

**Adeptia EDI Structure : 5010 835 Healthcare Claim Payment/Advice**

ADEPTIA	ELEMENT	ELEMENT DESCRIPTION	REQUIRED (USG)	RPT	LOOP RPT
<b>Table 1 - Header</b>					
	ST	TRANSACTION SET HEADER	R	1	
	BPR	FINANCIAL INFORMATION	R	1	
	TRN	REASSOCIATION TRACE NUMBER	R	1	
	CUR	FOREIGN CURRENCY INFORMATION	S	1	
	REF	RECEIVER IDENTIFICATION	S	1	
	REF	VERSION IDENTIFICATION	S	1	
	DTM	PRODUCTION DATE	S	1	
<b>Adeptia Def</b>	<b>Loop1_N1 : IF (N101 = PR)</b>				
	<b>LOOP ID - 1000A PAYER IDENTIFICATION</b>				<b>1</b>
	N1	PAYER IDENTIFICATION	R	1	
	N3	PAYER ADDRESS	R	1	
	N4	PAYER CITY, STATE, ZIP CODE	R	1	
	REF	ADDITIONAL PAYER IDENTIFICATION	S	4	
	PER	PAYER BUSINESS CONTACT INFORMATION	S	1	
	PER	PAYER TECHNICAL CONTACT INFORMATION	R	>1	
	PER	PAYER WEB SITE	S	1	
<b>Adeptia Def</b>	<b>Loop1_N1 : IF (N101 = PE)</b>				
	<b>LOOP ID - 1000B PAYEE IDENTIFICATION</b>				<b>1</b>
	N1	PAYEE IDENTIFICATION	R	1	
	N3	PAYEE ADDRESS	S	1	

	N4	PAYEE CITY, STATE, ZIP CODE	S	1	
	REF	PAYEE ADDITIONAL IDENTIFICATION	S	>1	
	RDM	REMITTANCE DELIVERY METHOD	S	1	
<b>Table 2 - Billing Provider Detail</b>					
<b>Adeptia Def</b>	<b>Loop2_LX</b>				
	<b>LOOP ID - 2000 HEADER NUMBER</b>				<b>&gt; 1</b>
	LX	HEADER NUMBER	S	1	
	TS3	PROVIDER SUMMARY INFORMATION	S	1	
	TS2	PROVIDER SUPPLEMENTAL SUMMARY INFORMATION	S	1	
<b>Adeptia Def</b>	<b>Loop3_CL3</b>				
	<b>LOOP ID - 2100 CLAIM PAYMENT INFORMATION</b>				<b>&gt; 1</b>
	CLP	CLAIM PAYMENT INFORMATION	R	1	
	CAS	CLAIM ADJUSTMENT	S	99	
	NM1	PATIENT NAME	R	1	
	NM1	INSURED NAME	S	1	
	NM1	CORRECTED PATIENT/INSURED NAME	S	1	
	NM1	SERVICE PROVIDER NAME	S	1	
	NM1	CROSSOVER CARRIER NAME	S	1	
	NM1	CORRECTED PRIORITY PAYER NAME	S	1	
	NM1	OTHER SUBSCRIBER NAME	S	1	
	MIA	INPATIENT ADJUDICATION INFORMATION	S	1	
	MOA	OUTPATIENT ADJUDICATION INFORMATION	S	1	
	REF	OTHER CLAIM RELATED IDENTIFICATION	S	5	
	REF	RENDERING PROVIDER IDENTIFICATION	S	10	

	DTM	STATEMENT FROM OR TO DATE	S	2	
	DTM	COVERAGE EXPIRATION DATE	S	1	
	DTM	CLAIM RECEIVED DATE	S	1	
	PER	CLAIM CONTACT INFORMATION	S	2	
	AMT	CLAIM SUPPLEMENTAL INFORMATION	S	13	
	QTY	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	S	14	
<b>Adeptia Def</b>	<b>Loop4_SVC</b>				
	<b>LOOP ID - 2110 SERVICE PAYMENT INFORMATION</b>				<b>999</b>
	SVC	SERVICE PAYMENT INFORMATION	S	1	
	DTM	SERVICE DATE	S	2	
	CAS	SERVICE ADJUSTMENT	S	99	
	REF	SERVICE IDENTIFICATION	S	8	
	REF	LINE ITEM CONTROL NUMBER	S	1	
	REF	RENDERING PROVIDER INFORMATION	S	10	
	REF	HEALTHCARE POLICY IDENTIFICATION	S	5	
	AMT	SERVICE SUPPLEMENTAL AMOUNT	S	9	
	QTY	SERVICE SUPPLEMENTAL QUANTITY	S	6	
	LQ	HEALTH CARE REMARK CODES	S	99	
<b>Table 2 - Subscriber Detail</b>					
	PLB	PROVIDER ADJUSTMENT	S	> 1	
	SE	TRANSACTION SET TRAILER	R	1	