



April 29, 2022

Web Announcement 2773

**Attention Provider Types 11 (Hospital, Inpatient) and 64 (Hospice):**

**Update Regarding Pediatric Hospice Claims with Overlapping Dates of Service**

Claims submitted by provider type 11 (Hospital, Inpatient) and provider type 64 (Hospice) for pediatric hospice services for the same recipient age 0 to 20 years old and overlapping dates of service may have been denied in error with error code 5051 (Possible Duplicate: Inpatient vs Outpatient). Claims were paid to the provider who billed first. The provider who billed second received a claim denial with error code 5051. Effective on claims with dates of service on or after March 28, 2022, claims submitted by both provider types will adjudicate correctly.

Impacted claims submitted by provider types 11 and 64 with dates of service on or after February 1, 2019, through March 28, 2022, that were denied in error with error code 5051 will be reprocessed automatically. 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.