Tip Sheet for

Claims Appeals

How to submit a Claims Appeal to Nevada Medicaid

All providers have the right to appeal a claim that has been denied.

Appeals must be submitted electronically to Nevada Medicaid via the Provider Web Portal (PWP) no later than 30 calendar days from the date on the remittance advice.

Fill out the most current Formal Claim Appeal Request (FA-90) form in its entirety. The current FA-90 form is available online on the Provider Forms webpage:
https://www.medicaid.nv.gov/providers/forms/forms

For each appealed claim, a separate FA-90 must be attached. If the provider has multiple appeals, the provider must complete an FA-90 for each appeal and submit each as an individual, separate appeal.

Appeals Checklist:

- ☑ Is the appeal being submitted within 30 calendar days from the remittance advice date?
- ☑ Is the FA-90 filled out and attached, including:
  1. Detailed reason for the appeal
  2. Provider's National Provider Identifier (NPI) and name
  3. The Internal Control Number (ICN) of the denied claim
  4. Name and telephone number of contact person regarding the appeal
  5. Documentation that supports why the claim is being appealed
- ☑ Have you read and understand Chapter 8 (Claims Processing and Beyond) of the Billing Manual?

Contact Information

General Inquiries:

Gainwell Technologies Contact Center

877-638-3472

Monday - Friday from 8am-5pm PST

Appeals Training or Information:

Send an email to NevadaProviderTraining@gainwelltechnologies.com with your NPI and Provider Name and you will be put in contact with your Provider Field Representative.

The Billing Manual for all provider types is available online on the Provider Billing Information webpage.

***If a claim has been denied due to billing errors, a new, corrected claim must be submitted electronically. Do not resubmit the claim through the appeals process.*