NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

October 22, 2026

Nevada Medicaid Web Announcement 4040

Attention Provider Type 22 (Dentist) Specialty 079 (Orthodontia):

Extension of Reconsideration Timeframe for Orthodontia Prior Authorization Requests

An update to the reconsideration timeline for orthodontia services has been implemented. Providers may submit a reconsideration request up to 90 calendar days from the date of the original determination, instead of the standard 30 days specified in the billing guide. All other reconsideration request requirements remain unchanged.

Reconsideration requirements can be found in the Billing Manual. As a reminder, the requirements have been outlined below. This web announcement will not be updated when the billing manual changes. To see up-to-date requirements, see the published Billing Manual.

Reconsideration

Reconsideration is a written request from the provider asking Nevada Medicaid or Gainwell Technologies (as appropriate) to re-review a denied or reduced authorization request. Form FA-29B (Prior Authorization Reconsideration Request) is utilized to request a reconsideration. Upload reconsideration requests using form FA-29B via the File Exchange – Upload Files page in the Provider Web Portal. Upload the form as a File Type FA-29B Prior Authorization Reconsideration Request. See Web Announcement 3747 and PWP User Manual Chapter 8 (File Exchange) for instructions for uploading forms using the Provider Web Portal.

Reconsideration is not available for technical denials.

For orthodontia services, the provider must request Reconsideration within 90 calendar days from the date of the original determination.

For a Reconsideration request, the provider is responsible for providing additional medical information (e.g., intensity of service, severity of illness, risk factors) that might not have been submitted with the original/initial request that supports the level of care/services requested.

Nevada Medicaid or Gainwell Technologies will notify the provider of the outcome of the Reconsideration within 30 calendar days. The 90-day provider deadline for Reconsideration is independent of the 10-day deadline for Peer-to-Peer Review.

If proper medical justification is not provided to Nevada Medicaid in an initial authorization request, a Peer-to-Peer Review, and/or a Reconsideration review, this demonstrates failure of the provider to comply with proper documentation requirements. New information will not be considered at a hearing preparation meeting.

If proper documentation is not submitted as described above, this authorization request will not be considered by Nevada Medicaid at any later date.

Documentation for Authorization Reconsideration:

- Give a synopsis of the medical necessity not presented in the initial authorization request that you wish to have considered.
- Include only the medical records that support the medical necessity issues identified in the synopsis.

Voluminous documentation will not be re-reviewed to determine medical necessity of requested services. It is the provider's responsibility to identify the pertinent information in the synopsis.

For questions and additional information on the policy updates, contact the inbox for Medical & Dental Benefits Coverage unit, MedicalPrograms@nvha.nv.gov.