

Top Claim Denial Reasons and Resolutions Aug 2026

SilverSummit HealthPlan has reviewed all claim submissions for the month of August 2026 and has compiled a list of the top reasons for which claims have denied. The table below lists the top denial codes, the denial code descriptions, and suggestions on how to resolve and avoid the claim denials.

DENIAL CODE	DENIAL DESCRIPTION	SUGGESTION
EX KA	PROVIDER MEDICAID ID REQUIRED FROM MEMBER'S STATE, REGISTER AND RESUBMIT	Provider must register with Nevada Medicaid and resubmit the claim.
EX A1	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED	If authorization was obtained and the denial is believed to be incorrect, submit a reconsideration/appeal with supporting documentation. Check SilverSummit auth requirements: Nevada Medicaid Pre-Authorization Form SilverSummit Healthplan
EX pw	OPR PROVIDER MEDICAID ID REQ FROM MEMBER'S STATE, REGISTER AND RESUBMIT	Ordering/prescribing/referring provider must register with Nevada Medicaid. Correct the provider information and resubmit the claim. See Ordering, Prescribing and Referring FAQs: 2026 Notifications
EX L6	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	Bill the member's primary insurance first, then resubmit the claim with the primary payer EOP.
EX 46	DENY: THIS SERVICE IS NOT COVERED	Service is not a covered benefit. Verify member benefits and coverage requirements in your Provider Type Billing Guide/applicable MSM Chapter. See: Nevada Medicaid
EX 18	DENY: DUPLICATE CLAIM SERVICE	Claim/service appears to be a duplicate. Verify the original claim status before disputing. Verify corrected claim submissions are following the proper process. See Corrected Claims: Provider Manuals
EX 29	DENY:THE TIME LIMIT FOR FILING A CLAIM HAS EXPIRED	Claim was received after the timely filing limit. Verify timely filing requirements and submit supporting documentation if reconsideration is applicable. See Timely Filing: Provider Manuals