



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Nursing Home Transmittal No. 298
February 28, 2025

To: Nursing Facilities

From: Charles Crisp, Director 
Office of Medicaid Provider Services

Subject: Billing Policies for “128 - Beyond Statute” Denial Code

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

This transmittal provides updated guidance for long term care providers submitting claims to Maryland Medicaid beyond 12 months from the date of service. This transmittal updates the guidance provided in PT 10-25: Reinstating “128 - Beyond Statute”.

Effective October 1, 2024, Maryland Medicaid reinstated the “128 - Beyond Statute” denial code for long term care providers. As a result, claims submitted electronically with dates of service beyond the 12-month statute will no longer be reimbursed by Maryland Medicaid. Such claims will deny and appear on a provider’s remittance advice with the “128 - Beyond Statute” denial code. Providers are required to bill claims beyond the 12-month statute on paper to the Institutional Provider Resolution Unit. Please note that claims submitted beyond the 12-month statute include all applicable and required documents along with the Long Term Care Provider Resolution Unit (LTCPRU) approval notice in their submission.

Providers encountering a span related error preventing payment should continue to submit all inquiries to the LTCPRU via Cognito. Please note that the email entered into the “Institution Designated Point of Contact” field will receive the email confirming the submission. Upon inquiry review, the designated point of contact will receive an additional email detailing whether the request for span updates was approved or denied.

Providers who receive an approval notice from LTCPRU must **bill Maryland Medicaid within 60 days**. Claims must follow established billing policies and can be submitted either electronically or on paper to the appropriate unit as described below. For claims submitted on paper, providers must include all applicable and required documents along with the LTCPRU approval notice in their submission. Claims billed beyond the 60-day period as indicated on the LTCPRU approval notice may be denied for payment. Maryland Medicaid will not grant extensions to the 60-day billing period for providers who fail to submit clean and accurate claim(s) within the specified period.

Providers are responsible for accurately and promptly submitting requests to LTCPRU via Cognito to resolve errors preventing payment and ensuring compliance with timely filing statutes. The LTCPRU will reject provider inquiries when the inquiry is due to:

- 1) Repeated failure to update or correct information related to the inquiry as identified or requested by LTCPRU; or
- 2) Failure to identify and submit the error to LTCPRU in a timely manner and with reasonable promptness.

Claim Submission Instructions

For claims within 12 months of the date of service, providers may submit most claims electronically or on paper to the PO Box below. Medicare copayment claims must be submitted with the Medicare EOB and coinsurance worksheet within timely filing limitations to:

Maryland Department of Health
Medicaid Claims Processing Department
PO BOX 1935
Baltimore, MD 21203

For all claims beyond 12 months from the date of service and Behavioral Health (BHH) claims must be submitted on paper with all applicable required documents, including the approval notice from LTCPRU, to:

Maryland Department of Health
Provider Service - Institutional Provider Resolution
PO BOX 22751
Baltimore, MD 21203

For questions regarding this transmittal, please contact Lucas Rodriguez at lucas.rodriguez1@maryland.gov