

PROVIDER BULLETIN

Provide “Amount Paid” on Claims CMS 1500 Box 29 (Item 29)

Health plans require all providers to include the amount paid by a patient and/or other payers when submitting claims and encounter data. This is to ensure member financial responsibility data is collected and members are charged correctly for copay, coinsurance or deductibles. The CMS1500 captures this information as the total “Amount Paid” in Box 29 (Item 29).

Instructions:

Enter the total amount the patient paid for covered services only. Include the cents with dollar amounts. For example, \$24.00 must be entered as 2400 rather than 24 or 24-. Do not use dollar signs, decimals, dashes, commas, or lines. Negative dollar amounts are not allowed. Do not mark as continued or the claim will be rejected as unprocessable; each CMS-1500 Form should have its own total.

Do not include the amount paid by the primary insurance, co-insurance, deductibles, account balance, or payments on previous claims in Box 29 (Item 29).

Sample:

I.		J.			K.		L.										
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE			C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.				
From	To	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID	QUAL	RENDERING PROVIDER ID. #						
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER	POINTER									
01	29	20	01	29	20	11		93976		1	376.00	1		NPI			
01	29	20	01	29	20	11		76775	59	1	130.00	1		NPI			
														NPI			
														NPI			
														NPI			
														NPI			
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use					
		<input type="checkbox"/> <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		\$ 506.00		\$ 24.00							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH #									

Additional resources may be found at the following websites:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf>
<https://med.noridianmedicare.com/web/jddme/claims-appeals/claim-submission/instructions>

If you have any questions, please contact Provider Relations at (818) 265-0800 x562.