

Complete Billing Compliance Guide for Florida Medical Practices

Last Updated on June 17, 2026

Documentation Readiness

Service Documentation & Provider Notes

Ensure all services billed have supporting clinical documentation from the provider.

E&M Code Level Validation

Review coding accuracy to prevent inappropriate billing for service levels.

Diagnosis Code Alignment

Eliminate discrepancies between billed diagnoses and documented conditions.

Document Medical Necessity

Document clinical justification for expensive or frequently billed procedures.

EHR Timestamp Consistency

Prevent audit flags from timing discrepancies between documentation and billing.

Provider Signature Compliance

Maintain authentication standards for all clinical and billing documentation.

Verbal Order Authentication

Follow state-specific requirements for authenticating verbal provider orders.

Credentialing and Enrollment Compliance

Active Medicaid Enrollment Verification

Confirm their current enrollment status every month.

Credentialing File Updates

Maintain accurate & current records to support audit documentation.

Excluded Provider Screening

Screen against HIPAA exclusion lists and Florida licensure board sanctions.

Coding Compliance

Florida-Specific Coding Review

Florida policies differ from federal Medicare rules so use state-specific guidelines.

Modifier Usage Policy Compliance

Modifiers 25 and 59 are high-audit-risk in Florida; require explicit documentation justification.

Bundling & Unbundling Rules

Stay current with state-specific bundling rules to prevent coding errors.

Billing Process Controls

Automated claim-scrubbing tool with Florida-specific guidelines

Catch duplicate entries, missing fields, and coding conflicts before submission.

Denial rate report and monthly review by specific reason codes

Track denial patterns to identify systemic compliance issues early.

Secondary claim submissions review

Prevent secondary billing errors that can also trigger audits.

Document all refunds and adjustments

Maintain clear audit trail for all payment corrections and adjustments.

Internal Audit Workflow

Random sample audit of at least 10 claims per provider per quarter

Internal audits help to identify compliance gaps.

High-risk code Monitoring (at least monthly)

Focus internal audit resources on codes with highest audit risk in Florida.

Internal Audit Documentation

Document all findings from internal audits and corrective actions taken.

Annual training for staff

Keep team current on Florida Medicaid updates and compliance requirements.

Legal Disclaimer

This checklist is provided for informational purposes only. The use of this checklist does not guarantee audit survival or regulatory compliance.