



## SSHSP

### Use of Delay Reason Code 3



**Contact Details:**

**1-800-343-9000**

[emednyalert@gdit.com](mailto:emednyalert@gdit.com)

### Use of Delay Reason Code 3

SSHSP providers that a reminder was once again sent out regarding the proper use of delay reason code 3 on SSHSP Medicaid claims. Per [Medicaid Alert #24-05](#), and [Medicaid Alert #23-09](#), the SSHSP claiming window is 15 months from the date of service. Requests for extension beyond the 15-month claiming limit must be submitted to the Department of Health at [SSHSP@health.ny.gov](mailto:SSHSP@health.ny.gov). LEAs using Reason Code 3 on claims older than 15 months and without prior approval from the Department of Health are in violation of SSHSP billing policy. If payment occurs on claims submitted after the 15-month limit without approval, this is an overpayment and the LEA must follow the Office of the Medicaid Inspector General (OMIG) self-disclosure process to report, return, and explain the overpayment. Please see [Medicaid Alert 25-13](#) posted on the Medicaid-in-Education webpage on November 18, 2025 for additional information.

If you are having problems viewing content within this newsletter, please email [emednyalert@gdit.com](mailto:emednyalert@gdit.com) for further assistance

The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.