**Compliance Due Diligence Document Request**

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| --- | --- |
| Scope of Request:  | 1. Is this request related to an ongoing acquisition? Yes [ ]  No [ ]
2. Are both physicians and mid-levels part of this request? Yes [ ]  No [ ]
 |
| Please include other historical facts to help understand the nature of the hire/acquisition.Click here to enter text. |
| Legal Counsel: | Click here to enter text. |
| Executive Director: | Click here to enter text. |
| Project Manager: | Click here to enter text. |

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| --- | --- | --- | --- |
| **Item** | **Questions / Information Requested** | **Response** | **Documentation Provided?** (Please explain N/A in the **Response** column) |
| 01. | List of all providers including:* Name
* Credential (MD, DO, etc.)
* Provider NPI

NOTE: Please do not provide information for providers not involved in the acquisition. |  | ❑ Yes ❑ N/A |
| 02. | Does practice use a management company or billing company? If yes, provide name of company and copy of contract(s). |  | ❑ Yes ❑ N/A |
| 03. | CPT/Modifier utilization for each provider involved in the acquisition. Specifically, the list should indicate: * Provider
* CPT
* Modifier(s), if applicable
* Number of times each code was billed during the report period

(See Example Below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider** | **CPT Code** | **Modifier** | **Units** |
| Doe | 74425 |  | 9 |
| Doe | 54640 |  | 19 |
| Doe | 54640 | 50 | 57 |

**This information must be in Excel. All submitted codes must be attributed to a specific provider, not grouped under rooms (ex. Lab or Injection Room)** |  | ❑ Yes ❑ N/A |
| 04. | Any policies / procedures that are related to coding and billing. |  | ❑ Yes ❑ N/A |
| 05. | List and describe discounts or special offers to patients. |  | ❑ Yes ❑ N/A |
| 06. | Does your practice use electronic medical record, billing or scheduling systems? If yes, describe the system(s) and provide any related documentation, licenses, or agreements. |  | ❑ Yes ❑ N/A |
| 07. | Documentation template used by the practice? |  | ❑ Yes ❑ N/A |
| 08. | Current encounter form / charge document used by the practice? |  | ❑ Yes ❑ N/A |
| 09. | Any documentation related to current compliance program? |  | ❑ Yes ❑ N/A |
| 10. | Summary of RAC or other audit correspondence (Medicare or Medicaid) |  | ❑ Yes ❑ N/A |
| 11. | Any internal/external consultant or audit reports related to coding, billing, documentation? |  | ❑ Yes ❑ N/A |
| 12. | Are allied health professionals (NP, PA) billed to Medicare / Medicaid directly; or Incident to a physician? |  | ❑ Yes ❑ N/A |