Before you begin

Log on to Office Therapy with the Administrative ID and password or as a user that has Administrative rights.

Gather Your Gateway Provider and Group Information

Please have your Provider and Group Information available. This can be found on the Gateway EDI website at www.gatewayEDI.com Please have the Gateway Addendum handy.

Find your taxonomy code

A taxonomy code is 10 digit code required by Gateway EDI that identifies your specialty. If you do not know your taxonomy code you may look one up at www.wpc-EDI.com/codes/taxonomy.

Getting Started

Once you have gathered the information, open Office Therapy and begin entering in the data. (DO NOT use any special characters in any of the fields; use only numbers and letters)

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

1	File Edit View Acti	vities Reports Preferences	Window Help		
	Create New Databa Open Another Datal	se Dase			
	Change Password				
	Administration		Maintain User Accounts Maintain Company Information		
	Dealers Database				
	Backup Database		Maintain Electronic Filing Information		
	Restore Database	•2			
	Exit		QuicDoc Import		
	C:\Program Files\Of X:\Customer Attach	fice Therapy\Data\Tutor30.mbo ments\2-1081 - Behav Therapy	Import Delimited Text Update Prescription System Health Plans		
	C:\Downloads\testb	ackupipsa2006.mbc	Set Database Password		
	\\dtiserver\data\Cu:	stomer Attachments\Schramer\	Compact Database		
	watch	Richardson, Francine	- 54	Remove All System Locks	
	p Prescriptic	Robertson, Edith	49	 Second reaction of the second s	
	🛰 System	Schwartz, Hilda	58	Recalculate Client Balances	
	100	Soeder, Kurt	46	Verify Data Integrity	
	View 🙁	Stevenson, Craig		Refresh Diagnosis/Procedure Codes	
	Clients	Thompson, Liz	40	Audit Log Settings	

This will open the Electronic Filing Setup window.

DocuTrac's Office TherapyTM

Electronic Claims Setup Using (837 ANSIX12 ONLY) For Gateway EDI

Follow the numbered steps below to continue the setup in the Electronic Activation screen.

- 3. Make sure the Use Gateway EDI Clearinghouse 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 option is selected and the Type is set to 837.
- 5. Test Mode: If the NSF\837 Test Mode is checked the claims will NOT finalize. This is useful when you are in the testing stage with Gateway.

a billing cycle, a question will be asked "Was the printing/filing of the HCFA claims successful". If you click "yes" the claims will be finalized and there will be no way to re-produce the BATCH. If you click "No" then claims will NOT be finalized, issues can be addressed and then the batch CAN be re-produced. However, when Office Therapy is set up in TEST MODE, this message will not appear and no claims will be finalized.

Exception - If any provider or Ins. co is still set to file paper claims, this message will appear and selecting yes or no does not matter, these claims will NOT be finalized.

6. No ISA or GS Header Information needs to be entered or modified to file claims to Gateway EDI. For more information about ISA and GS headers log on to:

https://www.gatewayedi.com/gedi/docs/HipaaCompanionDoc.pdf

Use Gateway EDI CI	earinghou			NSF\837 Test Mo		
Electronic Filing	g Status	• Active	Type 837	ISA and GS Header Informatio		
port filename for HCF.	A 1500	C:\Documents and Settings\All Users\Documents\Docutrac\Office Therapy\Data\ C:\Documents and Settings\All Users\Documents\Docutrac\Office Therapy\Data \				
Export folder for NS	SF/837					
Interchange Sender ID			Interchange	e Sender ID Type ZZ Mutually Defined		
NSF/837 Sende	er Code	NSF/837 Password Interchange Receiver ID Type ZZ Mutually Definded 👻				
NSF/837 Submissio	n Type					
Subn	nitter ID					
Submitter EDI Contac	<u>:t Info.</u>		Receiv	rer Company Info. 3		
Name			Name	GATEWAYEDI		
Contact #			ID#	431420764		
Туре			~			
37 Info:						

- 7. The Export folder for NSF/837 is the location where the batch or single claim file will be output. This is the path you will specify to Gateway so that they can retrieve the claim file. This default location is dependant on the Operating System you have installed on the computer. Windows 7 is - C:\Users\Public\Documents\Docutrac\Office Therapy\Data Vista Default is - C:\Users\Public\Documents\Docutrac\Office Therapy\Data XP Default is - C:\Documents and Settings\All Users\Documents\Docutrac\Office Therapy\Data
- 8. If Office Therapy is in a network environment it may be necessary to use the Browse button 🛄 to navigate to a different location.

9. In this section, Submitter ID is required. It is supplied to you by Gateway. It will be 4 characters and will also be the User ID Logon for the Gateway EDI website.

Interchange Sender ID	Interchange 9	Sender ID Type ZZ Mutually Defined 🛛 💊
NSF/837 Sender Code	NSF	/837 Password
NSF/837 Submission Type	Interchange R	eceiver ID Type ZZ Mutually Definded 🛛 💊
Submitter ID		
Submitter EDI Contact Info.	Receiver	Company Info.
IO Name	Name I	GATEWAYEDI
Contact #	ID# ·	431420764
Туре	~	

10. These fields contain the technical contact information of the person filing claims. For Contact # and Type use the telephone number.

Тире	Telephone	×

Providers Filing Electronically

	2 Electronic Filing Setup	
11. Click the Providers	Electronic Activation Providers Filing Electronically Insurance Companies Filing E	lectronically
	Electronic Filing Status Active Inactive Type 837	ISA and GS Header Information

Electronic Activation	Providers Filing Electronically	Insurance Companies Fi	ling Electronically	
Provid	ers <u>E</u> xcluded	,	Providers <u>I</u> ndi	uded
Janet Svenson Laurie C. Smith-Will	lams 12	Craig Will Fred Litt Stewart 1 Tom Cog	son 9 4 aatrin 7	

12. Select the providers you want included in the E- filing process.

You can elect to move ALL from **Excluded** to **Included** and visa versa by clicking a double arrow.

Or move a SINGLE choice by clicking to highlight then clicking a single arrow.

Insurance Companies Filing electronically



14. Choose the Insurance Companies you want to be included in the filing process.

You can elect to move ALL from Excluded to Included and visa versa by clicking a double arrow.

Or move a SINGLE choice by clicking to highlight then clicking a single arrow.

- 15. Convert all included companies to produce: From the drop down pick list, select NSF/837 Format.
- **16. IMPORTANT:** Click on the **Convert Format** button to convert and save the file format. The claim files that are generated for the insurance companies listed under *Companies Included* will now be created using the 837 electronic format.
- **17.** Click **OK** to save your settings.

Company Information

ile Edit View Activi	ties Reports Preferences	Window H	lelp			
Create New Database	é					
Open Another Databa	se					
Change Password						
Administration			2 🕨	Maintain User Accounts		
Deduc Detabase				Maintain Company Information		
Backup Database				Maintain Electronic Filing Information		
Restore Database	Restore Database					
E×it	Import Delimited Text					
C:\Documents and Sel	ttings\All Users\Documents\Do	cutrac\Offic	e Therapy\Data\tutor30.mbc	Set Database Password		
1 1 0 0 0 0 m 0	Euwarus, i neresa	92	\$1,042.00 Svenson, Janet	Compact Database		
🚓 File Insurance	Emmets, Ursula	48	\$125.00 Svenson, Janet	Remove All System Locks		
	Hildegard, Rhonda	62	\$220.00 Smith-Williams, Lay_			
	Osgood, Trudy	51	\$444.70 Svenson, Janet	Recalculate Client Balances		
👝 Contract	Richardson, Francine	56	\$160.98 Smith-Williams, Lau	Verifu Data Integritu		
Watch	Robertson, Edith	52	\$220.00 Svenson, Janet	veni y Data Integrity		
Description	Schwartz, Hilda	61	\$100.00 Svenson, Janet	Refresh Diagnosis/Procedure Codes		
R Prescription	Soeder, Kurt	48	\$199.25 Smith-Williams, Lau	Audit Log Settings		
System	Thompson Liz	43	\$120.00 Coru Tom			

- 1. From the File menu, click Administration.
- 2. Select Maintain Company Information.

🕇 Company: Enter ye	our company name here!	
Company Information	Billing Service Information Prescription System	
Company Nam Addres	Enter your company name here! Enter your address here!	-
Ci	y State Zip	
Taxi 4	d SSN or 💮 EIN)	
	<u></u> K	<u>C</u> ancel

3. Fill out the information with your company name, address, phone and fax numbers, and tax ID.

4. Leave Use Company information for the 837 Pay To Address unchecked.

→ <u>DO NOT FILL OUT BILLING SERVICE TAB UNLESS YOU ARE SOLELY A BILLING SERVICE.</u>

5. Click OK.

Provider Setup

- 1. From the View menu, click Providers.
- 2. Double click on a Provider's name in the list to open the Provider setup window, assuming that the information for the provider you are activating for electronic filing has been previously entered.

۲	Providers
	Name
ger	Cory, Tom Little, Fred 2
lient	Martin, Stewart Smith-Williams, Laurie C.
/EOB	Svenson, Janet Wilson, Craig

- 3. In the Provider setup window, click the E-File tab.
- 4. Check the box, Activate Electronic insurance filing for this provider?.

🤱 Provide	r: Janet Sver	nson						X
Provider Dem	nographics <u>H</u> C	FA Details	Provider	Earning <u>D</u> istrib	pution <u>E</u> -File B ate Card	I Work <u>S</u> che	dule	
4	Activate elec	tronic insuran	ce filing f	or this provider	? 3			
	E-Fi	ield			Value	· · · · · · · · · · · · · · · · · · ·	`	
	EMC ld							
	Medicare Numbe	er						
	UPIN - USIN Id							
	Medicaid Numbe	r						
	Champus Numb	🤱 Provider	lanet	Svenson				
	Blue Shield Nurr	Provider Demo	graphics	HCEA Details	Provider Earning Distribution	E-File Bate C	ard Work Schedule	
	Commercial Nun		graphics					1
	Other Number 1	R	Activate	electronic insura	ance filing for this provider?			
	Other Number 2	Γ		E-Field		Value	<u>^</u>	
	Organization Na	c	Champus N	lumber				
		E	Blue Shield	Number				
		C	Commercia	l Number				
		C	Other Num	ber 1				
			Other Num	ber 2				
		5	Organizatio	on Name				
			Speciality	1		,		
			ъресіанту L Гило Оказо	license				
		ľ	ype orga	nization				
		L				\rightarrow	_	
						<u> </u>	`	
							\mathbf{i}	

5. Scroll down through the fields to find **Specialty**, and then enter the **Taxonomy Code**.

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 can get information at <u>www.wpc-EDI.com/codes/taxonomy</u> This is a Web site with more information on how to obtain a taxonomy code.

DocuTrac's Office TherapyTM

Electronic Claims Setup Using (837 ANSIX12 ONLY) For Gateway EDI

6. Click on the HCFA Details Tab.

	25. Federal Tax ID Number 64535635 C SSN © EIN	33. Physician's, supplier's billing name, address, zip code			
	24J. NPI	Address 1 Address 2 City, State Zip	PO box 20140		
7	33a. Organization NPI If different than 24J. 694940648		Hagerstown	MD 12345	
	31. Physician Or Supplier	Phone	<u> </u>		
	33 (Pin #). Enter below only if different from Box 2	5 (837 Secondary I	Ds)		
	Insurance Company		ID 🔼		Add
	1 Investors Life and Casualty	9999	99999		
	2 Managed Care First	5665	53563	M	lodify
					elete

7. Enter the following information:

25. Enter either a SSN or an EIN (Tax ID) number.

Select the option for EIN.

24J.This is for the New Individual National Provider Identifier assigned to the provider.

33a. This is for the New Organizational NPI assigned to the facility. This must be different from 24J. If you don't have an Organizational NPI, leave blank.

- 31. The Physician or Supplier. (Signature).
- 33. This is the billing information for the Provider.
- **8.** 33. (PIN #). Click **Add** This is a field for the secondary Id that may be assigned by an insurance company. Also known as the Rendering or Legacy number.

Note: Most Insurance Companies are no longer using the Rendering/Legacy number. If you are unsure of whether to enter this number or not, contact Gateway or contact the specific Insurance Company to find out if they are identifying the provider by the NPI # and the tax ID.

🎒 Insurance ID	
Insurance Company	
9 Id	
Туре	_
	Use this ID on HCFA or NSF
	Rendering Provider is the same as the PayTo/Billing Provider when filing the 837 Format
	10 OK Cancel

9. Choose Insurance Company from the pick list. This assumes that you have entered your insurance companies into the system.

Enter an **Id**, and choose a **Type** from the pick list.

For Gateway EDI you must select NO from the pick list for Rendering Provider is the same as the Pay to Billing Provider when filing the 837 Format.

10. Click **OK**. Then click OK again on the Provider setup window.

Insurance Company Setup

From the **View** menu, click **Insurance Companies**. Then double click on an Insurance Company's name in the list to open the setup window.

Box 1			Box 24a Format	
Insurance Type Gr	oup Health Pl	an 💌	Date Format	MMDDYYYY
Box 33 - Grp#			Box 29 - Amt Paid	
Insurance Id			Primary Options	Print Patient Payments
ID Type		~	Secondary Options	Print Primary Ins. and Patient Payments
Additional HCFA F	Secondary I ields	Group Provider ID's	Paper Filing Settings Print the addre on the top of th paper form?	s OUse Old style HCFA 1500 he OUse New Style CMS 1500
HCFA Box#	Leave Blank	Copy Data From HCFA Box #	Use T	he Following Text
7 9				

- 1. In the setup window, click on the HCFA Details Tab.
- Box 1: *If applicable*, choose the **Insurance Type** from the drop down pick list.
- 3. Box 33 Grp.# If a Group number is located under the GRP column on the Gateway Addendum enter it in the Insurance Id field.

Select an **ID Type** from the drop down pick list.

Gateway requires you choose from one of the following five: 1A-1B-1C-1D or G2. If filing claims with an Organizational NPI number, enter the tax ID and select EI for ID Type.

4. Click the E-File tab.

eral HCFA DetAits E-File Bate Card 5 Electronic Filing Format	List Of Clients My Fields Activate electronic filing? NSF/837 Format 6	3	<u> </u>	Check the box for Activate Electronic insurance filing? for this Insurance Company. It
E-Field National Payor Id PPO Id Source Of Payment Receiver Type Code	Value Enter NPI Here		6.	may already be checked. For Electronic Filing Format, select NSF/837 from the pick
Location Id Secondary ID Secondary ID Type 837-Use Prov Addr (Y or bland	0	•		list.

7. The National Payer ID is a 5 - 7 digit number. (Please Refer to the Gateway Addendum).

DocuTrac's Office TherapyTM

Electronic Claims Setup Using (837 ANSIX12 ONLY) For Gateway EDI

	Activate electronic Filing Format NSF/837 Formate	stronic filing?	
	E-Field	Value	~
	Source Of Payment Receiver Type Code Location Id Secondary ID Secondary ID		
8	837-Use Prov Addr (Y or blank) 837-Set 2010AA to Individual		
	Does Not Support NPI (Y or blank)		~
		•	

8. 837 – Use Prov Addr (Y or blank) and Set 2010AA to Individual:

If you are part of a **Group** and you have a group number on the Insurance Company/ HCFA details tab/ Box 33 – Group #, put a **Y** in the value for **Use Prov Addr & 837**.

If you are an Individual, put a Y in the value for 837 – Set 2010AA to Individual.

NOTE: Entering a Y in the correct area ensures that the Individual and Organizational NPI numbers show up in the correct loop and segment on the claim. If you have an Org NPI or Grp. Number, chances are you are set up as a group and must enter the letter Y in the **837-Use Prov Addr** field.

Anytime a provider is filing under the Organization NPI enter the letter Y in the 837-Use Prov Addr field.

- 9. Does Not Support NPI (Y or blank) Enter a Y here and <u>neither the Individual nor Organizational NPI</u> will populate in the electronic claim file.
- 10. Click OK to save.

Client Setup

Under the **View** menu, click Clients. In the Clients window double click on a client's name in the list to open the **Client Setup** window.

1. Click on the **Insurance** tab. This screen will default to the Primary Insurance, assuming that you have already entered the insurance information for the client. Click **Secondary** in the **Policy Explorer** for a client's Secondary Insurance. All fields for primary that our required are also required for secondary.

Client Setup: Trudy 1 od							
eneral <u>Parties Insurance</u> EFile Star	ndard Charges	<u>B</u> ill Setup	Diagnosis	No <u>t</u> es	Doc <u>s</u>	My <u>F</u> ields	
Policy Explorer			Active Pr	rimary Pol	icy		
📮 🗁 Active Policies	Company	Investors l	Life and Casu	alty			_
Primary - Investors Life and Casual	Subscriber	Trudy Osg	lood				<u> </u>
nactive Policies	Policy Id	P 221-976	63-00A	Gro	up Numi	per	
	Group Name			Cla	iim Filing	Ind	-
<	Addit.Policy Id			Тур	be		-
New Policy Deactivate Delete	Insr. Type			• •			
Medicare	Assignment Code	A = Assign	ied	-		5	
4 HCFA/837 Details	Release of Info.	Y = Yes, P	'rovider has a	-	🔽 (27)	Accept Assi	gnment
Additional Details	Signature	Janet Svei	nson				-
Managed Care Contracts	I File claims	Policy 8	Begin 09/10	/1995	Polic	y End	•
Watch Date Range Vi	sits	Constr	raints				Comm
✓ 07/06/1998 - Authoriz 1 09/30/1998 Used:	ed: 8.0 Inc 3.0	cludes: 908	47	Final con	tract.		
Remainir	.q: 5.0						
							~
							>
					OK		Cancel

- 2. Make sure File Claims is checked.
- 3. Gateway EDI requires values in the Claim Filing Ind. and the Insr. Type.

Claim Filing Indicator – Use one of these four options: BL, CI, MB or MC only. **Insur. Type** – Use one of these three options: C1, MB or MC only.

4. Click the HCFA/837 Details...button.

8. Patient Status	17. Heterring Physician Information
Marital Married	Name Dr. Jim Smith
Employment Employed	ID Type National Provider ID 🔽 ID 12345
Employer	Sec. ID Type Sec. ID
10. Is Patient's Condition Related To: Employment (Current Or Previous)?	Referral Date Last Seen Date
Auto Accident? (place)	19. Reserved for Local Use is located on the Ins. Policies Tab
C Other Accident?	20. Outside Lab?
12. Patient's Signature? 🔽	22. Medicaid Resubmission
13. Insured's Signature? 🔽	Code Ref #
14. Date Of Current Illness 077/30/2008 •	26. Account Number
15. Same Or Similar Illness	27. Accept Assignment is located on the Ins. Policies Tab
16. Dates Patient Unable To Work	32. Facility Name
From To To	
18. Hospitalization Dates Related To Current Serv	vices 7 Box #33
From	
	32a. Facility NPI 32b. Other ID
	and type

- 5. Box 17. Enter Referring Physician Information. If the NPI is required, enter it in the field labeled **ID** and choose National Prov ID from the pick list in the **ID Type** field.
- 6. Box 14. This field is required. Make sure the Date of Current Illness is ON or BEFORE the first date of service.
- 7. Box 32. Either fill in the Facility Name and Address, or make sure that the Copy HCFA Box #33 is checked. If you are filing with an Organization NPI number you will have to type in the address where the service was rendered for each client. Correct Format Example:

Name of facility Address 1 Address 2 City, ST 00000

- 8. 32a and 32b are listed for facility NPI numbers; however, some Insurance Companies may require these fields to be populated. If you are filing with an Organization NPI enter it in box 32a.
- 9. Complete any other information the Insurance Company may require. Then click **OK** to save.

Provisions

DocuTrac Inc. has provided this guide to you based upon required information from Gateway EDI and the ANSI 837 X12 Implementation Guide. Please use this Office Therapy guide to assist you in setting up the program to generate electronic claim files.

Acceptance of claims through Gateway EDI and the Insurance Company is dependent upon valid data entered into the program. This guide only reflects required fields of the most standard version of an electronic claim form.

Following the steps in the guide will increase the likelihood of a successful first time test with Gateway EDI and expedite that process. Following the steps in this guide will not guarantee claims to be accepted or paid.

To learn about the ANSI 837 X12 Implementation:

http://www.nahdo.org/project/837101Tutorial.htm

http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5334.pdf

Creating a Test Batch - PLEASE READ ALL INSTRUCTIONS FIRST

It will be to your benefit to have a full understanding of the billing cycle, Test Mode and finalizing claims in Office Therapy BEFORE you create a test file. Please contact DocuTrac Technical Support to schedule a time for creating and managing your claim files.



File Insurance Click the File Insurance icon in the left menu bar.

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 charges for one client at a time, please use **Re-submit charges for one Client** option. This option will NOT finalize a charge in the ledger's FILE column.

Follow the instructions on each page of the Insurance Filing Expert. Then click **Finish**.

Once the 837 file is created an Electronic Claims Log will be displayed.

Be sure to make note of the location in the line **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.

<u>837 Errors</u>: If there are errors in the creation of the 837 you will be prompted by a message window. You will need to correct these errors and regenerate the claim. The errors and error locations can be viewed on the Electronic Claims Log.

		Electr	onic Claims Log			
837	Claim File to C:\E Th)ocuments an herapy\Data\07	d Settings\All Users\D 7101600.837 (Sub No:	o cuments\D 000015)	ocuTrac\01	fice
ഥ	Last Name	<u>First Name</u>	Insurance Company	<u>From Date</u>	<u>To Date</u>	<u>Amount</u>
	Potter	Harry	BCBS of Never Never Land	10/15/2007	10/15/2007	200.00
	Simpson	Bart	AccidentsRUs	02/13/2007	03/29/2007	600.00
	Simpson	Bart	AccidentsRUs	04/09/2007	08/06/2007	600.00
	Simpson	Bart	AccidentsRUs	08/20/2007	09/10/2007	200.00
ital Sent T	o File: 4					

It is suggested to print this out - This is the only record with the client information and the file name.

Please see page 2, item number 5 of this guide for Test Mode.

File Name: All claim files end with **.837**. The file name is the 2 digit year, 2 digit month, and 2 digit day, followed by 2 digits for the series. Example (10122000.837 is December 20, 2010 and the first claim created that day. The next claim on the same day would be 1022001.837)

Contacting Gateway EDI

Prior to your test date with Gateway, make sure you have completed the set up with the assistance of a DocuTrac Technical Support Representative.

You are now ready to upload your test file to Gateway EDI. Please contact a Gateway Representative for instruction on how to transmit the file.

Obtain Provider Information



Open your web browser and direct it to www.gatewayedi.com

Enter your Gateway EDI user name and password. If you do not have one, please call Gateway EDI at **1-800-556-2231**.

Rest your mouse on **My account** to view a pop up menu. Select **Manage Providers**. Then select View **Provider Details and Enrollment Status**.

Click on a provider name, and a document will appear with provider, payer and grp. Numbers that you will need to enter in the Office Therapy Program.

You can print this out or view it in excel by selecting one of the icons on the top of the page.

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