

Create and Send Electronic Claim Files

Last Modified on 08/19/2022 8:28 am EDT

Path: Navigation Form > 837 Form button

About

After Services are converted into billable Line Items, they are ready to be sent to the clearinghouse electronically via an 837 file or printed to paper. The steps for sending an 837 file need to be performed for each Format Type. All Line Items with a Print Status other than "N" (No) will be picked up in the file. It is recommended after sending claim files that you follow up by logging into your Clearinghouse and confirming the receipt of the claim file(s) and to check for any front-end clearinghouse rejections. Clearinghouses typically advise that you wait 24 hours prior to checking for your claim files, but some may be there sooner and it does vary by clearinghouse. Below are the steps to create and send your claims electronically via an integrated Clearinghouse.

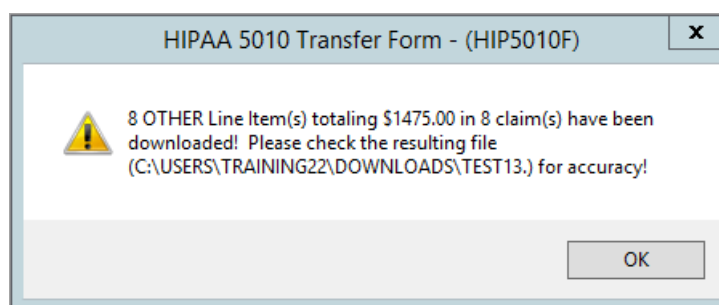
Create and Send Electronic Claim Files

1. Navigate to the HIPAA 5010 Transfer Form by following the path above.
2. Click the **Transaction Set** drop-down and select a **Transaction Set**. The default is set to 837 Professional.
3. From the **Format Type** drop-down, choose a **Format Type** for this set of claims.
4. Enter a **Start Date** and **Stop Date** or leave the Date fields blank to retrieve all Line Items.
5. Click the **Contact Employee** drop-down, and select a **Contact Employee**.
6. Fill in any other fields applicable to your Agency's workflow or your specific filter criteria.
7. Click the **Start** button.
8. In the Save As window, double-click the **EDI folder** and then the **837 folder**.



Note: If you are not sending the file through an integrated clearinghouse and need to save the file to a folder you created on your local workstation, follow these steps: [Where do I save files that I exported from the Billing Engine RDP?](#)

9. In the File name field enter the name of the file then click **Save**.
10. A window is displayed summarizing the file, review then click the **OK** button.



11. A window is displayed, "Would you like to transfer/SFTP the file now?", click the **Yes button** to transfer the file to the clearinghouse.
12. A window is displayed, "Process Complete!", click the **OK** button.
13. On the HIPAA 5010 Transfer form, select the **Update Billing Status Only** checkbox.

HIPAA 5010 Transfer Form - (HIP5010F)

Transaction Set: 837 Professional | Format Type: 15 HIPAA 837 Medicaid 10/11

Start Date: // | Stop Date: //

Billing Group: | Only use Diagnoses from Line Item: ☐

Contact Employee: 0159 | . admin

Agency ID: ALL | ALL

Program ID: |

Procedure Code: |

Modifier: |

Activity Code ID: |

Site ID: |

Case No.: |

Staff: |

Insurance ID: |

Transaction Set Control #: | Claim Frequency Code: |

Add Carriage Return After Segments: ☐ | **Update Billing Status Only** ☒ |

Don't Include Secondary Claims: ☐ | Invoice Date Override: // | Send As Test Claim: ☐ | Remove "~": ☐

Override Billing NPI (2010AA): ☐ |

Subscriber ID: | Case Number: |

Client Name: |

Site ID: | Event Date / Time: |

Control Date / Time: | Employee / Contractor ID: | Staff ID: |

Staff Name: |

File Progress: 0% | Start | Exit

14. Click the **Start** button. This will change the Print Status on the affected Line Items to an **N** and prevent these Line Items from being sent on a later claim.
15. Click **OK** to acknowledge the process is complete.



Note: Paper Claims are printed in a different area of the system. See [Print a Paper Claim](#) for more information.