



Tip Sheet for Claims Appeals: How to submit a Claims Appeal to Nevada Medicaid

Things to Remember:

- All providers have the right to appeal a claim that has been **denied**.
- Appeals **must** be submitted electronically to Nevada Medicaid via the Electronic Verification System (EVS) secure Provider Web Portal no later than 30 calendar days from the date on the remittance advice.
- Fill out a Formal Claim Appeal Request (FA-90) form in its entirety. FA-90 is available online on the Provider Forms webpage at www.medicaid.nv.gov.
- For each appealed claim, a separate FA-90 must be attached. If the provider has multiple appeals, the provider must complete an FA-90 for each appeal and each appeal must be submitted individually.

Appeals Checklist:

_____ Is the appeal being submitted within 30 calendar days from the remittance advice date?

_____ Is the FA-90 filled out and attached, including:

1. Detailed reason for the appeal
2. Provider's National Provider Identifier (NPI) and name
3. The Internal Control Number (ICN) of the denied claim
4. Name and telephone number of contact person regarding the appeal
5. Documentation that supports why the claim is being appealed

_____ Read and understand Chapter 8 (Claims Processing and Beyond) of the Billing Manual. The Billing Manual for all provider types is available online on the Provider Billing Information webpage at www.medicaid.nv.gov.

Please Note:

If a claim has been denied due to billing errors, a new, corrected claim must be submitted electronically. Do not resubmit the claim through the appeals process.

General Inquiries:

Customer Service Call Center: 877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)

Appeals Specific Training or Information:

Email: NevadaProviderTraining@gainwelltechnologies.com or

Contact your Provider Field Representative: The Provider Field Representative Team Territory List is available online on the Provider Training webpage at www.medicaid.nv.gov.