



# eClaims Guide

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Sycle Private Practice



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# 1. Overview

Sycle Private Practice's eClaims feature allows you to submit *Health Care Finance Administration forms* electronically, which reduces the claim rejection rate and reimbursement time. Sycle Private Practice also offers increased visibility and tracking of the claims process via reports.

This document covers:

- [Administration Setup, page 2](#): Configuring your Sycle Private Practice instance's administrative settings, including:
  - [Clinic Setup, page 2](#): Setting up your clinic(s)' billing information.
  - [Insurance Companies, page 3](#): Creating payer organization / insurance company records.
  - [Adding Referring Physicians, page 9](#): Adding new referring physician records.
  - [Adding Service Types, page 12](#): Adding services and their CPT codes.
- [Patient Intake, page 14](#): Enabling the relevant flags and completing the applicable fields when creating or editing an insurance patient's intake record.
- [Entering Diagnosis Codes, page 16](#): Entering diagnosis codes on the *Appointment Outcome* screen.
- [Add Purchases and Due from Insurance, page 17](#): Enabling the HCFA buttons on the *Purchase Summary* screen by adding purchases and the "Due from Insurance" line item.
- [Creating and Submitting the HCFA Form, page 20](#): Creating, completing, and submitting the HCFA form electronically
- [Reports, page 26](#): The parameters, columns, and actions available for HCFA reports.
- [Troubleshooting, page 31](#): How to resolve some of the common error messages that occur when attempting to submit an electronic claim.



Each of these steps is detailed further in the relevant chapters. Not all activities are summarized here; refer to the Table of Contents for a full list of chapter titles.

## 2. Administration Setup

This section of the document covers configuring your Sycle Private Practice instance to submit claims electronically.

This section has been written to cover setting up an instance with none of the configuration in place. Your system may have existing records in place on some or all of the setup screens mentioned in this section. If so, Sycle recommends that you still review the instructions for those screens, compare them against your existing records, and make any changes that are needed.

### 2.1. Clinic Setup

Insurance billing information is configured on the *Edit Clinic* screen.

1. On the top navigation bar, click the **administration** tab.



2. In the *clinics* field, select a clinic and click **Edit**.



3. In the **insurance billing** section of the *Edit Clinic* screen, complete the following fields:
  - **Tax ID:** The Federal Tax ID used in HCFA Box 25.
  - **Clinic NPI:** The clinic's *National Provider Identifier* used in HCFA Box 32.
  - **Other Insurance ID:** A non-NPI identification number assigned to the clinic by the payer, used in HCFA Box 32. Select the payer in the dropdown menu, then enter the ID number.
  - **Service Facility Location Information** and **Billing Provider Info / Remit to Address:** Select the *Same as clinic address* option to use the information entered in the **Clinic** section of the *Edit Clinic* screen, or enter the information manually.



Data in this section of the screen is used by Sycle Private Practice to automatically populate HCFA forms. When filling fields in this section, follow the punctuation rules used by the HCFA forms. This includes not using punctuation in the address (e.g., enter **555 N Main Street 101** rather than **123 N. Main Street, #101**). If using the *Same as clinic address* option, ensure those rules were followed in the **Clinic** section of the *Edit Clinic* screen.

- **P.O. Box Address:** If the insurance payments are to be remitted to a P.O. Box address, enable the *Use P.O. Box in HCFA Box 33* option and enter the P.O. box address in the corresponding fields.
4. At the bottom of the *Edit Clinic* screen, click **Save**.

When you are finished setting up the insurance information for your clinic(s), proceed to [Insurance Setup, page 3](#).

## 2.2. Insurance Setup

This section covers configuring your payer organizations / insurance companies.

### 2.2.1. Insurance Companies

Records for payer organizations / insurance companies are configured on the *Insurance Companies* screen.

1. On the top navigation bar, click the **administration** tab.



2. On the *Administration* screen, navigate to **Administration** > **Insurance** and click **Insurance Companies**.



3. On the *Insurance Companies* screen, click **add another company** to open the *Add Insurance Company* screen.

- Fill in the insurance company details on the *Add Insurance Company* screen, then click **Save**.

**Add Insurance Company**

**Company**

**Office**

**Street 1**

**Street 2**

**City**

**State/Province**

**Zip/Postal Code**

**Country**

**Phone**    x

**Fax**    x

**Payer ID**

**Office#**



Office numbers (**Office#**) can be obtained by contacting the insurance office.



If submitting claims to the insurance company electronically, enter **NOCD** in the **Office#** field.

- If needed, repeat [Step 3](#) and [Step 4](#) to add any other insurance companies.

After adding the insurance company (or companies), proceed to [Insurance ID Setup, page 4](#).

You can navigate to the *Insurance ID Setup* screen from the *Administration* screen, or by locating the insurance company added in [Step 4](#) and selecting **Action > Setup**.

Company	Phone	Fax	Payer ID	Office#	Action
	(555) 555-5555	(555) 555-5557	X555X	NOCD	<a href="#">Delete</a> <a href="#">  Edit  </a> <a href="#">Setup</a>
	(888)			60054	NOCD

### 2.2.2. Insurance ID Setup

The *Insurance ID Setup* screen is where you configure the insurance IDs assigned to staff members by the insurance companies.

- On the top navigation bar, click the **administration** tab.



- On the *Administration* screen, navigate to **Administration** > **Insurance** and click **Insurance ID Setup**.



You can also access the *Insurance ID Setup* screen from the *Insurance Companies* screen by clicking **Action** > **Setup** on an insurance company record.

- Select an insurance company in the **Insurance Company** field to generate the *Insurance ID Setup* table.



When you click **Action** > **Setup** on an insurance company record on the *Insurance Companies* screen, that insurance company record is automatically selected in the **Insurance Company** field.

- In the *Insurance ID Setup* table, select **Action** > **edit** on a staff member record to open the *Edit ID Setup* screen.

Insurance Company	Staff	Specialty Code	Rendering NPI	Rendering Other ID/Qualifier	Rendering Taxonomy	Billing NPI	Billing Other ID/Qualifier	Billing Taxonomy	SSN	Alternate Tax ID	Location Address	Location NPI	Location Ins ID / Qualifier	Action
AA Insurance	John Doe	064	/			/							/ 0	<a href="#">edit</a>



The relevant privileges / ACL permissions that allow staff members to access and submit HCFA forms to insurance companies are covered later in this document. The presence or absence of the privileges / ACL permissions does not affect which staff members are listed in the *Insurance ID Setup* table; all staff members are listed.

- Complete the relevant fields on the *Edit ID Setup* screen and click **Save**. A typical configuration requires that at least the **Specialty Code**, **Rendering NPI**, and **Billing NPI** fields are complete.
  - The **Rendering NPI** field is the staff member's individual National Provider Identifier (NPI), used to denote the rendering provider.
  - The **Billing NPI** field is the NPI used by the service location (i.e. the clinic).

6. If needed, repeat [Step 4](#) and [Step 5](#) to add the information for additional staff members to the insurance company.
7. If needed, repeat [Step 3](#) through [Step 6](#) to add the information for staff members to additional insurance companies.

When you have finish configuring insurance IDs, proceed to [Insurance Org Names, page 7](#).

### 2.2.3. Insurance Org Names

The *Clinic Insurance Organization Names* screen allows you to change how clinic names are entered in the HCFA form (box 33) when submitting the HCFA form to certain insurance companies.

This section covers how to add a new clinic organization name. If you do not need to change how your clinic names are presented to a payer, you can skip this section and proceed to [Physician Referrals, page 9](#).

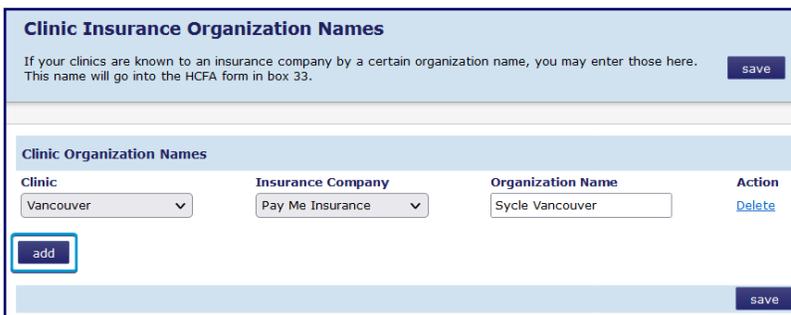
1. On the top navigation bar, click the **administration** tab.



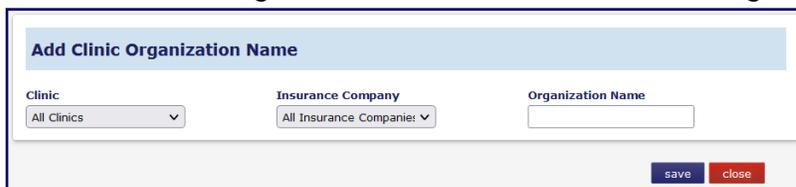
2. On the *Administration* screen, navigate to **Administration > Insurance** and click **Insurance Org Names** to open the *Clinic Insurance Organization Names* screen.



3. On the *Clinic Insurance Organization Names* screen, click **add** to open the *Add Clinic Organization Name* screen.



4. On the *Add Clinic Organization Name* screen, do the following:



- a. Select a **clinic** (or **All Clinics**) in the *Clinic* field.
- b. Select an **insurance company** (or **All Insurance Companies**) in the *Insurance Company* field.
- c. Enter a name in the *Organization Name* field.



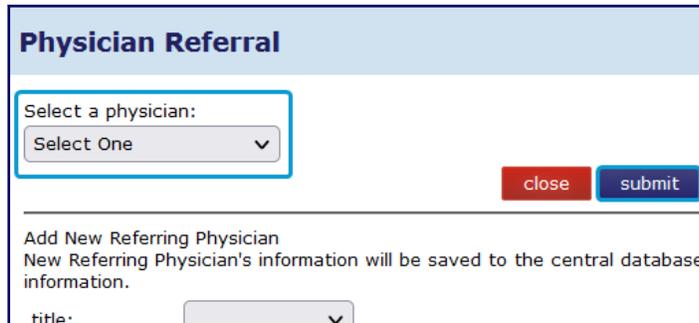
This name will be used in box 33 of HCFA forms submitted to the insurance company selected in [Step 4.b](#) from the clinic selected in [Step 4.a](#).

- d. Click **save** to close the *Add Clinic Organization Name* screen and return to the *Clinic Insurance Organization Names* screen.
5. If needed, repeat [Step 3](#) and [Step 4](#) to add additional clinic insurance organization names.

When you have finished adding all clinic insurance organization names, proceed to [Physician Referrals, page 9](#).

## 2.3. Physician Referrals

Referring physicians configured on the *Physician Referrals* screen can be selected when a referring physician is selected elsewhere in Sycle Private Practice. Examples include adding a referring physician on the *Patient Intake* screen and selecting "Physician Referral" as the Referral Source when creating a new appointment.



### 2.3.1. Adding Referring Physicians

These instructions cover adding new referring physicians on the *Physician Referrals* screen.

When a patient is referred by a physician that has not been added on the *Physician Referrals* screen, the option to add that referring physician's information is available without needing to navigate away from the current screen to the *Physician Referrals* screen (such as when selecting a referring physician on the *Patient Intake* screen). In those cases, follow [Step 5](#).

1. On the top navigation bar, click the **administration** tab.



2. On the *Administration* screen, navigate to **Administration** > **Contacts** and click **Referring Physicians** to open the *Physician Referrals* screen.



3. Select a clinic in the **clinic** field.
4. At the bottom of the *Physician Referrals* list, click **add another physician** to open the *Physician Referral (Add New Referring Physician)* screen.

- Complete the fields in the *Physician Referral (Add New Referring Physician)* screen, then click **add new referring physician**.



The minimum required fields for adding a referring physician are the **first name** and **last name** fields.

**Physician Referral**

Add New Referring Physician  
New Referring Physician's information will be saved to the central database. Please make sure you are entering in correct information.

title: <input type="text"/>	phone: <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>
first name: <input type="text"/>	fax: <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>
last name: <input type="text"/>	UPIN #: <input type="text"/>
suffix: <input type="text"/>	NPI #: <input type="text"/>
Street 1: <input type="text"/>	Medicaid ID: <input type="text"/>
Street 2: <input type="text"/>	store name: <input type="text"/>
City: <input type="text"/>	email: <input type="text"/>
State/Province: <input type="text"/>	
Zip/Postal Code: <input type="text"/>	
Country: <input type="text"/>	

If you are adding a referring physician somewhere other than the Administration section's *Physician Referrals* screen, the *Add New Referring Physician* section is below the *Select a Physician* field.

**Physician Referral**

Select a physician:

Add New Referring Physician  
New Referring Physician's information will be saved to the central database. Please make sure you are entering in correct information.

title: <input type="text"/>	phone: <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>
first name: <input type="text"/>	fax: <input type="text"/> <input type="text"/> <input type="text"/> x <input type="text"/>
last name: <input type="text"/>	UPIN #: <input type="text"/>
suffix: <input type="text"/>	NPI #: <input type="text"/>
Street 1: <input type="text"/>	Medicaid ID: <input type="text"/>
Street 2: <input type="text"/>	store name: <input type="text"/>
City: <input type="text"/>	email: <input type="text"/>
State/Province: <input type="text"/>	
Zip/Postal Code: <input type="text"/>	
Country: <input type="text"/>	



The **NPI #** field automatically populates box 17a of the HCFA form.

- Repeat [Step 4](#) and [Step 5](#) to add additional referring physicians to the clinic.

- To add referring physicians to other clinics, repeat [Step 3](#) through [Step 6](#).



Physician referral lists can be copied between clinics (see [Copying the Physician Referral List to Clinics, page 11](#)).

### 2.3.2. Copying the Physician Referral List to Clinics



Copying the physician referral list will **remove all physician referrals** from the destination clinic (the clinic selected in [Step 4](#)).

- On the top navigation bar, click the **administration** tab.



- On the *Administration* screen, navigate to **Administration** > **Contacts** and click **Referring Physicians** to open the *Physician Referrals* screen.



- Select a clinic in the **clinic** field.



This clinic is the **source** (e.g. where the physician referral list will be copied **from**).

- At the bottom of the *Physician Referrals* list, select a clinic in the **Copy physician referral list to** field.

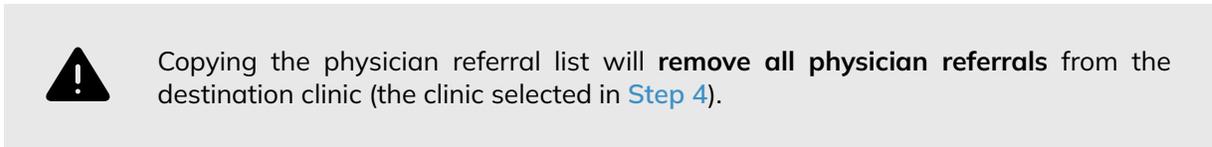


This clinic is the **destination** (e.g. where the physician referral list will be copied **to**).

- Click **copy**.



- Review the warning message. To proceed, click **OK**; otherwise, click **Cancel**.



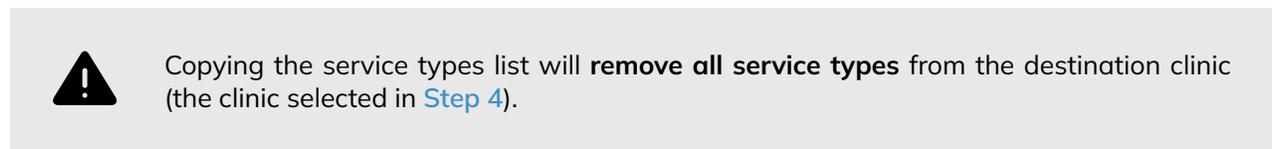
## 2.4. Service Types

This chapter covers configuring services and their *Current Procedural Terminology code*.

### 2.4.1. Adding Service Types

Service types are configured on the *Services Types* screen.

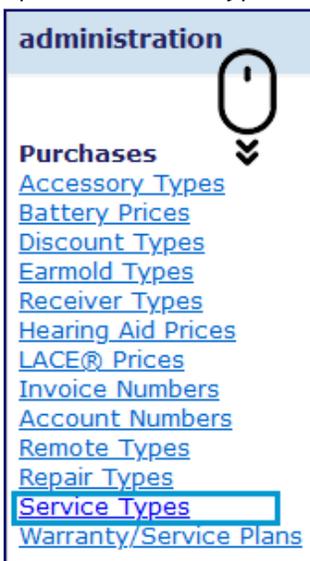
### 2.4.2. Copying Service Types to Clinics



- On the top navigation bar, click the **administration** tab.



- On the *Administration* screen, navigate to **Administration** > **Purchases** and click **Service Types** to open the *Service Types* screen.



3. Select a clinic in the **clinic** field.



This clinic is the **source** (e.g. where the service types list will be copied **from**).

4. At the bottom of the *Service Types* list, select a clinic in the **Copy existing service types to** field.

Copy existing service types to:   Copy tax



This clinic is the **destination** (e.g. where the service types list will be copied **to**).

5. To copy the service types' tax assignments to the destination clinic, enable the **Copy tax** field.
6. Click **copy**.
7. Review the warning message. To proceed, click **OK**; otherwise, click **Cancel**.

### 3. Patient Intake

The following flags and fields should be completed when creating or editing an insurance patient's intake record.

- **identity > Insurance Patient:** This flag must be enabled for the patient to appear in insurance reports.

- **background > Referring Physician:** Use the **lookup** button to select a referring physician.

If the patient's referring physician is not listed, you can add the referring physician in the *Add New Referring Physician* section (below the *Select a Physician* field), then click **add new referring physician**.



The minimum required fields for adding a referring physician are the **first name** and **last name** fields.



The physician entered in this field will automatically populate box 17 of the HCFA form.

- **insurance:** Complete all relevant fields under *Primary Insurance* and — if applicable — *Secondary Insurance*. The required fields are defined below.
  - **Insurance Company:** Use the **lookup** button to select an insurance company.

The screenshot shows the 'insurance' section of a form. It has two columns: 'Primary Insurance' and 'Secondary Insurance'. Each column has an 'Insurance Company' text input field with a 'lookup' button and a 'clear' button next to it. Below each is a 'Payment Source' dropdown menu with a '--Select One--' option.

The screenshot shows a dialog box titled 'Insurance Company'. It contains a dropdown menu with 'Select One' and a downward arrow. At the bottom are two buttons: a red 'close' button and a blue 'submit' button.



For information on adding / configuring insurance companies, refer to the *Insurance Companies* chapter ([Insurance Companies, page 3](#)).

- **Payment Source:** Ensure the correct payment source is selected in this field. Failure to select the correct payment source may hinder the claim process.

The screenshot shows the 'insurance' section. In the 'Primary Insurance' column, 'Medicare' is selected in the 'Insurance Company' field and 'Medicare' is selected in the 'Payment Source' dropdown. In the 'Secondary Insurance' column, '--Select One--' is selected in the 'Insurance Company' field and '--Select One--' is selected in the 'Payment Source' dropdown.

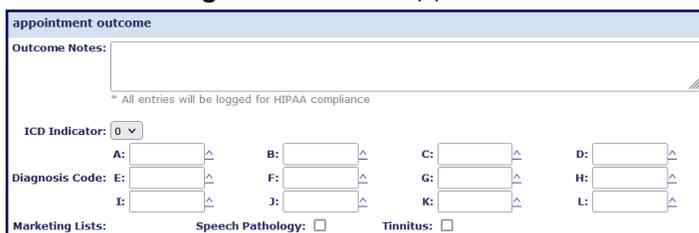
- **Insured ID Number:** Enter the ID number assigned to the insured person by their insurance company.
- **Patient's Relationship to Insured:** When this field is set to an option other than "Self," multiple fields in the *Primary Insured* section are marked as mandatory with an asterisk (\*). Fill in the fields marked with an asterisk (\*), as these fields are required for the HCFA form to be submitted.

The screenshot shows the 'Patient's Relationship to Insured' section. It is split into two columns: 'Primary Insured' and 'Secondary Insured'. The 'Primary Insured' column has a dropdown for 'Patient's Relationship to Insured' set to 'Self'. The 'Secondary Insured' column has a dropdown set to 'Spouse'. Both columns have fields for 'First Name', 'Middle Initial', 'Last Name', 'Date of Birth' (with month and day dropdowns), 'Gender' (with a '--Select One--' dropdown), 'Phone', 'Street 1', 'Street 2', 'City', 'State/Province', 'Zip/Postal Code', and 'Country'. Asterisks (\*) are placed next to the 'First Name', 'Last Name', 'Date of Birth', 'Gender', 'Street 1', 'Street 2', 'City', 'State/Province', 'Zip/Postal Code', and 'Country' fields in the 'Secondary Insured' column. There is also an 'Employee or School' field at the bottom of each column.

## 4. Entering Diagnosis Codes

The *diagnosis codes* entered on the *Appointment Outcome* screen are used to populate box 21 on the HCFA form.

1. Navigate to the patient's appointment.
2. On the *Appointment Summary* screen, click **enter outcome** to open the *Appointment Outcome* screen.
3. On the *Appointment Outcome* screen, navigate to the *appointment outcome* section and complete the relevant **Diagnosis Code** field(s).




You can use the ^ button beside a Diagnosis Code field to open the *Select a Diagnosis code* screen. Selecting a diagnosis code on this screen will populate that field on the *Appointment Outcome* screen.



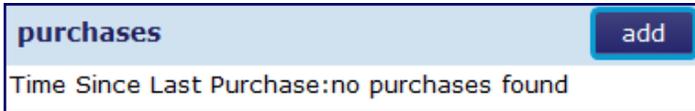
The diagnosis codes entered here populate box 21 on the HCFA form.

4. Complete any other required fields on the *Appointment Outcome* screen, then click **save** to return to the *Appointment Summary* screen.

## 5. Add Purchases and Due from Insurance

This chapter covers adding purchases and the "Due from Insurance" line item to the *Purchase Summary*, which enables the ability to submit an HCFA form.

1. Navigate to the patient's appointment.
2. On the *Appointment Summary* screen, navigate to *purchases* and click **add** to open the *Purchase Summary* screen.



The screenshot shows a light blue header bar with the word "purchases" on the left and a dark blue button with the word "add" on the right. Below the header bar, the text "Time Since Last Purchase: no purchases found" is displayed.

3. On the *Purchase Summary* screen, add the product(s) and/or service(s). The steps below outline adding a service.
  - a. Enter the **number of services rendered** in the field beside **Services**, then click **add**.



The screenshot shows a table with three rows of items. Each row has an "add" button on the left, a product name, a quantity input field, and another "add" button on the right. The "Services" row has the number "1" entered in its quantity field.

add	Hearing Aids		Batteries	add
add	Earmolds	1	Services	add
add	Warranties	1	Accessories	add

- b. Complete the fields on the *Service Purchase* screen.

### Service Purchase

Service: Hearing Test ▼

Description:

Price Per Item: \$

Quantity:

Total Price: \$

Purchase Price: \$

Purchase Date:  ▼  ▼  ▼

CPT:

Sales Tax:  yes

Fields on this screen are automatically populated by the values used when the service was configured (see [Adding Service Types, page 12](#)). The **CPT** field is used to populate box 24D on the HCFA form. The **price** fields are used to populate box 24F on the HCFA form.

If the service type has not been configured with a CPT code, you can fill this field in manually or use the **look up** link beside the field to open a list of CPT codes. Clicking one of the codes will populate the **CPT** field with that code.

- c. Click **save** to add the service(s) to the *Purchase Summary* and to return to the *Purchase Summary* screen.
4. If needed, repeat [Step 3](#) for additional products or services.
5. After adding all products or services to the *Purchase Summary*, click the **add** button beside **Due from Insurance** to open the *Due From Insurance* screen.

<input type="button" value="add"/>	Hearing Aids		Batteries	<input type="button" value="add"/>
<input type="button" value="add"/>	Earmolds	<input style="width: 30px;" type="text" value="2"/>	Services	<input type="button" value="add"/>
<input type="button" value="add"/>	Warranties	<input style="width: 30px;" type="text" value="1"/>	Accessories	<input type="button" value="add"/>
<input type="button" value="add"/>	Repairs		LACE®	<input type="button" value="add"/>
<input type="button" value="add"/>	Loan	<input style="width: 30px;" type="text" value="1"/>	Remotes	<input type="button" value="add"/>
<input type="button" value="add"/>	Receivers		Due from Insurance	<input type="button" value="add"/>

6. Complete the fields on the *Due From Insurance* screen.



- a. If needed, select an insurance company in the **Insurance Company** field.



The **Insurance Company** field automatically populates with the insurance company selected in the *Patient Intake* screen's **insurance > Insurance Company** field (see [Patient Intake, page 14](#)).

- b. If the benefit amount is known, enter the amount in the **Est Benefit** field. This disables the **amount unknown** flag and moves the entered amount to Amount Due from Insurance. If the amount of benefit is unknown, ensure the **amount unknown** flag is enabled. This removes any value entered in the **Est Benefit** field and moves the entire invoice balance to Amount Due from Insurance.
- c. Enter any notes in the **Notes** field.
- d. Click **save** to add the "Due From Insurance" item to the *Purchase Summary* and to return to the *Purchase Summary* screen.

7. On the *Purchase Summary* screen, click **save**.

After saving, the *Purchase Summary* screen allows you to attach and create HCFA forms.

If you want to create and submit a HCFA form, remain on the *Purchase Summary* screen and proceed to [Creating and Submitting the HCFA Form, page 20](#).

If you are not going to create a HCFA form, **print** (if desired) and **exit** the *Purchase Summary* screen.

## 6. Creating and Submitting the HCFA Form

After adding purchases and the "Due from Insurance" item to the Purchase Summary screen (see [Add Purchases and Due from Insurance, page 17](#)), you can create and submit HCFA forms.

1. If needed, navigate to the *Purchase Summary* screen containing the purchase and "Due from Insurance" items.



For instructions on preparing a *Purchase Summary* for HCFA submission, refer to the previous chapter ([Add Purchases and Due from Insurance, page 17](#)).

2. On the *Purchase Summary* screen, click **create new hcfa** to open the *HCFA Form* screen.

Qty	Item	Description	Unit Price	Amount	Order Tracking (Delivered)	Action
1	Hearing Test	Hearing Test: CPT code: 1100F	\$75.00	\$75.00		<a href="#">edit</a> <a href="#">delete</a> <a href="#">return</a>
	Due From Insurance	Benefit from Medicare amt unknown				<a href="#">edit</a> <a href="#">delete</a> <a href="#">denial</a>

Invoice Total: \$75.00  
 Sales Tax: \$0.00  
 Grand Total: \$75.00  
 Insurance Payments: \$0.00  
 Total Write-Offs: \$0.00  
 Patient Payments: \$0.00  
 Amount Due From Insurance: \$75.00  
 Amount Due from Patient: \$0.00

Buttons: payment, write off, refund, fee, delete all, show details, save, print, close

statement

Custom forms: Multiple Page PA - Do Not Delete, download form

Existing forms: form for AA, attach exist, **create new hcfa** (circled)

HA order form, add Hearing Aids

Include a no cost CaptionCall phone with this purchase. No Cost Phone

3. On the *HCFA Form* screen, click **Select Appt and Purchases**.

HCFA Form

electronic submission settings, print setup

save, save and view printable, go to receipt

Clinic: Clarksville  
 Staff: John Doe  
**Select Appt and Purchases...** (circled)

Insurance Carrier: Medicare primary

Name: Medicare primary  
 Print Source: Medicare  
 Street 1: [blank]  
 Street 2: [blank]  
 City: [blank]  
 State: AL  
 Zip: [blank]  
 Payer ID: [blank]  
 Office #: NOCD

4. Under *Select an appointment and one or more purchase*, select the purchases to add to the *HCFA Form* and click **go**.

Select an appointment and one or more purchase

close, go

Appointments	Date	Type	Status	Notes	Purchases
<input checked="" type="radio"/>	02/14/23	Hearing Aid Evaluation	Completed		<input checked="" type="checkbox"/> 1 Hearing Test

- If **box 4** and/or **box 7** is missing information or blank, click **primary** or **secondary** (under the **Insurance Carrier > Name** field) to populate the fields with the primary or secondary insured's information.

<b>4. INSURED'S NAME</b>		
last	first	middle init.
<input type="text" value="same"/>	<input type="text"/>	<input type="text"/>
<b>7. INSURED'S ADDRESS (No., Street)</b>		
<input type="text"/>		
<b>CITY</b>		<b>STATE</b>
<input type="text"/>		-- v
<b>ZIP CODE</b>	<b>TELEPHONE</b>	
<input type="text"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	

**HCFA Form**

[electronic submission settings](#)  
[print setup](#)

save save and view printable go to receipt

Clinic: Clarksville v  
Staff: John Doe v  
[Select Appt and Purchases...](#)

**Name:** Medicare  
**Insurance Carrier:** primary  
**Pmt Source:** Medicare

Street 2:   
City:  State: AL v  
Zip:  Phone:   
Payer ID:  Office #: NOCD  
(search)

<b>4. INSURED'S NAME</b>		
last	first	middle init.
<input type="text" value="Keats"/>	<input type="text" value="John"/>	<input type="text"/>
<b>7. INSURED'S ADDRESS (No., Street)</b>		
<input type="text" value="111 1st Street"/>		
<b>CITY</b>		<b>STATE</b>
<input type="text" value="Realtown"/>		TN v
<b>ZIP CODE</b>	<b>TELEPHONE</b>	
<input type="text" value="8675309"/>	( <input type="text" value="555"/> ) <input type="text" value="555"/> - <input type="text" value="5555"/>	

6. If you are submitting the HCFA with referring physician information, navigate to **box 17** and select **DN-Referring Provider** in the **please select** field.

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

Doctor, Medical ▾

last first middle init.

please select ▾

please select

19. **DN-Referring Provider**

DK-Ordering Provider

DQ-Supervising Provider



The patient's referring physician (from the [Patient Intake, page 14](#)) is automatically selected in the first field of box 17.

7. If you are submitting the HCFA with referring physician information, navigate to **box 17a** and verify that the NPI field is complete.

17a. I.D. NUMBER OF REFERRING PHYSICIAN OR OTHER SOURCE

-- ▾ :

NPI:



The **NPI** field in box 17a is automatically populated by the value entered in the referring physician's **NPI #** field (see [Adding Referring Physicians, page 9](#)).

8. Enter or verify the diagnosis codes in **box 21** are populated.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)

ICD ind.: 0 ▾

A.  B.  C.  D.



The diagnosis codes for box 21 are automatically populated by the diagnosis codes entered on the *Appointment Outcome* screen (see [Entering Diagnosis Codes, page 16](#)).



If you need to enter diagnosis codes directly on the HCFA form, you can use the ^ button beside the fields to open the *Select a Diagnosis code* screen. Selecting a diagnosis code on this screen will populate that field on the HFCA form.

9. Enter or verify the *Date(s) of Service* in **box 24a**, the *Place of Service* in **box 24b**, the *Type of Service* in **box 24c**, and the *CPT* in **box 24d**.

24 A	B	C	D
<p>Appt and Purchases...</p> <p>DATE(S) OF SERVICE</p> <p>From To</p> <p>MM DD YYYY MM DD YYYY</p>	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS MODIFIER(S)
<p>1</p> <p><input type="text" value="02"/> <input type="text" value="14"/> <input type="text" value="2023"/> <input type="text" value="02"/> <input type="text" value="14"/> <input type="text" value="2023"/></p>	<input type="text" value="11"/>	<input type="text" value="01"/>	<input type="text" value="1100F"/>



The date(s) of service are automatically populated by the date(s) of the service(s) selected in [Step 3](#) and [Step 4](#).



The CPT code is automatically populated by the **CPT Code** entered for the service type(s) selected in [Step 4](#) (see [Adding Service Types, page 12](#)).

10. In **box 24e**, select the fields that correspond to the diagnosis codes fields in **box 21** ([Step 8](#)). In the example below, 21A and 21B are filled (21C and so on are empty), so both **A** and **B** are selected in box 24e.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)

A.  B.  C.

24 A

DATE(S) OF SERVICE

From To

MM DD YYYY MM DD YYYY

Place of Service

Type of Service

PROCEDURES, SERVICES, OR SUPPLIES  
CPT/HCPCS MODIFIER(S)

1

DIAGNOSIS CODE (Enter codes in 21 above)

A  B  C  D

11. Enter or verify the \$ *Charges* in **box 24f**, the *Days or Units* in **box 24g**, and the *NPI* in **box 24k**.



The charges in box 24f is automatically populated by the price fields for the service type(s) selected in [Step 4](#) (see [Adding Service Types, page 12](#)).



The NPI in box 24k is automatically populated by the **Rendering NPI** on the staff member's Insurance ID record (see [Insurance ID Setup, page 4](#)).

12. If needed, repeat [Step 9](#) through [Step 11](#) for any additional line items in **box 24**.
13. Enter or verify the *Federal Tax I.D. Number* in **box 25**.



The field in box 25 is automatically populated by the **Tax ID** field in the *insurance billing* section of the *Edit Clinic* screen (see [Clinic Setup, page 2](#)).

14. Enter or verify the clinic information in **box 32** and **box 33**.



If you are completing the fields in this section, follow the punctuation rules used by the HCFA forms. This includes not using punctuation in the address (e.g., enter **555 N Main Street 101** rather than **123 N. Main Street, #101**).



The *NPI* and/or *Other ID* fields in box 32 are automatically populated by the **Clinic NPI** and/or the **Other Insurance ID** fields on the *Edit Clinic* screen (see [Clinic Setup, page 2](#)).



The name and address information for the facility and the billing provider in box 32 and box 33 is automatically populated by the information entered in the **Service Facility Location Information** and **Billing Provider Info / Remit to Address** sections of on the *Edit Clinic* screen (see [Clinic Setup, page 2](#)).

15. If you are *not* submitting this form electronically, select the provider's name in **box 31**.

31. PHYSICIAN SIGNATURE

John Doe ▾

MM DD YYYY

DATE 02 16 2023



If you *are* submitting this form electronically, leave box 31 set to "Signature on File."

16. Complete or verify the contents of any other required boxes in the HCFA form not covered in previous steps.
17. Do one of the following:
- If you are *not* submitting this form electronically, click **save and view printable**.
  - If you *are* submitting this form electronically, click **save and submit electronically**.

## 7. Reports

### 7.1. HCFA Status Report

The HCFA Status report allows users to review the status of HCFA forms.

Submission and assessment of claims are updated nightly. Claims submitted from Sycle Private Practice will appear in your clearinghouse's online portal the business day after they are submitted. A claim's assessment appears in Sycle Private Practice the business day after the assessment is made.

#### Parameters

The parameters below are named either by their label on the screen or by their default contents.



Start / End	Select the dates that mark the <i>start</i> and <i>end</i> dates for the time period to include in the report. The report generates with data from the time period between the start and end dates (inclusive of the dates selected). By default, the <b>start</b> field is set to the first day of the previous month, and the <b>end</b> field is set to the current date.
Select Clinics	Select a <b>clinic</b> (or <b>clinics</b> ). The report will only generate results for the selected clinic(s).
Select a Region	Select a <b>region</b> to add all clinics in that region to the <i>Select Clinics</i> field (removing any clinics not in the selected region).
Any Status	Select a <b>claim status</b> to limit the report to HCFA forms with that status, or set to <b>Any Status</b> to remove this filter.
All Payers	Select an <b>insurance company</b> to limit the report to HCFA forms billed to that payer, or set to <b>All Payers</b> to remove this filter.

## Columns

The following columns generate for the HCFA Status report.

HCFA Forms Created										DOWNLOAD
Created	Claim#	Clinic	Patient	Provider	Payer	CPT	Charges	Amt Paid	Notes	Status
<input type="checkbox"/> <a href="#">01/11/2023 10:01 AM</a>		Clarksville	John Keats	John Reynolds	RealInsurance		\$0.00	\$0.00		Sent on Paper
<input type="checkbox"/> <a href="#">01/11/2023 12:01 PM</a>		Clarksville	Percy Shelley	William Hazlitt	AuthenticInsurance	99254	\$0.00	\$0.00		No electronic submission
<b>TOTAL</b>							<b>\$0.00</b>	<b>\$0.00</b>		

- Created** The time and date the form was created. **Click** the date/time to **open** the HCFA form.
- Claim#** The claim number associated with the HCFA form.
- Clinic** The clinic selected on the HCFA form.
- Patient** The patient associated with the HCFA form.
- Provider** The staff member denoted as the rendering provider on the HCFA form.
- Payer** The insurance company billed on the HCFA form.
- CPT** The CPT code of the procedures, services, or supplies reported on the HCFA form.
- Charges** The total amount of procedures, services, and supplies that were billed on the HCFA form.
- Amt Paid** The total amount of the charges paid by the insurance company.
- Notes** Any notes added to the HCFA form.
- Status** The current stage of the insurance claim. Stages are defined in the Status Descriptions link.



You can investigate rejected claims further by logging in to your clearinghouse's online portal. See [Investigating Rejected Claims, page 32](#) for more details.

## Actions

The actions listed below are available after generating the HCFA Status report.

- Download** Click the **Download** button to download the report as a spreadsheet file (.xls).
- Status Descriptions** Click **status descriptions** to open a table describing the stages of an insurance claim made through Sycle.

The **with selected** field contains the following options:

- View Printable** Select **View Printable** and click **go** to generate and open a printable PDF version of any HCFA forms selected in the *HCFA Forms Created* table. When multiple HCFA forms are selected, they are combined in to a single printable PDF. Both the front and back pages of the HCFA form generate.

with selected: View Printable go

[select all](#) | [unselect all](#) | [print setup](#)

### HCFA Forms Created

	Created	Claim#	Clinic	Patient
<input checked="" type="checkbox"/>	<a href="#">01/26/2023 5:01 PM</a>			
<input type="checkbox"/>	<a href="#">01/26/2023 5:01 PM</a>			

doc.pdf

← → ↻ 🏠 🛡️ 🔒 <https://sycle.net/frc> ⋮ 📄 ⬇️

1 of 6 — + Automatic Zoom ▾

Submit

Select **Submit** and click **go** to (re)submit all HCFA forms selected in the *HCFA Forms Created* table.

with selected: Submit go

[select all](#) | [unselect all](#) | [print setup](#)

### HCFA Forms Created

	Created	Claim#	Clinic	Patient
<input checked="" type="checkbox"/>	<a href="#">01/26/2023 5:01 PM</a>			
<input type="checkbox"/>	<a href="#">01/26/2023 5:01 PM</a>			

## 7.2. HCFA Billing Report

The HCFA Billing report allows users to track HCFA billing. This report presents a list of invoices with the [Due From Insurance](#) line item, and integrates some of the same data presented in the [HCFA Status report, page 26](#).

### Parameters

The parameters below are named either by their label on the screen or by their default contents.

- Start / End** Select the dates that mark the *start* and *end* dates for the time period to include in the report. The report generates with data from the time period between the start and end dates (inclusive of the dates selected). By default, the **start** field is set to the first day of the previous month, and the **end** field is set to the current date.
- Select Clinics** Select a **clinic** (or **clinics**). The report will only generate results for the selected clinic(s).
- Select a Region** Select a **region** to add all clinics in that region to the *Select Clinics* field (removing any clinics not in the selected region).
- Show** Select **All** to not filter the report by billing status, **Billed Only** to only show billed claims, or **Unbilled Only** to only show unbilled claims.

### Columns

The following columns generate for the HCFA Billing report.

HCFA Billing Report															DOWNLOAD		
Clinic	Staff	Patient	Patient ID	Purchase Date	Delivered Date	Exchange Date	Return Date	Billing Status	Total	Est Benefit	Payer	Ins Received	Notes	HCFA Created	Submitted Electronically	Claim #	Claim Status
Clarksville	John Keats	John Reynolds	8675309	<a href="#">01/27/2021</a>	01/27/2021			Billed	\$75.00	\$75.00	Blue	\$0.00		<a href="#">01/27/2021</a>			No electronic submission
Clarksville	Percy Shelly	William Hazlitt	8675310	<a href="#">05/23/2022</a>	05/23/2022			Unbilled	\$75.00	\$0.00		\$0.00					

- Clinic** The clinic the invoice was submitted under.
- Staff** The staff member denoted on the invoice.
- Patient** The patient associated with the invoice.
- Patient ID** The identifier for the patient associated with the HCFA form.
- Purchase Date** The time and date the purchase record was created. **Click** the date/time to open the *Purchase Summary* associated with the HCFA form.
- Delivered Date** If the invoice contained hearing aids, this field populates with the (latest) date on which the hearing aids were marked as delivered. If the invoice contains multiple hearing aids and one or more of those hearing aids have not yet been marked as delivered, this field is blank. If there were no hearing aids on the invoice, this field is blank.

Exchange Date	If an item on the invoice has been marked as returned, this field displays the time and date of the return. <b>Click</b> the date/time to <b>open</b> the <i>Purchase Summary</i> associated with the return.
Billing Status	Displays either <b>Billed</b> or <b>Unbilled</b> . The report can be filtered by this parameter ( <a href="#">Show, page 29</a> ).
Total	The total amount of procedures, services, and supplies on the invoice.
Est Benefit	The total amount of all values entered in the <a href="#">Est Benefit field</a> of any <i>Due From Insurance</i> line items on the invoice.
Payer	The insurance company selected in the <a href="#">Insurance Company field</a> of any <i>Due From Insurance</i> line items on the invoice.
Ins Received	The total amount paid by the insurance company.
Notes	Any notes entered in the <a href="#">Notes field</a> of any <i>Due From Insurance</i> line items on the invoice
HCFA Created	If one or more HCFA forms were created on the invoice, this field displays the time and date the forms were created. <b>Click</b> the date/time to <b>open</b> the HCFA form.
Submitted Electronically	If one or more HCFA forms were created on the invoice and were submitted electronically, this field displays the time and date the forms were submitted.
Claim #	If one or more HCFA forms were created on the invoice, this field displays the claim number associated with the HCFA form(s).
Claim Status	If one or more HCFA forms were created on the invoice, this field shows the current stage of the claim form(s). These stages are defined in a table accessible by using the <a href="#">Status Descriptions link, page 27</a> on the HCFA Status report.



You can investigate rejected claims further by logging in to your clearinghouse's online portal. See [Investigating Rejected Claims, page 32](#) for more details.

## Actions

The **Download** action is available after generating the HCFA Status report.

Download	Click the <b>Download</b> button to download the report as a spreadsheet file (.xls).
----------	---



HCFA forms can not be (re)submitted from the HCFA Billing report. This can be done in the [HCFA Status report, page 26](#).

## 8. Troubleshooting

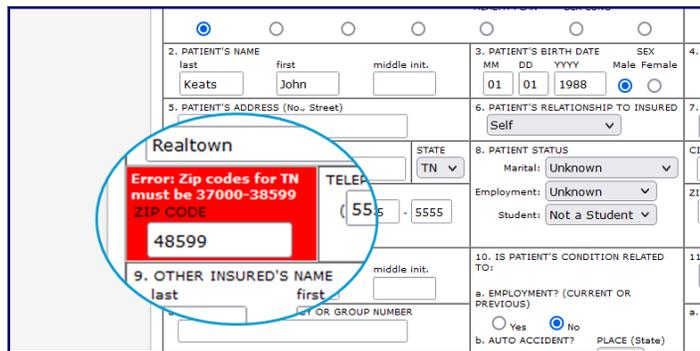
This chapter covers some of the common error messages that occur when attempting to submit an electronic claim.

### 8.1. Sorry, there were problems with the data you entered.

This error message appears on the HCFA form when attempting to submit an incorrectly-filled form. The full error message reads: "Sorry, there were problems with the data you entered. Please correct the information in the red sections below."

**Cause:** Missing or invalid data in one or more fields on the HCFA form.

**Resolution:** Review the HCFA form. Boxes with invalid or missing data are highlighted in red, and usually contain a message detailing the reason for rejection. Some of these errors are explained in this chapter.



The screenshot shows a portion of an HCFA form. A red error message box is overlaid on the form, containing the text: "Error: Zip codes for TN must be 37000-38599 ZIP CODE 48599". The error message is circled in blue. The form fields visible include: 2. PATIENT'S NAME (last: Keats, first: John, middle init.:), 3. PATIENT'S BIRTH DATE (MM: 01, DD: 01, YYYY: 1988), SEX (Male: selected, Female: ), 4. PATIENT'S ADDRESS (No., Street): Realtown, STATE: TN, 5. PATIENT'S RELATIONSHIP TO INSURED: Self, 6. PATIENT STATUS (Marital: Unknown, Employment: Unknown, Student: Not a Student), 7. CITY, 8. ZIP CODE: 555-5555, 9. OTHER INSURED'S NAME (last, first, middle init.), 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (CURRENT OR PREVIOUS): No, b. AUTO ACCIDENT? PLACE (State)), 11. PLACE (State).

### 8.2. Error: Provider not authorized to submit this type of claim

This error message appears on the HCFA form when attempting to submit the form electronically.

**Cause:** The provider selected on the HCFA form is missing a required configuration switch.

**Resolution:** Contact the [Sycle Customer Experience Team](#) to enable the provider to submit claims electronically.

### 8.3. "Save and submit electronically" button missing from HCFA form

There is no **save and submit electronically** button on the HCFA form; the form can only be saved/printed.

**Cause:** The current user is missing the **Electronic Claims** privilege OR is assigned to an ACL role that does not have the **Electronic Claims** privilege enabled.

**Resolutions:** Do one of the following:

- Enable the **Electronic Claims** privilege for the staff member (if using privileges) in *Administration > Edit Staff*.

- Assign the staff member to an ACL role with the **Electronic Claims** privilege enabled in *Administration > Edit Staff*.
- Enable the **Electronic Claims** privilege for the staff member's ACL role (if using roles) in *Administration > ACL Roles*.



Enabling the **Electronic Claims** privilege for the staff member's ACL role will grant the privilege to *all* staff members assigned to that role.

## 8.4. Investigating Rejected Claims

Submission and assessment of claims are updated nightly and appear on your clearinghouse's online portal the next business day. Rejected claims can be reviewed within Sycle Private Practice by using the [HCFA Status Report, page 26](#).

If the data provided by the HCFA Status report is insufficient, you can investigate rejected claims further by logging in to your clearinghouse's online portal:

Optum [optumprovider.optum.com](https://optumprovider.optum.com)

Claim.MD [www.claim.md](https://www.claim.md)



If you use Optum but do not have a One Healthcare ID, register for the One Healthcare ID service by clicking on **Create One Healthcare ID**. Instructions are available by clicking **Help Center**.

If you are unable to resolve the issue *and* believe the problem is caused by a defect within Sycle Private Practice, contact the [Sycle Customer Experience Team](#).

## Appendix A. Glossary

# Glossary

The following terms are used in this document:

Current Terminology code (CPT code)	Procedural code (CPT code)	The code used to identify an item or service.
diagnosis codes		A diagnosis code is used to indicate the medical diagnosis made by the provider and the reason a service was provided.
Health Administration (HCFA form)	Care Finance forms (HCFA form)	Also known as Form HCFA 1500 or Form CMS-1500, the HCFA form is used to bill insurance companies for services provided by non-institutional practitioners.
National Provider Identifier (NPI)		A 10-digit numeric identifier number assigned to health care providers by the National Plan and Provider Enumeration System (NPPES), typically used when sending health information electronically.
Sycle Customer Experience Team		Sycle's dedicated team is just a phone call or email away. For sales, training or support requests, call <b>888.881.7925</b> . You can also contact the team via email at <a href="mailto:support@sycle.net">support@sycle.net</a> .

## Appendix B. Document Revision History

Rev #	Date	Description
1.4	2024-11-12	<ul style="list-style-type: none"> <li>Removed references to specific clearinghouse portals from the HCFA Status Report and HCFA Billing Report chapters. Directed readers to the <a href="#">Investigating Rejected Claims, page 32</a> section of the <i>Troubleshooting</i> chapter for details on specific clearinghouse portals.</li> </ul>
1.3	2024-11-07	<ul style="list-style-type: none"> <li>Added Claim.MD to notes about rejected claims in the HCFA Status Report and HCFA Billing Report chapters.</li> <li>Added Claim.MD to the <a href="#">Investigating Rejected Claims, page 32</a> section of the <i>Troubleshooting</i> chapter.</li> </ul>
1.2	2024-06-15	<ul style="list-style-type: none"> <li>Added <a href="#">Investigating Rejected Claims, page 32</a> to the <i>Troubleshooting</i> chapter.</li> </ul>
1.1	2024-06-11	<ul style="list-style-type: none"> <li>Added references/links to using Optum Intelligent EDI (iEDI) Portal to investigate rejected claims that appear in the HCFA Status report and/or HCFA Billing report.</li> </ul>
1.0	2023-03-07	Initial document creation.