September 10, 2025

Nevada Medicaid Web Announcement 3719

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for August 2025 Professional Claims

Nevada Medicaid and its fiscal agent have reviewed all claim submissions for the month of August 2025 and have compiled a list of the top reasons for which professional claims have been denied. The table below lists the top 10 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 Submitting Secondary Claims to Nevada Medicaid Training Video for more billing information when Third-Party Liability (TPL) is present.
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.
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 Provider Flex tool. If not contracted, you will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage 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.
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.
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.

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. Visit the Provider Enrollment webpage for more information.
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.
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 Provider Web Portal (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.
2003	3006	Client ineligible on DTL DOS (detail-level date of service)	Providers should 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.