March 10, 2026

Nevada Medicaid Web Announcement 3863

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for February 2026 Professional Claims

Nevada Medicaid and its fiscal agent have reviewed all claim submissions for the month of February 2026 and have compiled a list of the top 10 reasons for which professional claims have 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 Billing Information webpage as well as the Provider Web Portal (PWP) User Manual Chapter 3: Claims for more billing information when Third-Party Liability (TPL) is present.
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.
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
2017	0038	Client Services Covered by HMO Plan	Providers need to submit the claim to the appropriate Nevada Medicaid HMO/Managed Care Organization (MCO) for processing. Client eligibility can be verified within 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.
1009	1009	Contract Could not be Determined	Review 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.
5035	5035	Exact Duplicate: Practitioner to Practitioner	Claim is an exact duplicate of a previously paid claim. 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 PWP User Manual Chapter 3: Claims for further instruction.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
4371	1379	Claim Type Restriction on Proc Cvg Rule	Providers should review the claim type that was submitted to Nevada Medicaid and ensure that the correct claim type was used. Please visit PWP User Manual Chapter 3: Claims for more information. For recipients with Qualified Medicare Beneficiary (QMB) only coverage, ensure the claim type is listed as a Crossover as applicable. For additional information, please refer to Web Announcement 2901.
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.
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.
3001	0192	Prior Authorization not Found	Providers are advised to proceed with the following steps: • Verify that the prior authorization request has been submitted and approved. • Verify the correct authorization number has been placed on the claim. • Verify that the Dates of Service (DOS) billed on the claim match the time span of the approved authorization. • Verify that the authorization number corresponds with the correct NPI and recipient ID before resubmitting the claim. • Verify that units are available on the approved authorization.