### USC PRACTITIONER PROFILE FOR BILLING MONITORING

- 1. Prior to the individual provider review, an individual profile must be completed and sent to the monitor for review (attachment 2).
- 2. An IDX Department Service Analysis report will be submitted with the profile.

Name		Department:		
Subspecialty		Reappointment Date		
Date of Review	F	orm Completed by:		
Division:	C	Compliance Liaison:		
Compliance Liaiso	on Contact Phone:	E-Mail:		
SECTION I – I	Define Business			
Does this Provider	use an outside billing ag	ency?	☐ No	Yes
	acted: Yes No be of services are abstract	ed	patient 🗌 Surgic	al Other
<b>SECTION II –</b>	<b>Define Scope of Serv</b>	vices		

Where are services rendered? Please put an X in gray area for all that apply

Location	Place of Service Code
Office	11
Hospital Owned Clinic	22
Inpatient Hospital	21
Skilled Nursing Facility	32
In Home Care	12
Hospice	34
Home Health	
Other (please specify)	

#### Does the Provider utilize?

Please put an X in gray area for all that apply

Residents	Fellows	Ancillary Staff
Physician Assistants	Nurse Practitioners	Certified Nurse Midwives
CRNA	Other: (please specify)	

•	•	
Employed by: Practice Plan	Hospital	

#### **Does the Provider Utilize?**

Primary Care Exception	Yes No
"Incident-to" Provision	Yes No
Shared Visits	Yes No

# SECTION III – Define Additional Risk Areas

## **Does the Provider Utilize?**

Modifier 25	Yes No
Modifier 59	Yes No
Other	Yes No No
Other	Yes No

Please list any services you would like monitored:
FOR MONITOR'S USE ONLY .
What are the known High Risk areas for this provider as identified through profile and date
review? (i.e., New Procedures, Frequently Denied Services, Modifier Usage, etc.)
OTHER COMMENTS
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