exact duplicate of a previously paid claim. Providers 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 Chapter3: Claims for further instruction.
1854	1854	Rendering Provider Failed To Revalidate	Providers should review the rendering provider contract dates to verify that they are contracted with Nevada Medicaid for the dates of service listed on the claim. Providers may need to submit a re-enrollment application to Nevada Medicaid via the Provider Flex tool unless they are within 365 days from the date of contract termination, wherein a revalidation application can be submitted via the PWP to be able to bill for dates of service upon approval. See Web Announcement 3369 as well as the Provider Enrollment webpage for more information.