NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

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Nevada Medicaid Web Announcement 4053

Attention All Providers: Top Prior Authorization Denial Reasons for the Third Quarter of 2026

Nevada Medicaid and its fiscal agent have reviewed all prior authorization (PA) submissions for the third quarter of 2026 and have compiled a list of the top reasons for which prior authorizations have been denied. The table below lists the top denial reasons for the prior authorizations and instructions to providers on how to avoid future prior authorization denials.

Denial Reason Description	Suggested Action to Avoid Future Denials
Request does not meet medical necessity criteria **OR** Requested service does not meet Nevada Medicaid criteria for reimbursement	Providers should review their Provider Type Medicaid Services Manual Policy Chapter as well as their Provider Type Billing Guidelines and generally accepted standards of care. Providers must document all relevant clinical aspects that should be considered when reviewing the request for medical necessity.
Additional information requested not received, preauthorization request rejected	Providers **must** review their prior authorization requests in the Provider Web Portal (PWP). Providers should check the portal frequently; if a PA is in a "Pending" status please review the notes to determine if additional information has been requested. Providers can review Chapter 4: Prior Authorization of the PWP User Manual in order to learn about how to review the status of a PA as well as additional information regarding submitting additional documents that are requested by Nevada Medicaid.
Recipient is no longer eligible for coverage **OR** Recipient not eligible on requested dates of service	Providers should review the recipient's eligibility information prior to PA submission. This is done through the PWP. Review Chapter 2: Eligibility Benefit Verification of the PWP User Manual for more information.
Late notification; prior authorization timelines not met	Prior authorization was submitted outside of timely filing rules, and Nevada Medicaid is unable to accept any requests that are not within the appropriate time frame. Providers should review Chapter 4 of the Nevada Medicaid Billing Manual for prior authorization timely filing information.
Invalid preauthorization request form submitted, resubmit request with a current form	Providers should review their Provider Type Billing Guidelines for more information regarding which form should be submitted. Providers must also review the Forms Page to determine that the most current version of a form is being used.
Documentation illegible	Providers should ensure that any attached documentation is clear and legible.

Denial Reason Description	Suggested Action to Avoid Future Denials
Reconsideration request not received within the required timeframe	A reconsideration request was submitted outside of timely filing rules and Nevada Medicaid is unable to accept any requests that are not within the appropriate time frame. Providers should review Chapter 4 of the Nevada Medicaid Billing Manual for reconsideration submission timeframes.