



October 17, 2025

Nevada Medicaid Web Announcement 3747

Prior Authorization Reconsideration Submission Instructions

Complete the steps below to submit a Prior Authorization Reconsideration request. Do not create a new line on the Prior Authorization.

For a Prior Authorization Reconsideration request, the following Prior Authorization (PA) form must be submitted online using the File Exchange feature in the [Provider Web Portal \(PWP\)](#):

- [FA-29B Prior Authorization Reconsideration Request](#)

To upload the form using the Provider Web Portal:

1. Log in to the Provider Web Portal.

Login

*User ID

*Password

[Forgot Password?](#)

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

Web Announcements

Broadcast Messages

Important Update: Multi-Factor Authentication coming soon! To enhance the security of our systems and protect your information, Nevada Medicaid is excited to announce the upcoming implementation of Multi-Factor Authentication (MFA) for all users. What is MFA? Multi-Factor Authentication is an additional layer of security used to verify your identity when accessing our systems.

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

2. On the "My Home" page, click the "File Exchange" tab to open the "Upload Files" page.

Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Upload Files

My Home

Welcome Health Care Professional!

[Contact Us](#)

On the Upload Files page:

- a. File Type – The drop-down list contains all of the forms that can be uploaded using the Provider Web Portal. You must use **FA-29B Prior Authorization Reconsideration Request**. The form must be completed entirely before uploading it to the PWP.
- b. Upload File – Click on the "Browse" button to select the file you are uploading.

- c. Click on the (?) to display the Help page.

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Upload Files

[File Exchange](#) > Upload Files

File Upload ? **c**

* Indicates a required field.

This page allows upload of Nevada forms that have been completed and saved by the user. Please select the appropriate form type from the list below.

Claim Attachment - Attachment Control Number should be Provider ID + Recipient ID + Date of Service + Sequence Number (four numeric digits of your choice). See EVS User Manual Chapter 3 for more information.

The following types of forms may NOT be uploaded here:

Prior authorization forms - submit through the Web Portal Care Management tab as attachments when prior authorization requests are created. Note: This does not apply to PASRR prior authorizations that can't be submitted using the Web Portal.

Sterilization/Abortion Forms - submit with appropriate claim form.

Appeal Forms - submit electronically using Secure Correspondence.

Initial Emergency Dialysis Case Certification FA-100 - submit with appropriate claim form.

a *File Type

b * Upload File

Note: Prior authorization forms will require additional input of the appropriate authorization tracking number and recipient ID.

- d. Recipient ID – Enter the recipient ID associated with the authorization tracking number.
- e. Authorization Tracking Number – Enter the authorization tracking number for the prior authorization.
3. File Type – Select **FA-29B Prior Authorization Reconsideration Request** using the drop-down list.

File Upload ?

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FA-110 Qualified Clinical Trial - Enter Recipient ID + Date of Birth

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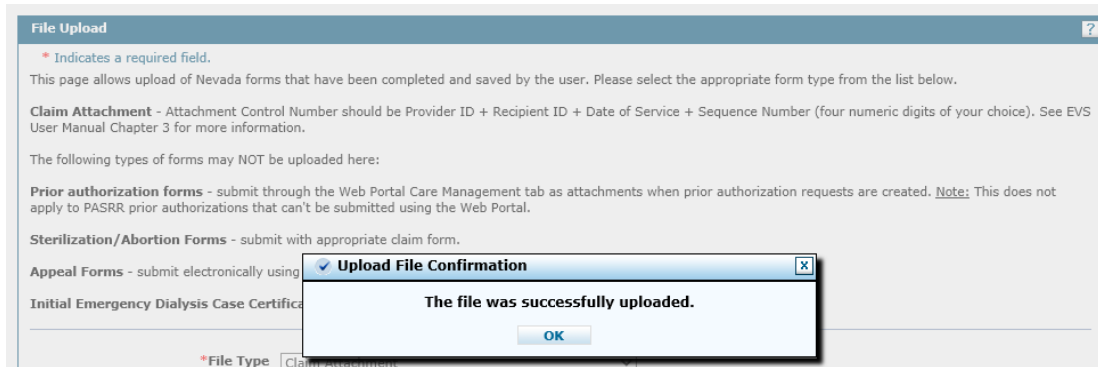
*File Type

* Upload File

FA-21 PASRR and LOC Data Correction Form
NMO 7073 Functional Assessment Service Plan
FA-29B Prior Authorization Reconsideration Request
Claim Attachment
FA-110 Qualified Clinical Trial

4. Upload File – Upload the completed form from your computer to start the upload process. **Please note:** If multiple documents are being uploaded, please place all forms in a WinZip® file. For example, if a form needs to be signed, please scan the signature page(s) and include that scan along with the completed PDF in the same WinZip file.

- Click the “Upload” button to upload the form. The following confirmation message will display to confirm the file was successfully uploaded.



The screenshot shows a web application window titled "File Upload". The main content area contains instructions and a list of form types. A modal dialog box titled "Upload File Confirmation" is overlaid on the page, displaying the message "The file was successfully uploaded." with an "OK" button.

File Upload

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Appeal Forms - submit electronically using ☒ **Upload File Confirmation**

Initial Emergency Dialysis Case Certificate

The file was successfully uploaded.

OK

*File Type:

For questions or additional training, please reach out to your Provider Services Field Representative or email NevadaProviderTraining@gainwelltechnologies.com.