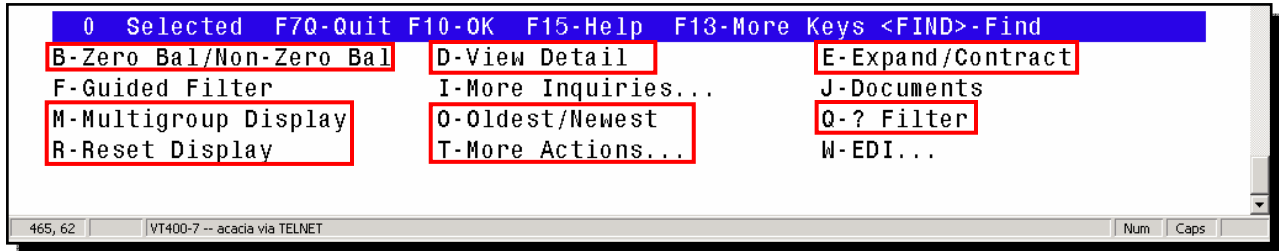


## Single Letter Action Codes



Action Code	Function								
<b>B</b>	Removes all invoices with a zero balance.								
<b>D</b>	Displays a detailed breakdown of the selected invoice.								
<b>E</b>	Expands and contracts invoice information. Eliminates the SCHED appointments, Visit # line and referral numbers.								
<b>M</b>	Filters all the invoices by billing group. You usually only use Group 3.								
<b>O</b>	The newest invoice automatically displays at the top of the screen. Action Code O allows you to reverse the order of the invoices and displays the oldest invoice at the top of the screen.								
<b>Q</b>	Allows you to filter your search. ? + the alpha code determines your search. The most commonly used filters are: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Filter</th> <th>Displays Invoices with . . .</th> </tr> </thead> <tbody> <tr> <td>?P</td> <td>Provider abc</td> </tr> <tr> <td>?BAL</td> <td>An unpaid balance</td> </tr> <tr> <td>?BAL=dd.cc</td> <td>An unpaid balance of \$dd(dollars).cc(cents)</td> </tr> </tbody> </table>	Filter	Displays Invoices with . . .	?P	Provider abc	?BAL	An unpaid balance	?BAL=dd.cc	An unpaid balance of \$dd(dollars).cc(cents)
Filter	Displays Invoices with . . .								
?P	Provider abc								
?BAL	An unpaid balance								
?BAL=dd.cc	An unpaid balance of \$dd(dollars).cc(cents)								
<b>R</b>	Resets the display after a filter was used; IDX Flowcast displays all invoices.								
<b>T</b>	Displays additional action codes.								

## Financial Status Classification (FSC) Codes

A FSC code is used to group similar types of payors or large individual payors for registration, billing, and tracking.

FSC Codes are used to:

- Identify and collect information required for billing and follow-up
- Group similar types of revenue
- Determine if the:
  - Insurance company should be billed
  - Patient should receive a statement
  - Patient is liable for the balance or co-payments
- Track billing and collection activity on financial reports
- Estimate the expected reimbursement from a particular contract between the UCSF/Mt. Zion Medical Centers and the payors or group of payors and compare the estimate against what is actually received.

## Navigating BAR

	To Look For . . .	Do This . . .
1	Date of Birth Medical Record Number Social Security Number	At the Select Function prompt, select 7, Invoice Inquiry. Enter patient's name and select the patient.
2	Group Number FSC Number Patient's Address Employer Name/Address Patient's Phone Number Registration Dates Subscriber ID Number Cert/Policy Number	At the Select Function prompt, select 7, Invoice Inquiry. Enter the patient's name, select the patient and press <Enter> once.
3	Current Statement Balance Last Patient Payment	At the Select Function prompt, select 7, Invoice Inquiry. Enter the patient's name, select the patient and press <Enter> twice.
4	Adjustments Admission Date Balance Batch Number Billing Area Billing Provider Charges CPT Code/Procedure Diagnosis 1 Description of Diagnosis Discharge Date Discount Hospital Invoice FSC Location Payments Posting Date Procedure/CPT Code Referring Physician Rejection Code Service Date Service Description	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code D – View Detail.
5	Balance Billing Area Charges/Total Charges FSC Hospital Invoice Number Location Physician Service Date Visit Number	At the Invoice prompt, type a <?> and press <Enter>.
6	Patient Payments Posting Dates  (See example on other side)	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code T – More Actions, and Y – Last Patient Payments.
7	Insurance Payments (per invoice number) Patient Payments (per invoice number) Total Balance  (see example on other side)	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code T – More Actions, Y – Last Patient Payments, and V – View Payments.
8	Contractual Adjustments Description (of service) Detailed Adjudication (pg 2) Insurance payment Posted Amount Posting Date Procedure Code Procedure Description (pg 2) Rej. Code Description (pg 2) Service Date Service Description	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code D – View Detail, and T – Transaction Detail.
9	Billing Physician (full) Claim FSC Claim Number Diagnosis 1to 10 (pg 3) Division Patient Type Rejection Code (pg 2) TES Batch Number TES Encounter TES FSC	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code D – View Detail, and M – More Invoice Header.
10	Admitting Physician Attending Physician Chief Complaint Referring Provider (detail) Primary Provider  (see example on other side)	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code D – View Detail, and I – More Inquiries, P – Patient Inquiry, V – Visits, enter <2> in the Hospital Group Number field, press <F10>, and A – Admission Inquiry.
11	IMF Plan and FSC Code(s) Insurance Network Name(s) Insurance Payor Name(s) Insurance Verification Flag(s) Authorization and Referral Numbers	At the Invoice prompt, type a <?> and press <Enter>. Select the appropriate invoice number and select action code D – View Detail, and X – IMF Visit Ins. Plans.