



March 16, 2022

Web Announcement 2738

Inpatient Claims Denied in Error with Error Code 5001 Will Be Reprocessed

Some inpatient claims have denied in error with error code 5001 (Possible duplicate: Inpatient to Inpatient) when a recipient was transferred from one inpatient facility to another inpatient facility. Error code 5001 has been updated in the Medicaid Management Information System (MMIS) and inpatient claims meeting the above criteria will no longer deny in error with error code 5001 effective with claims with dates of service on or after March 14, 2022.

Inpatient claims with dates of service on or after March 14, 2020, through March 14, 2022, that denied in error with error code 5001 will be reprocessed automatically to adjudicate correctly. A future remittance advice will report the results of the reprocessed claims.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.