

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
1	101	ROOM AND BOARD - CERTIFIED ALL INCLUSIVE MCD ICP	\$ 595.53		UB04	INSTITUTIONAL	ROOM AND BOARD	0101	ROOM AND BOARD WARD	GENERAL
2	151AM	ROOM AND BOARD - CERTIFIED ACUTE MEDICAL UNIT RATE	\$ 922.99		UB04	INSTITUTIONAL	ROOM AND BOARD	0151	ROOM AND BOARD WARD	GENERAL
3	154	ROOM AND BOARD - CERTIFIED WARD - PSYCHIATRIC	\$ 823.01		UB04	INSTITUTIONAL	ROOM AND BOARD	0154	ROOM AND BOARD WARD	PSYCHIATRIC
4	154N	ROOM AND BOARD - NON CERTIFIED WARD - PSYCHIATRIC	\$ 351.25		UB04	INSTITUTIONAL	ROOM AND BOARD	0154	ROOM AND BOARD WARD	PSYCHIATRIC
5	189	LEAVE OF ABSENSE - CERT WARD - PSYCHIATRIC	\$ 823.01		UB04	INSTITUTIONAL	ROOM AND BOARD	0189	LEAVE OF ABSENCE	GENERAL
6	189AM	LEAVE OF ABSENCE - CERTIFIED ACUTE MEDICAL UNIT	\$ 922.99		UB04	INSTITUTIONAL	ROOM AND BOARD	0189	LEAVE OF ABSENCE	GENERAL
7	189N	LEAVE OF ABSENSE - NON CERT WARD - PSYCHIATRI	\$ 351.25		UB04	INSTITUTIONAL	ROOM AND BOARD	0189	LEAVE OF ABSENCE	GENERAL
8	36415	ROUTINE VENIPUNCTURE	\$ 9.71		UB04	INSTITUTIONAL	LABORATORY	0309	LABORATORY	GENERAL
9	70110	X-RAY EXAM OF JAW 4/> VIE	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0320	RADIOLOGY DIAGNOSTIC	GENERAL
10	70140	X-RAY EXAM OF FACIAL BONE	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
11	70150	X-RAY EXAM OF FACIAL BONE	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
12	70160	X-RAY EXAM OF NASAL BONES	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
13	70200	X-RAY EXAM OF EYE SOCKETS	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
14	70220	X-RAY EXAM OF SINUSES	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
15	70250	X-RAY EXAM OF SKULL	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
16	70260	X-RAY EXAM OF SKULL	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
17	71045	X-RAY EXAM CHEST 1 VIEW	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
18	71046	X-RAY EXAM CHEST 2 VIEWS	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
19	71047	X-RAY EXAM CHEST 3 VIEWS	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
20	71101	X-RAY EXAM UNILAT RIBS/CH	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
21	71111	X-RAY EXAM RIBS/CHEST4/>	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
22	72040	X-RAY EXAM NECK SPINE 2-3	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
23	72070	X-RAY EXAM THORAC SPINE 2	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0320	RADIOLOGY DIAGNOSTIC	GENERAL

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
24	72100	X-RAY EXAM L-S SPINE 2/3	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0320	RADIOLOGY DIAGNOSTIC	GENERAL
25	72170	X-RAY EXAM OF PELVIS	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
26	72190	X-RAY EXAM OF PELVIS	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
27	73020	X-RAY EXAM OF SHOULDER	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
28	73030	X-RAY EXAM OF SHOULDER	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
29	73060	X-RAY EXAM OF HUMERUS	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
30	73070	X-RAY EXAM OF ELBOW	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
31	73080	X-RAY EXAM OF ELBOW	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
32	73090	X-RAY EXAM OF FOREARM	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
33	73100	X-RAY EXAM OF WRIST	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
34	73110	X-RAY EXAM OF WRIST	\$ 95.24		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
35	73120	X-RAY EXAM OF HAND	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
36	73130	X-RAY EXAM OF HAND	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
37	73502	X-RAY EXAM HIP UNI 2-3 VI	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
38	73521	X-RAY EXAM HIPS BI 2 VIEW	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
39	73552	X-RAY EXAM OF FEMUR 2/>	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
40	73560	X-RAY EXAM OF KNEE 1 OR 2	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
41	73562	X-RAY EXAM OF KNEE 3	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
42	73564	X-RAY EXAM KNEE 4 OR MORE	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0320	RADIOLOGY DIAGNOSTIC	GENERAL
43	73590	X-RAY EXAM OF LOWER LEG	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
44	73600	X-RAY EXAM OF ANKLE	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
45	73610	X-RAY EXAM OF ANKLE	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
46	73620	X-RAY EXAM OF FOOT	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
47	73630	X-RAY EXAM OF FOOT	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
48	74018	X-RAY EXAM ABDOMEN 1 VIEW	\$ 95.24		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
49	74019	X-RAY EXAM ABDOMEN 2 VIEW	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
50	74021	X-RAY EXAM ABDOMEN 3+ VIE	\$ 115.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
51	80048	METABOLIC PANEL TOTAL CA	\$ 9.31		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
52	80051	ELECTROLYTE PANEL	\$ 7.71		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
53	80053	COMPREHEN METABOLIC PANEL	\$ 11.62		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
54	80061	LIPID PANEL	\$ 14.73		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
55	80074	ACUTE HEPATITIS PANEL	\$ 52.39		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
56	80076	HEPATIC FUNCTION PANEL	\$ 8.99		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
57	80159	DRUG ASSAY CLOZAPINE	\$ 22.17		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
58	80164	ASSAY DIPROPYLACETIC ACD TOT	\$ 14.89		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
59	80173	ASSAY OF HALOPERIDOL	\$ 17.36		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
60	80175	DRUG SCREEN QUAN LAMOTRIG	\$ 14.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
61	80177	DRUG SCRNM QUAN LEVETIRACE	\$ 14.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
62	80178	ASSAY OF LITHIUM	\$ 7.27		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
63	80183	DRUG SCRNM QUANT OXCARBAZEPIN	\$ 14.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
64	80185	ASSAY OF PHENYTOIN TOTAL	\$ 14.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
65	80201	ASSAY OF TOPIRAMATE	\$ 13.11		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
66	80202	ASSAY OF VANCOMYCIN	\$ 14.89		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
67	80235	LACOSAMIDE	\$ 29.82		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
68	80299	QUANTITATIVE ASSAY DRUG	\$ 20.50		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
69	80307	DRUG TEST PRSMV CHEM ANALYZR	\$ 68.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
70	81001	URINALYSIS AUTO W/SCOPE	\$ 3.49		UB04	INSTITUTIONAL	LABORATORY	0307	LABORATORY	UROLOGY
71	81025	URINE PREGNANCY TEST	\$ 9.47		UB04	INSTITUTIONAL	LABORATORY	0307	LABORATORY	UROLOGY
72	81596	NFCT DS CHRNC HCV 6 ASSAY	\$ 79.41		UB04	INSTITUTIONAL	LABORATORY	0300	LABORATORY	GENERAL
73	82043	UR ALBUMIN QUANTITATIVE	\$ 6.36		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
74	82085	ASSAY OF ALDOLASE	\$ 10.68		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
75	82105	ALPHA-FETOPROTEIN SERUM	\$ 18.45		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
76	82140	ASSAY OF AMMONIA	\$ 16.03		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
77	82150	ASSAY OF AMYLASE	\$ 7.13		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
78	82272	OCCULT BLD FECES 1-3 TESTS	\$ 4.65		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
79	82306	VITAMIN D 25 HYDROXY	\$ 32.56		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
80	82330	ASSAY OF CALCIUM	\$ 15.05		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
81	82384	ASSAY THREE CATECHOLAMINE	\$ 27.78		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
82	82436	ASSAY OF URINE CHLORIDE	\$ 6.33		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
83	82550	ASSAY OF CK (CPK)	\$ 7.16		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
84	82553	CREATINE MB FRACTION	\$ 12.71		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
85	82570	ASSAY OF URINE CREATININE	\$ 5.70		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
86	82607	VITAMIN B-12	\$ 16.59		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
87	82627	DEHYDROEPIANDROSTERONE	\$ 24.45		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
88	82652	VIT D 1 25-DIHYDROXY	\$ 42.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
89	82672	ASSAY OF ESTROGEN	\$ 23.87		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
90	82728	ASSAY OF FERRITIN	\$ 14.99		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
91	82746	ASSAY OF FOLIC ACID SERUM	\$ 16.17		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
92	82747	ASSAY OF FOLIC ACID RBC	\$ 19.42		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
93	82947	ASSAY GLUCOSE BLOOD QUANT	\$ 4.32		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
94	83001	ASSAY OF GONADOTROPIN (FS	\$ 20.44		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
95	83002	ASSAY OF GONADOTROPIN (LH	\$ 20.37		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
96	83036	GLYCOSYLATED HEMOGLOBIN T	\$ 10.68		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
97	83519	RIA NONANTIBODY	\$ 20.24		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
98	83540	ASSAY OF IRON	\$ 7.12		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
99	83690	ASSAY OF LIPASE	\$ 7.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
100	83735	ASSAY OF MAGNESIUM	\$ 7.37		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
101	83835	ASSAY OF METANEPHRINES	\$ 18.63		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
102	83880	ASSAY OF NATRIURETIC PEPTIDE	\$ 43.19		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
103	83935	ASSAY OF URINE OSMOLALITY	\$ 7.50		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
104	83970	ASSAY OF PARATHORMONE	\$ 45.41		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
105	84075	ASSAY ALKALINE PHOSPHATAS	\$ 5.70		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
106	84132	ASSAY OF SERUM POTASSIUM	\$ 5.24		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
107	84133	ASSAY OF URINE POTASSIUM	\$ 5.20		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
108	84134	ASSAY OF PREALBUMIN	\$ 16.05		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
109	84146	ASSAY OF PROLACTIN	\$ 21.32		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
110	84153	ASSAY OF PSA TOTAL	\$ 20.23		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
111	84155	ASSAY OF PROTEIN SERUM	\$ 4.04		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
112	84165	PROTEIN E-PHORESIS SERUM	\$ 11.81		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
113	84295	ASSAY OF SERUM SODIUM	\$ 5.29		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
114	84300	ASSAY OF URINE SODIUM	\$ 5.57		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
115	84402	ASSAY OF FREE TESTOSTERON	\$ 28.02		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
116	84403	ASSAY OF TOTAL TESTOSTERO	\$ 28.39		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
117	84425	ASSAY OF VITAMIN B-1	\$ 23.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
118	84436	ASSAY OF TOTAL THYROXINE	\$ 7.56		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
119	84439	ASSAY OF FREE THYROXINE	\$ 9.92		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
120	84443	ASSAY THYROID STIM HORMON	\$ 18.48		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
121	84450	TRANSFERASE (AST) (SGOT)	\$ 9.22		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
122	84460	ALANINE AMINO (ALT) (SGPT	\$ 9.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
123	84479	ASSAY OF THYROID (T3 OR T	\$ 7.12		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
124	84481	TRIIODOTHYRONINE T3	\$ 18.63		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
125	84484	ASSAY OF TROPONIN QUANT	\$ 13.72		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
126	84550	ASSAY OF BLOOD/URIC ACID	\$ 4.97		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
127	84588	ASSAY OF VASOPRESSIN	\$ 37.33		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
128	85025	COMPLETE CBC W/AUTO DIFF	\$ 8.55		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
129	85045	AUTOMATED RETICULOCYTE CO	\$ 4.39		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
130	85049	AUTOMATED PLATELET COUNT	\$ 4.93		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
131	85379	FIBRIN DEGRADATION QUANT	\$ 11.20		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
132	85384	FIBRINOGEN ACTIVITY	\$ 10.69		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
133	85610	PROTHROMBIN TIME	\$ 4.72		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
134	85652	RBC SED RATE AUTOMATED	\$ 2.97		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
135	85730	THROMBOPLASTIN TIME PARTIAL	\$ 6.61		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
136	86003	ALLG SPEC IGE CRUDE XTRC EA	\$ 5.74		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
137	86038	ANTINUCLEAR ANTIBODIES	\$ 13.30		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
138	86140	C-REACTIVE PROTEIN	\$ 5.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
139	86317	IMMUNOASSAY INFECTIOUS AG	\$ 16.49		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
140	86360	T CELL ABSOLUTE COUNT/RATIO	\$ 51.68		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
141	86376	MICROSOMAL ANTIBODY EACH	\$ 16.01		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
142	86431	RHEUMATOID FACTOR QUANT	\$ 6.24		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
143	86480	TB TEST CELL IMMUN MEASURE	\$ 68.18		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
144	86592	SYPHILIS TEST NON-TREP QU	\$ 4.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
145	86704	HEP B CORE ANTIBODY TOTAL	\$ 13.26		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
146	86706	HEP B SURFACE ANTIBODY	\$ 11.81		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
147	86708	HEPATITIS A ANTIBODY	\$ 13.63		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
148	86787	VARICELLA-ZOSTER ANTIBODY	\$ 14.17		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
149	86800	THYROGLOBULIN ANTIBODY	\$ 17.50		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
150	86803	HEPATITIS C AB TEST	\$ 15.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
151	87040	BLOOD CULTURE FOR BACTERIA	\$ 11.35		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
152	87070	CULTURE OTHR SPECIMN AEROBIC	\$ 9.48		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
153	87075	CULTR BACTERIA EXCEPT BLO	\$ 10.42		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
154	87081	CULTURE SCREEN ONLY	\$ 9.92		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
155	87086	URINE CULTURE/COLONY COUN	\$ 8.88		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
156	87101	SKIN FUNGI CULTURE	\$ 8.48		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
157	87147	CULTURE TYPE IMMUNOLOGIC	\$ 5.70		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
158	87324	CLOSTRIDIUM AG IA	\$ 13.18		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
159	87338	HPYLORI STOOL IA	\$ 15.82		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
160	87340	HEPATITIS B SURFACE AG IA	\$ 11.36		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
161	87480	CANDIDA DNA DIR PROBE	\$ 22.06		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY

**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
162	87517	HEPATITIS B DNA QUANT	\$ 47.12		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
163	87522	HEPATITIS C REVR5 TRNSCRP	\$ 47.12		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
164	87536	HIV-1 QUANT&REVRSE TRNSCRPJ	\$ 93.61		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
165	87591	N.GONORRHOEAE DNA AMP PROB	\$ 38.60		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
166	87635	SARS-COV-2	\$ 56.44		UB04	INSTITUTIONAL	LABORATORY	0309	LABORATORY	GENERAL
167	87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 38.60		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
168	87804	INFLUENZA ASSAY W/OPTIC	\$ 18.21		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
169	87902	GENOTYPE DNA/RNA HEP C	\$ 283.20		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
170	88175	CYTOPATH C/V AUTO FLUID REDO	\$ 29.27		UB04	INSTITUTIONAL	LABORATORY	0311	LABORATORY PATHOLOGY	CYTOLOGY
171	90471	IMMUNIZATION ADMIN	\$ 73.83		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
172	90632	HEP A2	\$ 67.13		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
173	90662	FLU SHOT HIGH DOSE	\$ -		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
174	90688	FLU SHOT	\$ 17.72		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
175	90714	TD	\$ 22.14		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
176	90715	TDAP	\$ -		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
177	90732	PNEUMOVAX - Pevnar 13	\$ 210.08		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
178	90732	PNEUMOVAX - Pevnar 20	\$ 234.82		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
179	90732	PNEUMOVAX - Pevnar 23	\$ 109.69		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
180	90746	HEP B SHOT	\$ 46.60		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
181	90791	PSYCHIATRIC DIAGNOSTIC EV	\$ 167.10		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
182	90792	PSYCH DIAG EVAL W/MED SRV	\$ 167.10		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
183	92522	EVALUATE SPEECH PRODUCTIO	\$ 122.14		UB04	INSTITUTIONAL	ENT	0444	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
184	92526	ORAL FUNCTION THERAPY	\$ 92.24		UB04	INSTITUTIONAL	ENT	0449	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL



**FLORIDA STATE HOSPITAL**  
**STANDARD CHARGES FOR PROVIDED SERVICES**  
**EFFECTIVE DATE: 07/01/2024**

REF #	PROCEDURE	PROCEDURE DESCRIPTION	STANDARD FEE	DISCOUNTED CASH FEE	CLAIM TYPE	CLAIM TYPE 2	DEPARTMENT CODE DESCRIPTION	REVENUE CODE	REVENUE CODE CATEGORY	REVENUE CODE DESCRIPTION
185	92610	EVALUATE SWALLOWING FUNCT	\$ 93.23		UB04	INSTITUTIONAL	ENT	0449	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
186	92612	ENDOSCOPY SWALLOW (FEES)	\$ 216.01		UB04	INSTITUTIONAL	ENT	0470	AUDIOLOGY	GENERAL
187	93005	ELECTROCARDIOGRAM TRACING	\$ 64.11		UB04	INSTITUTIONAL	CARDIOLOGY	0730	ELECTROCARDIOGRAM (EKG)	ELECTROENCEPHALOG RAM (EEG)
188	97032	ELECTRICAL STIMULATION	\$ 15.75		UB04	INSTITUTIONAL	PM&R	0420	PHYSICAL THERAPY	GENERAL
189	97110	THERAPEUTIC EXERCISES	\$ 31.94		UB04	INSTITUTIONAL	PM&R	0420	PHYSICAL THERAPY	GENERAL
190	97116	GAIT TRAINING THERAPY	\$ 31.94		UB04	INSTITUTIONAL	PM&R	0420	PHYSICAL THERAPY	GENERAL
191	97140	MANUAL THERAPY 1/> REGION	\$ 29.43		UB04	INSTITUTIONAL	PM&R	0420	PHYSICAL THERAPY	GENERAL
192	97162	PT EVAL MOD COMPLEX 30 MI	\$ 109.42		UB04	INSTITUTIONAL	PM&R	0420	PHYSICAL THERAPY	GENERAL
193	97530	THERAPEUTIC ACTIVITIES	\$ 39.85		UB04	INSTITUTIONAL	PM&R	0420	PHYSICAL THERAPY	GENERAL
194	99203	OFFICE/OUTPATIENT VISIT N	\$ 124.98		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
195	99204	OFFICE/OUTPATIENT VISIT N	\$ 187.31		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
196	99211	OFFICE/OUTPATIENT VISIT EST	\$ 25.45		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
197	99212	OFFICE/OUTPATIENT VISIT E	\$ 62.83		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
198	99213	OFFICE/OUTPATIENT VISIT E	\$ 101.01		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
199	99214	OFFICE/OUTPATIENT VISIT E	\$ 142.43		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
200	99215	OFFICE/OUTPATIENT VISIT E	\$ 201.15		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
201	G0008	ADMIN INFLUENZA VIRUS VAC	\$ 49.79		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
202	G0009	ADMIN PNEUMOCOCCAL VAC	\$ 49.79		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
203	G0010	ADMIN HEPATITIS B VAC	\$ 49.79		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
204	G0103	PSA SCREENING	\$ 21.24		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
205	G0435	ORAL HIV-1/HIV-2 SCREEN	\$ 13.18		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY