October 17, 2025

Nevada Medicaid Web Announcement 3747

Prior Authorization Reconsideration Submission Instructions

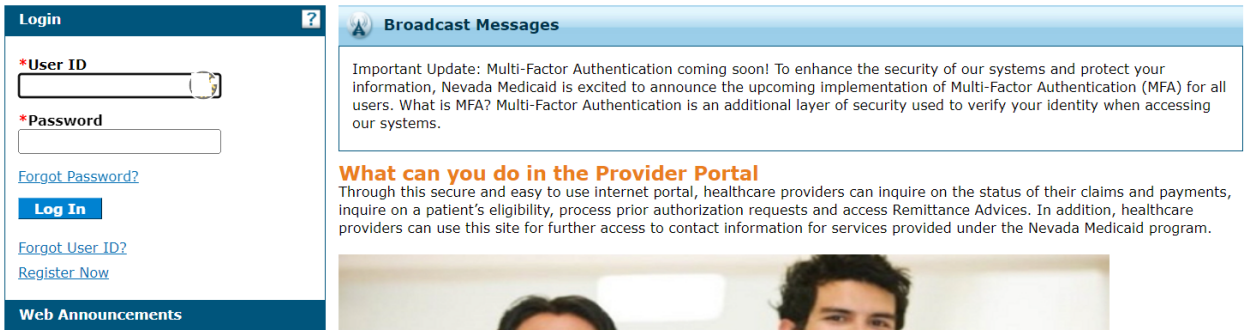
Complete the steps below to submit a Prior Authorization Reconsideration request. Do not create a new line on the Prior Authorization.

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.



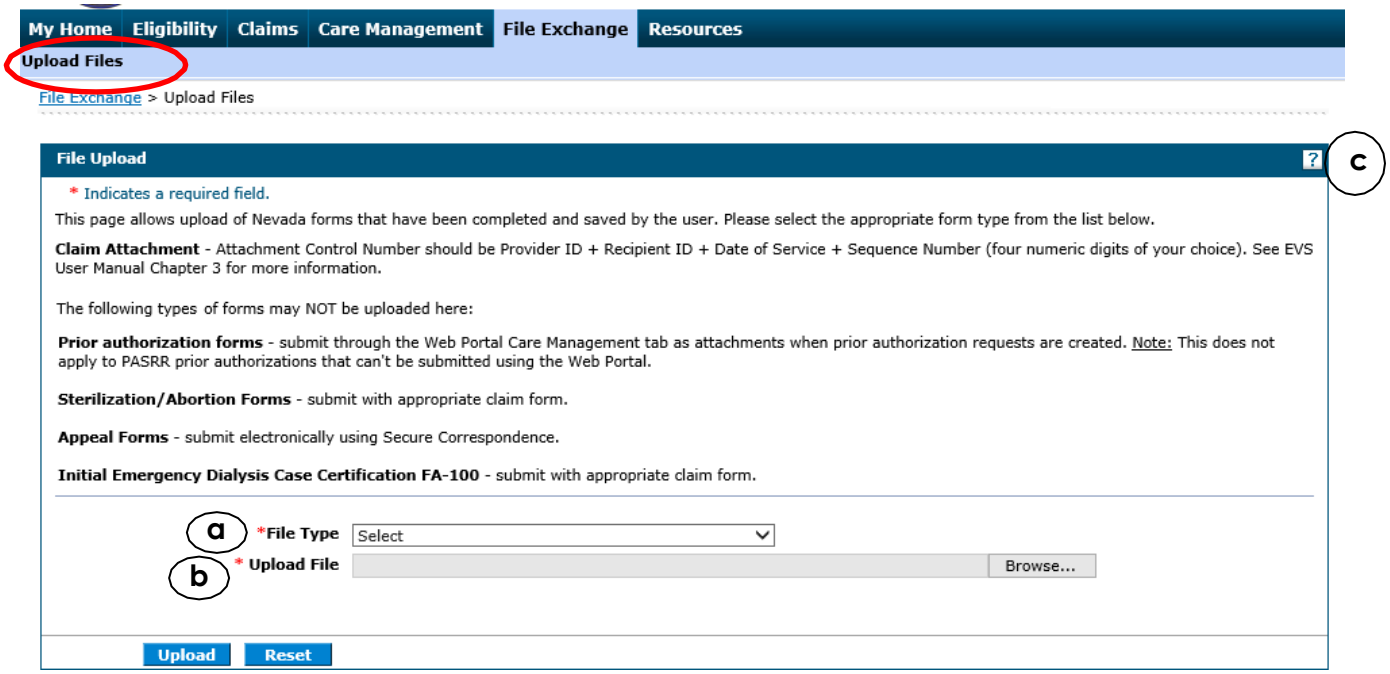
2. On the "My Home" page, click the "File Exchange" tab to open the "Upload Files" page.

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.

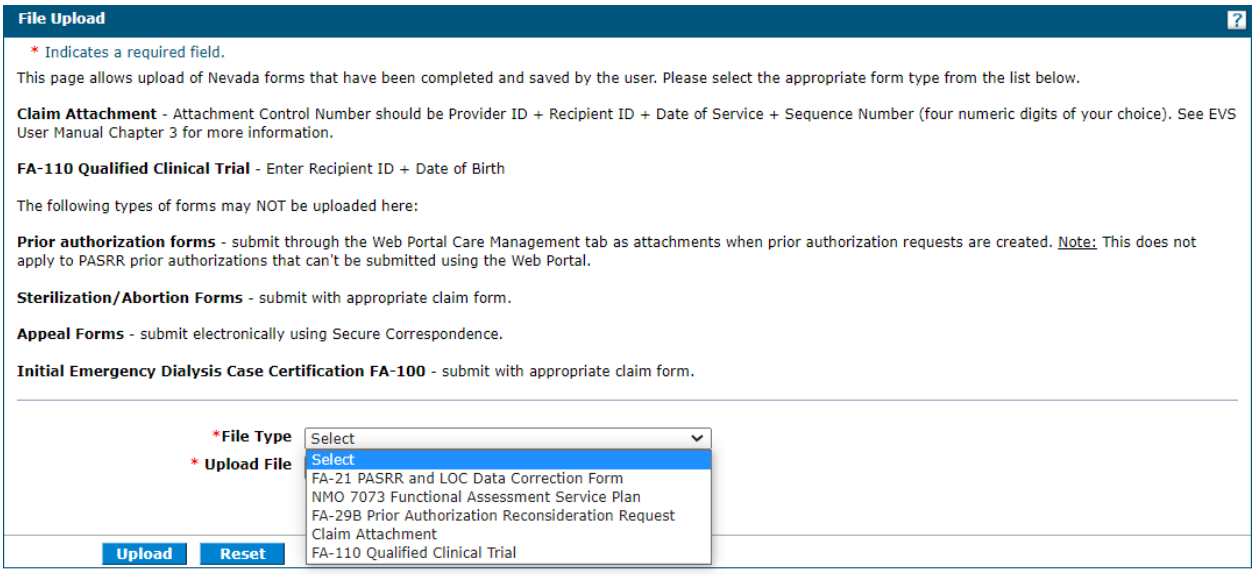


Note: Prior authorization forms will require additional input of the appropriate authorization tracking number and recipient ID.

d. Recipient ID – Enter the recipient ID associated with the authorization tracking number.

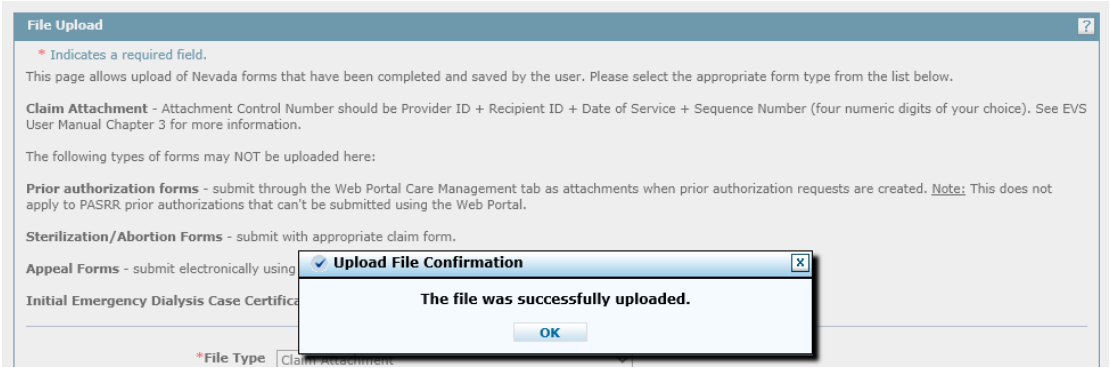
e. Authorization Tracking Number – Enter the authorization tracking number for the prior authorization.

3. File Type – Select **FA-29B Prior Authorization Reconsideration Request** using the drop-down list.



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.

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



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