

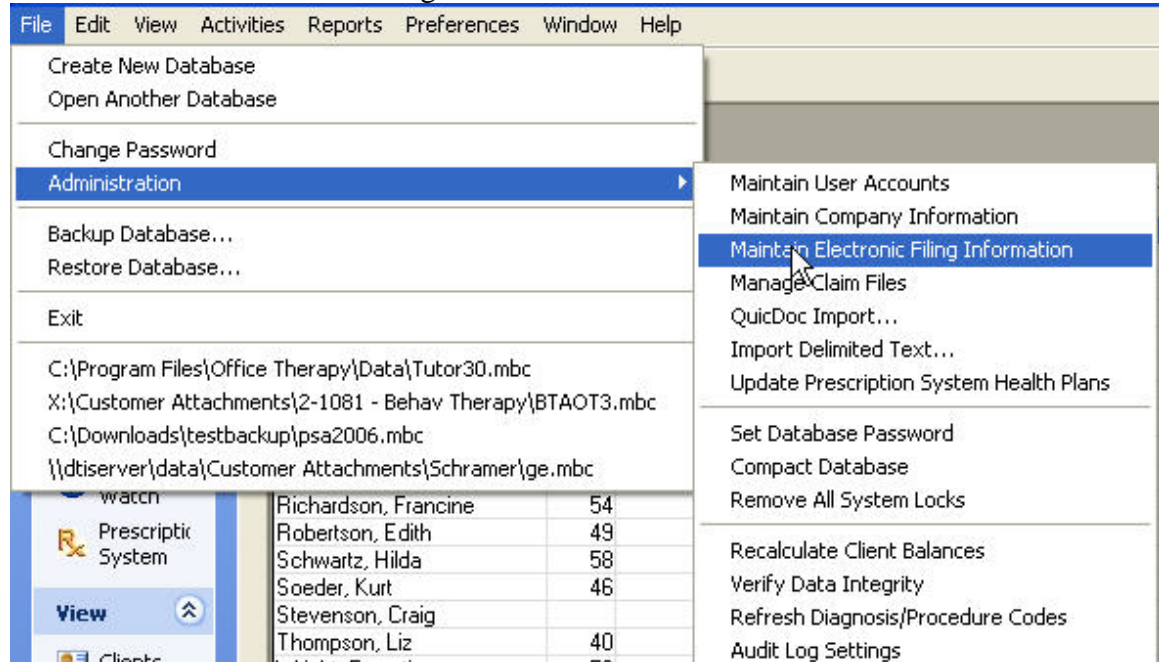
ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

7.5

Before you begin:

**Make sure you are logged in
as a user that has Administrative rights.**

1. From the **File** menu, click Administration,
2. Select Maintain Electronic Filing Information



This box will pop up. It will default to the Electronic Activation Tab

The screenshot shows the 'Electronic Filing Setup' dialog box. It has three tabs: 'Electronic Activation', 'Providers Filing Electronically', and 'Insurance Companies Filing Electronically'. The 'Electronic Activation' tab is active. It contains several fields and checkboxes. The 'Use Gateway EDI Clearinghouse' checkbox is checked. The 'NSF/837 Test Mode' checkbox is also checked. The 'Electronic Filing Status' is set to 'Active'. The 'Type' is set to '837'. The 'Export filename for HCFA 1500' is 'C:\Documents and Settings\All Users\current boh'. The 'Export folder for NSF/837' is 'C:\Documents and Settings\All Users\Documents\Outlook Express\Office Therapy\DATA'. The 'Interchange Sender ID' is empty, and the 'Interchange Sender ID Type' is 'ZZ Mutually Defined'. The 'NSF/837 Sender Code' is empty, and the 'NSF/837 Password' is empty. The 'NSF/837 Submission Type' is empty, and the 'Interchange Receiver ID Type' is 'ZZ Mutually Defined'. The 'Submitter ID' is '1234'. The 'Submitter EDI Contact Info' section has 'Name' set to 'Name of person Gateway to contact', 'Contact #' empty, and 'Type' set to 'Telephone'. The 'Receiver Company Info' section has 'Name' set to 'GATEWAYEDI' and 'ID#' set to '431420764'. There are 'OK' and 'Cancel' buttons at the bottom.

For ISA Header
Call Gateway or
log onto
<https://www.gatewayedi.com/gedi/docs/HipaaCompanionDoc.pdf>

ELECTRONIC CLAIMS QUICK SETUP USING (837ANSIX12 ONLY) FOR GATEWAY EDI

The screenshots are broken down for you.

Follow these steps to complete the E-Filing set up

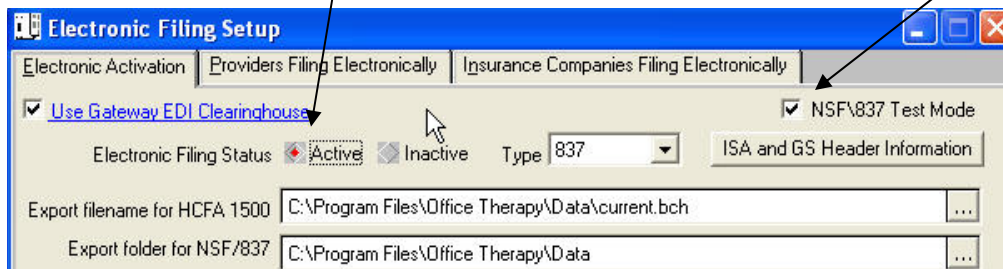
3.

Make sure this box is checked. By checking this box it will automatically add the Receiver Company Info at the bottom of this screen.



4.

Make sure the Active button is selected



If the NSF\837 Test Mode is checked the claims will **NOT** finalize.

This is a Great tool to use when you are in the testing with Gateway

Vista and XP operating systems will not allow you to export files to the C:\Program Files directory. If the default location is there please browse to a different location.

5. The Export folder for NSF/837 is the location where the batch claim file will be output. This is the location you will specify to Gateway so that they can retrieve your file. This location can be changed.



Clicking the Ellipses button will allow you to Browse to a location of your choice.

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6. In this section of the box, Submitter ID is required. It is supplied to you by Gateway. It will be 4 characters and will also be your log in for Gateway

Interchange Sender ID Interchange Sender ID Type

NSF/837 Sender Code NSF/837 Password

NSF/837 Submission Type Interchange Receiver ID Type

Submitter ID

7. You must fill out this section with Name and Telephone Number (No Spaces or Dashes)

Submitter EDI Contact Info.

Name

Contact #

Type

Receiver Company Info.

Name

ID#

8. Type MUST be specified as Telephone. Gateway will not accept anything else

Submitter EDI Contact Info.

Name

Contact #

Type

Receiver Company Info.

Name

ID#

837 Info: [Loop 1000A PER03 Communication Number Qualif.](#)

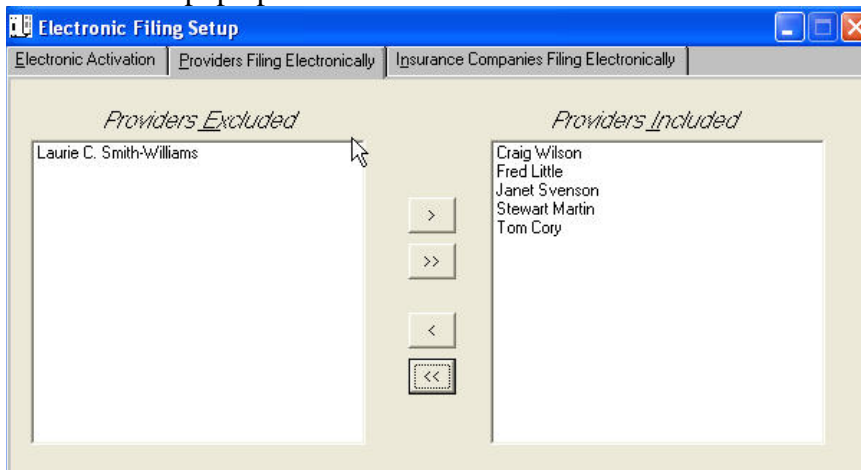
OK Cancel

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9. Click the Providers Filing Electronically Tab.

You need to select the providers you want included in the E- filing process.

This box will pop up.



You will be filing claims for All the Providers listed in the Included box

You can elect to move ALL Provider's from Excluded to Included and visa versa by clicking a double arrow box



or

Or





Move a SINGLE Provider by click on that providers name and clicking the single arrows

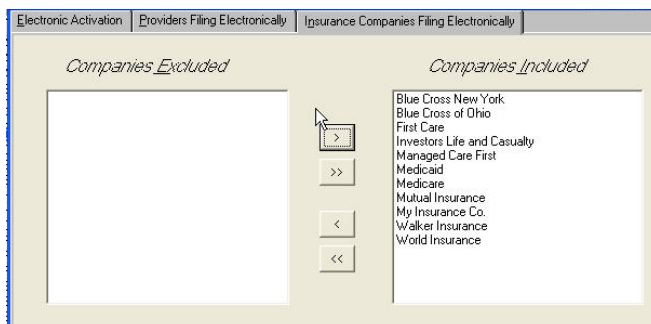


or



10. Click on the next Tab...Insurance Companies Filing Electronically Choose the Insurance Companies you want to be included the filing process.

You can elect to move ALL Insurance Companies from Excluded to Included and visa versa by clicking a double arrow box  or 
Or
Move a SINGLE Insurance Company by click on that Ins. Companies name and clicking the single arrows  or 



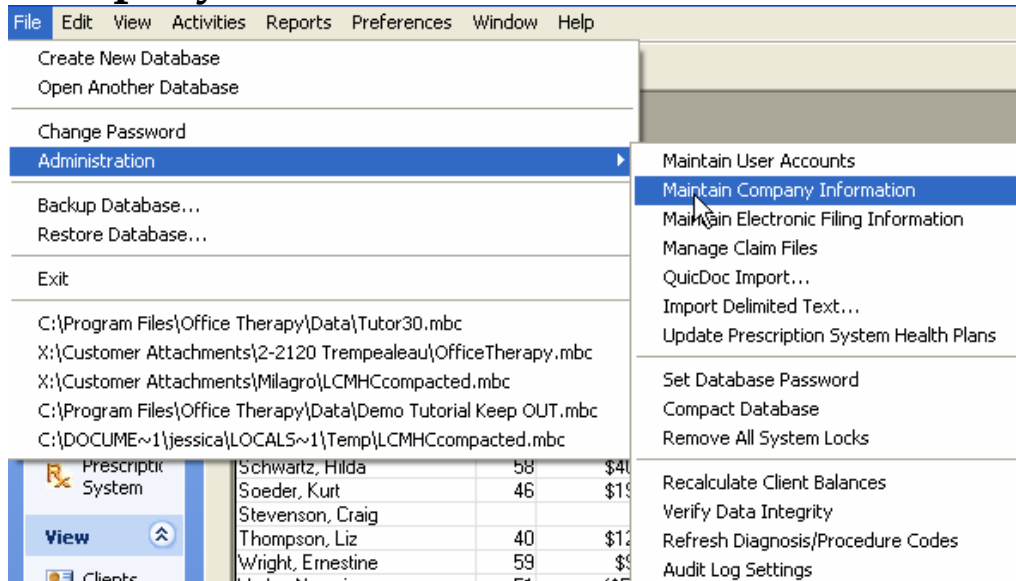
11. Use the drop down arrow and click on NSF/837 Format

12. Click Convert Format

13. Click OK

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Company Information



Step 1. Click File, Administration, Maintain Company Information.

The 'Company Information' dialog box is shown with the 'Company Information' tab selected. It contains fields for 'Company Name', 'Address', 'City', 'State', 'Zip', 'Phone', 'Fax', and 'Tax Id'. The 'Tax Id' field has a dropdown for '(SSN or EIN)'. At the bottom, there is a checkbox labeled 'Use Company information for the 837 Pay To Address' which is currently unchecked. An arrow points to this checkbox. The dialog also has 'OK' and 'Cancel' buttons at the bottom right.

Step 2. Fill out the information and Check the box "Use Company information for the 837 pay To Address"

Click OK.

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PROVIDER SET UP

Step 1.

From the View menu, click Providers; double click a provider, E-File tab.

Provider: Janet Svenson

Provider Demographics | HCFA Details | Provider Earning Distribution | E-File | Rate Card | Work Schedule

☒ Activate electronic insurance filing for this provider?

E-Field	Value
EMC Id	
Medicare Number	
UPIN - USIN Id	
Medicaid Number	
Champus Number	
Blue Shield Number	
Commercial Number	
Other Number 1	
Other Number 2	
Organization Name	

OK Cancel

Step 2. Check the box. Activate Electronic insurance filing for this provider.

Step 3. Scroll down through the fields to find Speciality.

This is where the TAXONOMY code needs to be inserted

Provider: Janet Svenson

Provider Demographics | HCFA Details | Provider Earning Distribution | E-File | Rate Card | Work Schedule

☒ Activate electronic insurance filing for this provider?

E-Field	Value
Champus Number	
Blue Shield Number	
Commercial Number	
Other Number 1	
Other Number 2	
Organization Name	
Speciality	
Speciality License	
Type Organization	

OK Cancel

Taxonomy Code:

A taxonomy code is 10 digit code required by Gateway EDI that identifies your specialty.

If you do not have a taxonomy code you must look one up.

www.wpc-EDI.com/codes/taxonomy is a Web site with more information on how to obtain a taxonomy code

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Step 4. Click on the HCFA Details Tab

Provider: Janet Svenson

Provider Demographics | **HCFA Details** | Provider Earning Distribution | E-File | Rate Card | Work Schedule

25. Federal Tax ID Number: 64535635 ☐ SSN ☒ EIN

24J. NPI: 6984845

33a. Organization NPI If different than 24J: 694940648

31. Physician Or Supplier: Paula H. Donaldson

33. Physician's, supplier's billing name, address, zip code & phone #

Name: []

Address 1: PO box 20140

Address 2: []

City, State Zip: Hagerstown MD 12345

Phone: [] [] [] [] [] []

33 (PIN #). Enter below only if different from Box 25 (837 Secondary IDs)

	Insurance Company	ID
1	Investors Life and Casualty	999999999
2	Managed Care First	56653563

Add Modify Delete

OK Cancel

25. An insurance company may require either a SSN or an EIN (Tax ID) number

24J. This is for the New National Provider Identifier number assigned to you.

33a. This is for the Organizational NPI

31. The Physician or Supplier. (Signature)

33. This is the rendering providers' information.

33. (PIN #). This is a field for the secondary Id that may be assigned by an insurance company.

Step 5.

Insurance ID

Insurance Company: []

Id: []

Type: []

☐ Use this ID on HCFA or NSF

[] Rendering Provider is the same as the PayTo/Billing Provider when filing the 837 Format

OK Cancel

Choose an Insurance Company

Type an Id

Choose a Type

**** For Gateway EDI you must select NO next to Rendering Provider is the same as the Pay to Billing Provider when filing the 837 Format**

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Insurance Company Set Up

Step 1.

From the View menu, click Insurance Companies; double click an Insurance company, E-File tab.

The screenshot shows a software window titled "Insurance Company: Managed Care First" with several tabs: General, HCFA Details, E-File (selected), Rate Card, List Of Clients, and My Fields. In the E-File tab, there is a checkbox labeled "Activate electronic filing?" which is checked. Below it is a dropdown menu for "Electronic Filing Format" currently set to "NSF/837 Format". A table with two columns, "E-Field" and "Value", is present. The "E-Field" column lists: National Payer Id, PPO Id, Source Of Payment, Receiver Type Code, Location Id, Secondary ID, Secondary ID Type, and 837-Use Prov Addr (Y or blank). The "Value" column is empty. At the bottom are "OK" and "Cancel" buttons.

E-Field	Value
National Payer Id	
PPO Id	
Source Of Payment	
Receiver Type Code	
Location Id	
Secondary ID	
Secondary ID Type	
837-Use Prov Addr (Y or blank)	

Step 2. Check the box. Activate Electronic insurance filing for this Ins. Co.

Step 3. Select NSF/837 Format in the Electronic Filing Format box.

Step 4. National Payer ID is a 5 digit provider number you will receive from Gateway

Step 5. Click on HCFA Details:

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HCFA Box #	Leave Blank	Copy Data From HCFA Box #	Use The Following Text
4			
7			
9			

Box 1. IF APPLIES Choose the Insurance Type,
Box 33 Grp# Insurance Id and ID Type.

There may be additional values needed in the **Additional HCFA Fields** Required by your insurance company

Step 6. If you were issued a Group number from the Insurance Company you will need to put it in 33 – Grp.#.

Client Set up

Step 1.

From the View menu, click Clients; double click a client , Insurance tab.

This is where you insert the clients Primary and Secondary insurance Information.

Watch	Date Range	Visits	Constraints	Comm
1	07/06/1998 - 09/30/1998	Authorized: 8.0 Used: 3.0 Remaining: 5.0	Includes: 90847	Final contract.

This is where you insert the clients Primary and Secondary insurance Information.

Step 2. Make sure File Claims is checked

Step 3. Gateway EDI requires values in the **Claim Filing Ind.** and the **Ins. Type**

Step 4. Click HCFA/837 Details

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HCFA/837 Details

8. Patient Status
 Marital: Married
 Employment: Employed
 Employer:

10. Is Patient's Condition Related To:
☐ Employment (Current Or Previous)?
☐ Auto Accident? (place)
☐ Other Accident?

12. Patient's Signature? ☒

13. Insured's Signature? ☒

14. Date Of Current Illness 11/05/1987

15. Same Or Similar Illness

16. Dates Patient Unable To Work
 From: To:

18. Hospitalization Dates Related To Current Services
 From: To:

17. Referring Physician Information
 Name: Dr. Jim Smith Sp. Code:
 ID Type: ID:
 Sec. ID Type: Sec. ID:
 Referral Date: Last Seen Date:

19. Reserved For Local Use

20. Outside Lab? ☐ Charges: \$0.00

22. Medicaid Resubmission
 Code: Ref #

26. Account Number

27. Accept Assignment is located on the Ins. Policies Tab

32. Facility Name And Address

☒ Copy HCFA Box #33

32a. Facility NPI **32b. Other ID and Type**

OK Cancel

Special Notes.

14. Make sure Date of Current Illness is ON or BEFORE the date of service.

32. Fill in Facility Name and Address
 or Make sure Copy HCFA Box #33 is checked.


32a and 32b. are listed for facility NPI numbers, however, some Insurance Companies are requiring the fields to be populated

***Complete any other information the Insurance Company may require

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Creating your test batch

Step 1.

Click on the  button on the left hand side of the screen to open the Insurance Filing Expert.

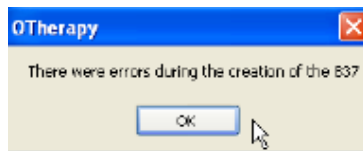
Use the first selection of "Submit new charges to primary insurance companies" and click on Next. (This will generate a batch of claims for ALL Open Charges in the program)

To submit one at a time please use Resubmit for One Client.

Follow the instructions of each page of the Filing Expert

Click Finish to finalize the creation of the 837 file.

If there are errors in the creation of the 837 file, you will see a pop up



You MUST correct these errors and regenerate the claim.

The errors and locations can be viewed on the Electronic Claims Log (Below)

Step 2.

Once the 837 file is created you will see on your screen a preview of an Electronic Claims Log that should look something like this:

Electronic Claims Log						
837 Claim File to C:\Program Files\Office Therapy\Data\06122100.837 (Sub No: 1000004)						
<u>Id</u>	<u>Last Name</u>	<u>First Name</u>	<u>Insurance Company</u>	<u>From Date</u>	<u>To Date</u>	<u>Amount</u>
7464	Acuna	Bryon	Walker Insurance	11/30/2006	11/30/2006	150.00
7464	Acuna	Bryon	Walker Insurance	12/04/2006	12/04/2006	150.00
7424	Davidson	Paula	Medicare	08/24/2006	11/28/2006	410.00
7422	Soeder	Kurt	Mutual Insurance	12/01/2006	12/01/2006	110.00
7444	Stevenson	Craig	Medicare	10/13/2006	10/13/2006	29.00
Total Sent To File: 5						

You have the option of Printing, Saving, and Closing this screen. It may be beneficial to keep a record of the claims that were sent in the file.

Step 3.

You are now ready to upload your test file to Gateway EDI. Please contact them with and questions as to how to transmit the file.

Be sure to make note of the line labeled **"837 Claim File to..."** This will tell you where on the computer the file you have created can be found in order to upload it to Gateway EDI. This is the same path that can be found on the **Maintain Electronic Filing Information** screen found [here](#).