

Nevada Medicaid and Nevada Check Up News



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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out, through claims and capitation payments, a total of \$2,266,710,223.08 during the three-month period of April, May and June 2026. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

Thank you for participating in Nevada Medicaid and Nevada Check Up.

Provider Training Enrollment Spotlight Series

In September, the Gainwell Technologies Provider Training team hosted the Enrollment Spotlight Series that focused on seven aspects of the Provider Enrollment process: Linking, Docusign, Ownership, Preparing to Enroll, Updating Supervisors, Updating Specialties, and EFT Information.

If you were unable to attend any sessions, a recording of each session is available on the [Nevada Medicaid Provider Training YouTube channel](#).

Documentation Reminders: Use Current Forms to Request Prior Authorization for Services & Review Billing Guides

Providers are reminded to always use the current Nevada Medicaid forms when requesting prior authorization (PA) for services as the forms are updated periodically. All forms are available on the [Forms](#) webpage of the Nevada Medicaid Provider website.

Additionally, providers are reminded to refer to the current version of provider type specific billing guides. The Billing Manual and Billing Guidelines are located on the Providers [Billing Information](#) webpage.

Billing guides are updated periodically when policy changes are implemented or to clarify information. All persons submitting claims to Nevada Medicaid should be familiar with their provider type specific guide.

Nevada Medicaid Swift Revalidation of High-Risk Providers

On April 23, 2026, State Medicaid Agencies received notification from the Centers for Medicare & Medicaid Services (CMS) asking all states for their collaboration to conduct a “swift revalidation” of Medicaid providers who are considered to be an elevated risk for vulnerability to fraud, waste, or abuse. These providers will be required to complete revalidation within the next few months, regardless of the previously established 5-year or 3-year cycle. Revalidation is part of each state’s federal program integrity requirements.

Beginning in June 2026, Nevada Medicaid has initiated this “swift revalidation” process. Impacted providers shall begin receiving updated revalidation notices 60 days prior to their new revalidation due date. We encourage providers who receive notification to submit a complete revalidation request promptly to avoid any disruption in enrollment or claims payment.

*Impacted Provider Types/Specialties include:

- PT 19 - Skilled Nursing Facilities
- PT 29 - Home Health Agencies
- PT 33 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- PT 58/205 - Waiver for Persons with Physical Disabilities, Specialized Medical Equipment/Supplies
- PT 63 - Rehabilitative Residential Treatment Services
- PT 64 - Hospice
- PT 65 - Hospice, Long Term Care
- PT 93/708 - Opioid Treatment Program

Please note: High-Risk providers are subject to Fingerprint-Based Criminal Background Checks and Site Visits as a condition of participation.

To assist providers, Nevada Medicaid has prepared a [Frequently Asked Questions \(FAQs\)](#) document with additional guidance. The FAQ document will be updated as appropriate, so please check back as needed.

If you have additional questions about swift revalidations, please contact Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

Update Your Information Within 30 Calendar Days of Changes

Nevada Medicaid encourages all providers to review and update their demographic and enrollment information as needed. Instructions for completing demographics updates through the [Provider Web Portal](#) are available [here](#). Instructions for completing provider revalidations and updates through the [Provider Web Portal](#) are available [here](#).

This will help members find providers through the [Search Provider](#) feature, ensure accurate results and help Nevada Medicaid comply with state law regarding demographic reporting. A reminder that any changes must be reported to Nevada Medicaid within 30 calendar days ([Medicaid Services Manual \(MSM\) Chapter 100](#)).

Attention All Providers: Top Prior Authorization Denial Reasons for the Second Quarter of 2026

Nevada Medicaid and Gainwell Technologies, its fiscal agent, have reviewed all prior authorization (PA) submissions for the second quarter of 2026 and have compiled a list of the top reasons for which prior authorizations have been denied. The table below lists the top denial reasons for the prior authorizations and instructions to providers on how to avoid future prior authorization denials.

Denial Reason Description	Suggested Action to Avoid Future Denials
Request does not meet medical necessity criteria OR Requested service does not meet Nevada Medicaid policy criteria for reimbursement	Providers should review their Provider Type Medicaid Services Manual Policy Chapter as well as their Provider Type Billing Guidelines and generally accepted standards of care. Providers must document all relevant clinical aspects that should be considered when reviewing the request for medical necessity.
Additional information requested not received, preauthorization request rejected	Providers must review their prior authorization requests in the Provider Web Portal (PWP). Providers should check the portal frequently; if a PA is in a “Pending” status please review the notes to determine if additional information has been requested. Providers can review Chapter 4: Prior Authorization of the PWP User Manual in order to learn about how to review the status of a PA as well as additional information regarding submitting additional documents that are requested by Nevada Medicaid.
Recipient is no longer eligible for coverage OR Recipient not eligible on requested dates of service	Providers should review the recipient’s eligibility information prior to PA submission. This is done through the PWP. Review Chapter 2: Eligibility Benefit Verification of the PWP User Manual for more information.
Late notification; prior authorization timelines not met	Prior authorization was submitted outside of timely filing rules and Nevada Medicaid is unable to accept any requests that are not within the appropriate time frame. Providers should review Chapter 4 of the Nevada Medicaid Billing Manual for prior authorization timely filing information.
Invalid preauthorization request form submitted, resubmit request with a current form	Providers should review their Provider Type Billing Guidelines for more information regarding which form should be submitted. Providers must also review the Forms Page to determine that the most current version of a form is being used.

Professional Claim Denial Reasons and Corresponding Resolutions/Workarounds

Nevada Medicaid and Gainwell Technologies, its fiscal agent, review claim submissions to monitor the common reasons for professional claim denials. The table below lists some of the error codes providers have been receiving recently for their denied professional claims. For each error code, the table also lists the corresponding 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.
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.
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 the PWP requesting linkage.
1009	1009	Contract Could not be Determined	Providers should review the 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.
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.

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Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
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 via the Provider Flex tool to be able to bill for dates of service. Visit the Provider Enrollment webpage for more information.
1852	1852	Billing Provider Failed To Revalidate	Providers should review the 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 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.
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.
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.
5056	5056	Same Procedure/ Different Modifier not Allowed Same Day	Claim contains the same procedure with a different modifier of a previously paid claim for the same date of service. 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 Provider Web Portal (PWP) User Manual Chapter 3: Claims for further instruction.

Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact the Gainwell Technologies Contact Center by calling (877) 638-3472. If you have a question regarding prior authorizations, please call (800) 525-2395.