

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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	\$ 316.64		UB04	INSTITUTIONAL	ROOM AND BOARD	0101	ROOM AND BOARD WARD	GENERAL
2	185	LEAVE OF ABSENCE - CERTIFIED WARD - PSYCHIATRIC (MCD ICP BED HOLD DAYS UP TO 15 DAYS)	\$ 316.64		UB04	INSTITUTIONAL	LEAVE OF ABSENCE	0185	LEAVE OF ABSENCE	LEAVE OF ABSENCE
3	154	ROOM AND BOARD - CERTIFIED WARD - PSYCHIATRIC	\$ 735.58		UB04	INSTITUTIONAL	ROOM AND BOARD	0154	ROOM AND BOARD WARD	GENERAL
4	189	LEAVE OF ABSENCE - CERTIFIED WARD - PSYCHIATRIC	\$ 735.58		UB04	INSTITUTIONAL	LEAVE OF ABSENCE	0189	LEAVE OF ABSENCE	LEAVE OF ABSENCE
5	151AM	ROOM AND BOARD - CERTIFIED ACUTE MEDICAL UNIT RATE	\$ 708.90		UB04	INSTITUTIONAL	ROOM AND BOARD	0151	ROOM AND BOARD WARD	GENERAL
6	189AM	LEAVE OF ABSENCE - CERTIFIED ACUTE MEDICAL UNIT	\$ 708.90		UB04	INSTITUTIONAL	LEAVE OF ABSENCE	0189	LEAVE OF ABSENCE	LEAVE OF ABSENCE
7	154N	ROOM AND BOARD - NON CERTIFIED WARD - PSYCHIATRIC	\$ 426.31		UB04	INSTITUTIONAL	ROOM AND BOARD	0154	ROOM AND BOARD WARD	GENERAL
8	189N	LEAVE OF ABSENCE - NON CERTIFIED WARD - PSYCHIATRIC	\$ 426.31		UB04	INSTITUTIONAL	LEAVE OF ABSENCE	0189	LEAVE OF ABSENCE	LEAVE OF ABSENCE
9	36415	ROUTINE VENIPUNCTURE	\$ 9.43		UB04	INSTITUTIONAL	LABORATORY	0309	LABORATORY	GENERAL
10	7014026	X-RAY EXAM OF FACIAL BONES	\$ 11.11		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
11	70140TC	X-RAY EXAM OF FACIAL BONES	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
12	7015026	X-RAY EXAM OF FACIAL BONES	\$ 14.09		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
13	70150TC	X-RAY EXAM OF FACIAL BONES	\$ 39.03		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
14	7016026	X-RAY EXAM OF NASAL BONES	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
15	70160TC	X-RAY EXAM OF NASAL BONES	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
16	7019026	X-RAY EXAM OF EYE SOCKETS	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
17	70190TC	X-RAY EXAM OF EYE SOCKETS	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
18	7020026	X-RAY EXAM OF EYE SOCKETS	\$ 15.21		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
19	70200TC	X-RAY EXAM OF EYE SOCKETS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
20	7022026	X-RAY EXAM OF SINUSES	\$ 11.86		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
21	70220TC	X-RAY EXAM OF SINUSES	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
22	7025026	X-RAY EXAM OF SKULL	\$ 9.99		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
23	70250TC	X-RAY EXAM OF SKULL	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
24	7026026	X-RAY EXAM OF SKULL	\$ 15.21		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
25	70260TC	X-RAY EXAM OF SKULL	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
26	7036026	X-RAY EXAM OF NECK	\$ 9.99		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
27	70360TC	X-RAY EXAM OF NECK	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
28	7045026	CT HEAD/BRAIN W/O DYE	\$ 45.94		1500	PROFESSIONAL	RADIOLOGY	0351	CT SCAN	HEAD SCAN
29	70450TC	CT HEAD/BRAIN W/O DYE	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0351	CT SCAN	HEAD SCAN
30	7104526	X-RAY EXAM CHEST 1 VIEW	\$ 9.99		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
31	71045TC	X-RAY EXAM CHEST 1 VIEW	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
32	7104626	X-RAY EXAM CHEST 2 VIEWS	\$ 11.86		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
33	71046TC	X-RAY EXAM CHEST 2 VIEWS	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
34	7104726	X-RAY EXAM CHEST 3 VIEWS	\$ 14.84		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
35	71047TC	X-RAY EXAM CHEST 3 VIEWS	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
36	7104826	X-RAY EXAM CHEST 4+ VIEWS	\$ 16.70		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
37	71048TC	X-RAY EXAM CHEST 4+ VIEWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
38	7110026	X-RAY EXAM RIBS UNI 2 VIEWS	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
39	71100TC	X-RAY EXAM RIBS UNI 2 VIEWS	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
40	7110126	X-RAY EXAM UNILAT RIBS/CHEST	\$ 14.47		1500	PROFESSIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
41	71101TC	X-RAY EXAM UNILAT RIBS/CHEST	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0324	RADIOLOGY DIAGNOSTIC	CHEST X-RAY
42	7204026	X-RAY EXAM NECK SPINE 2-3 VW	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
43	72040TC	X-RAY EXAM NECK SPINE 2-3 VW	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
44	7205026	X-RAY EXAM NECK SPINE 4/5VWS	\$ 14.84		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
45	72050TC	X-RAY EXAM NECK SPINE 4/5VWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
46	7207026	X-RAY EXAM THORAC SPINE 2VWS	\$ 11.11		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
47	72070TC	X-RAY EXAM THORAC SPINE 2VWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
48	7207226	X-RAY EXAM THORAC SPINE 3VWS	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
49	72072TC	X-RAY EXAM THORAC SPINE 3VWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
50	7208426	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 22.97		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
51	72084TC	X-RAY EXAM ENTIRE SPI 6/> VW	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
52	7210026	X-RAY EXAM L-S SPINE 2/3 VWS	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
53	72100TC	X-RAY EXAM L-S SPINE 2/3 VWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
54	7217026	X-RAY EXAM OF PELVIS	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
55	72170TC	X-RAY EXAM OF PELVIS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
56	7219026	X-RAY EXAM OF PELVIS	\$ 13.72		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
57	72190TC	X-RAY EXAM OF PELVIS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
58	7222026	X-RAY EXAM SACRUM TAILBONE	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
59	72220TC	X-RAY EXAM SACRUM TAILBONE	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
60	7300026	X-RAY EXAM OF COLLAR BONE	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
61	73000TC	X-RAY EXAM OF COLLAR BONE	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
62	7302026	X-RAY EXAM OF SHOULDER	\$ 8.50		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
63	73020TC	X-RAY EXAM OF SHOULDER	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
64	7303026	X-RAY EXAM OF SHOULDER	\$ 10.36		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
65	73030TC	X-RAY EXAM OF SHOULDER	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
66	7306026	X-RAY EXAM OF HUMERUS	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
67	73060TC	X-RAY EXAM OF HUMERUS	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
68	7307026	X-RAY EXAM OF ELBOW	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
69	73070TC	X-RAY EXAM OF ELBOW	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
70	7308026	X-RAY EXAM OF ELBOW	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
71	73080TC	X-RAY EXAM OF ELBOW	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
72	7309026	X-RAY EXAM OF FOREARM	\$ 8.88		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
73	73090TC	X-RAY EXAM OF FOREARM	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
74	7310026	X-RAY EXAM OF WRIST	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
75	73100TC	X-RAY EXAM OF WRIST	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
76	7311026	X-RAY EXAM OF WRIST	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
77	73110TC	X-RAY EXAM OF WRIST	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
78	7312026	X-RAY EXAM OF HAND	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
79	73120TC	X-RAY EXAM OF HAND	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
80	7313026	X-RAY EXAM OF HAND	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
81	73130TC	X-RAY EXAM OF HAND	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
82	7314026	X-RAY EXAM OF FINGER(S)	\$ 7.76		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
83	73140TC	X-RAY EXAM OF FINGER(S)	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
84	7350126	X-RAY EXAM HIP UNI 1 VIEW	\$ 10.36		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
85	73501TC	X-RAY EXAM HIP UNI 1 VIEW	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
86	7350226	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
87	73502TC	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
88	7352126	X-RAY EXAM HIPS BI 2 VIEWS	\$ 12.23		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
89	73521TC	X-RAY EXAM HIPS BI 2 VIEWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
90	7355226	X-RAY EXAM OF FEMUR 2/>	\$ 9.99		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
91	73552TC	X-RAY EXAM OF FEMUR 2/>	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
92	7356026	X-RAY EXAM OF KNEE 1 OR 2	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
93	73560TC	X-RAY EXAM OF KNEE 1 OR 2	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
94	7356226	X-RAY EXAM OF KNEE 3	\$ 10.36		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
95	73562TC	X-RAY EXAM OF KNEE 3	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
96	7359026	X-RAY EXAM OF LOWER LEG	\$ 8.88		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
97	73590TC	X-RAY EXAM OF LOWER LEG	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
98	7360026	X-RAY EXAM OF ANKLE	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
99	73600TC	X-RAY EXAM OF ANKLE	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
100	7361026	X-RAY EXAM OF ANKLE	\$ 9.63		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
101	73610TC	X-RAY EXAM OF ANKLE	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
102	7362026	X-RAY EXAM OF FOOT	\$ 8.50		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
103	73620TC	X-RAY EXAM OF FOOT	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
104	7363026	X-RAY EXAM OF FOOT	\$ 9.25		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
105	73630TC	X-RAY EXAM OF FOOT	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
106	7365026	X-RAY EXAM OF HEEL	\$ 8.88		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
107	73650TC	X-RAY EXAM OF HEEL	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
108	7366026	X-RAY EXAM OF TOE(S)	\$ 7.38		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
109	73660TC	X-RAY EXAM OF TOE(S)	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
110	7401826	X-RAY EXAM ABDOMEN 1 VIEW	\$ 9.99		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
111	74018TC	X-RAY EXAM ABDOMEN 1 VIEW	\$ 95.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
112	7401926	X-RAY EXAM ABDOMEN 2 VIEWS	\$ 12.61		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
113	74019TC	X-RAY EXAM ABDOMEN 2 VIEWS	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
114	7402226	X-RAY EXAM SERIES ABDOMEN	\$ 17.75		1500	PROFESSIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
115	74022TC	X-RAY EXAM SERIES ABDOMEN	\$ 117.57		UB04	INSTITUTIONAL	RADIOLOGY	0329	RADIOLOGY DIAGNOSTIC	GENERAL
116	80048	METABOLIC PANEL TOTAL CA	\$ 9.31		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
117	80053	COMPREHEN METABOLIC PANEL	\$ 11.62		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
118	80061	LIPID PANEL	\$ 14.73		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
119	80074	ACUTE HEPATITIS PANEL	\$ 52.39		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
120	80076	HEPATIC FUNCTION PANEL	\$ 8.99		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
121	80159	DRUG ASSAY CLOZAPINE	\$ 22.17		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
122	80164	ASSAY DIPROPYLACETIC ACD TOT	\$ 14.89		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
123	80173	ASSAY OF HALOPERIDOL	\$ 17.36		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
124	80178	ASSAY OF LITHIUM	\$ 7.27		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
125	80183	DRUG SCRNM QUANT OXCARBAZEPIN	\$ 14.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
126	80185	ASSAY OF PHENYTOIN TOTAL	\$ 14.58		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
127	80187	POSACONAZOLE	\$ 29.82		UB04	INSTITUTIONAL	PATHOLOGY AND LABORATORY	0301	LABORATORY	CHEMISTRY
128	80201	ASSAY OF TOPIRAMATE	\$ 13.11		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
129	80202	ASSAY OF VANCOMYCIN	\$ 14.89		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
130	80307	DRUG TEST PRSMV CHEM ANALYZR	\$ 68.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
131	81001	URINALYSIS AUTO W/SCOPE	\$ 3.49		UB04	INSTITUTIONAL	LABORATORY	0307	LABORATORY	UROLOGY
132	81025	URINE PREGNANCY TEST	\$ 9.47		UB04	INSTITUTIONAL	LABORATORY	0307	LABORATORY	UROLOGY
133	82024	ASSAY OF ACTH	\$ 42.48		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
134	82040	ASSAY OF SERUM ALBUMIN	\$ 5.45		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
135	82043	UR ALBUMIN QUANTITATIVE	\$ 6.36		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
136	82088	ASSAY OF ALDOSTERONE	\$ 44.83		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
137	82103	ALPHA-1-ANTITRYPSIN TOTAL	\$ 14.78		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
138	82105	ALPHA-FETOPROTEIN SERUM	\$ 18.45		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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	82140	ASSAY OF AMMONIA	\$ 16.03		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
140	82150	ASSAY OF AMYLASE	\$ 7.13		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
141	82270	OCCULT BLOOD FECES	\$ 4.82		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
142	82272	OCCULT BLD FECES 1-3 TESTS	\$ 4.65		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
143	82306	VITAMIN D 25 HYDROXY	\$ 32.56		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
144	82310	ASSAY OF CALCIUM	\$ 5.68		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
145	82330	ASSAY OF CALCIUM	\$ 15.05		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
146	82378	CARCINOEMBRYONIC ANTIGEN	\$ 20.86		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
147	82533	TOTAL CORTISOL	\$ 17.93		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
148	82550	ASSAY OF CK (CPK)	\$ 7.16		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
149	82553	CREATINE MB FRACTION	\$ 12.71		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
150	82607	VITAMIN B-12	\$ 16.59		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
151	82652	VIT D 1 25-DIHYDROXY	\$ 42.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
152	82728	ASSAY OF FERRITIN	\$ 14.99		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
153	82747	ASSAY OF FOLIC ACID RBC	\$ 19.42		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
154	82784	ASSAY IGA/IGD/IGG/IGM EACH	\$ 10.23		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
155	82947	ASSAY GLUCOSE BLOOD QUANT	\$ 4.32		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
156	82977	ASSAY OF GGT	\$ 7.92		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
157	83021	HEMOGLOBIN CHROMOTOGRAPHY	\$ 19.87		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
158	83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 10.68		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
159	83605	ASSAY OF LACTIC ACID	\$ 12.73		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
160	83735	ASSAY OF MAGNESIUM	\$ 7.37		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
161	83835	ASSAY OF METANEPHRINES	\$ 18.63		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
162	83880	ASSAY OF NATRIURETIC PEPTIDE	\$ 43.19		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
163	83883	ASSAY NEPHELOMETRY NOT SPEC	\$ 14.96		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
164	83930	ASSAY OF BLOOD OSMOLALITY	\$ 7.27		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
165	83935	ASSAY OF URINE OSMOLALITY	\$ 7.50		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
166	84100	ASSAY OF PHOSPHORUS	\$ 5.21		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
167	84132	ASSAY OF SERUM POTASSIUM	\$ 5.24		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
168	84134	ASSAY OF PREALBUMIN	\$ 16.05		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
169	84146	ASSAY OF PROLACTIN	\$ 21.32		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
170	84153	ASSAY OF IRON	\$ 20.23		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
171	84154	ASSAY OF PSA FREE	\$ 20.23		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
172	84295	ASSAY OF SERUM SODIUM	\$ 5.29		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
173	84300	ASSAY OF URINE SODIUM	\$ 5.57		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
174	84425	ASSAY OF VITAMIN B-1	\$ 23.35		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
175	84436	ASSAY OF TOTAL THYROXINE	\$ 7.56		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
176	84439	ASSAY OF FREE THYROXINE	\$ 9.92		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
177	84443	ASSAY THYROID STIM HORMONE	\$ 18.48		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
178	84478	ASSAY OF TRIGLYCERIDES	\$ 6.31		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
179	84480	ASSAY TRIIODOTHYRONINE (T3)	\$ 15.60		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
180	84482	T3 REVERSE	\$ 17.34		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
181	84484	ASSAY OF TROPONIN QUANT	\$ 13.72		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
182	84550	ASSAY OF BLOOD/URIC ACID	\$ 4.97		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
183	84681	ASSAY OF C-PEPTIDE	\$ 22.89		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
184	85004	AUTOMATED DIFF WBC COUNT	\$ 7.12		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
185	85014	HEMATOCRIT	\$ 2.61		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
186	85018	HEMOGLOBIN	\$ 2.61		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
187	85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 8.55		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
188	85300	ANTITHROMBIN III ACTIVITY	\$ 13.04		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
189	85303	CLOT INHIBIT PROT C ACTIVITY	\$ 15.22		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
190	85306	CLOT INHIBIT PROT S FREE	\$ 16.85		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
191	85379	FIBRIN DEGRADATION QUANT	\$ 11.20		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
192	85610	PROTHROMBIN TIME	\$ 4.72		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
193	85652	RBC SED RATE AUTOMATED	\$ 2.97		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
194	85730	THROMBOPLASTIN TIME PARTIAL	\$ 6.61		UB04	INSTITUTIONAL	LABORATORY	0305	LABORATORY	HEMATOLOGY
195	86003	ALLG SPEC IGE CRUDE XTRC EA	\$ 5.74		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
196	86038	ANTINUCLEAR ANTIBODIES	\$ 13.30		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
197	86140	C-REACTIVE PROTEIN	\$ 5.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
198	86255	FLUORESCENT ANTIBODY SCREEN	\$ 13.26		UB04	INSTITUTIONAL	PATHOLOGY AND LABORATORY	0302	LABORATORY	IMMUNOLOGY
199	86308	HETEROPHILE ANTIBODY SCREEN	\$ 5.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
200	86317	IMMUNOASSAY INFECTIOUS AGENT	\$ 16.49		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
201	86360	T CELL ABSOLUTE COUNT/RATIO	\$ 51.68		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
202	86431	RHEUMATOID FACTOR QUANT	\$ 6.24		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
203	86480	TB TEST CELL IMMUN MEASURE	\$ 68.18		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
204	86592	SYPHILIS TEST NON-TREP QUAL	\$ 4.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
205	86706	HEP B SURFACE ANTIBODY	\$ 11.81		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
206	86803	HEPATITIS C AB TEST	\$ 15.70		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
207	86804	HEP C AB TEST CONFIRM	\$ 17.04		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	IMMUNOLOGY
208	87040	BLOOD CULTURE FOR BACTERIA	\$ 11.35		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
209	87045	FECES CULTURE AEROBIC BACT	\$ 10.38		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
210	87070	CULTURE OTHR SPECIMN AEROBIC	\$ 9.48		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
211	87075	CULTR BACTERIA EXCEPT BLOOD	\$ 10.42		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
212	87086	URINE CULTURE/COLONY COUNT	\$ 8.88		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
213	87177	OVA AND PARASITES SMEARS	\$ 9.79		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
214	87324	CLOSTRIDIUM AG IA	\$ 13.18		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
215	87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$ 26.49		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
216	87449	AG DETECT NOS IA MULT	\$ 13.18		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
217	87491	CHYLMD TRACH DNA AMP PROBE	\$ 38.60		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
218	87517	HEPATITIS B DNA QUANT	\$ 47.12		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
219	87536	HIV-1 QUANT&REVRSE TRNSCRPJ	\$ 93.61		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
220	87635	DETECTION OF SARS-COV-2 (COVID-19)	\$ 56.44		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
221	87804	INFLUENZA ASSAY W/OPTIC	\$ 18.21		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
222	87880	STREP A ASSAY W/OPTIC	\$ 18.18		UB04	INSTITUTIONAL	LABORATORY	0306	LABORATORY	BACTERIOLOGY AND MICROBIOLOGY
223	90471	IMMUNIZATION ADMIN	\$ 74.22		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
224	90472	IMMUNIZATION ADMIN EACH ADD	\$ 16.32		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
225	90473	IMMUNE ADMIN ORAL/NASAL	\$ 74.22		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
226	90474	IMMUNE ADMIN ORAL/NASAL ADDL	\$ 13.34		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
227	93005	ELECTROCARDIOGRAM TRACING	\$ 63.23		UB04	INSTITUTIONAL	CARDIOLOGY	0739	EKG/ECG Electrocardiogram	OTHER
228	97110PT	THERAPEUTIC EXERCISES	\$ 33.09		UB04	INSTITUTIONAL	PM&R	0429	PHYSICAL THERAPY	GENERAL
229	97116PT	GAIT TRAINING THERAPY	\$ 33.09		UB04	INSTITUTIONAL	PM&R	0429	PHYSICAL THERAPY	GENERAL
230	97140PT	MANUAL THERAPY 1/> REGIONS	\$ 30.48		UB04	INSTITUTIONAL	PM&R	0429	PHYSICAL THERAPY	GENERAL
231	97161PT	PT EVAL LOW COMPLEX 20 MIN	\$ 112.99		UB04	INSTITUTIONAL	PM&R	0424	PHYSICAL THERAPY	GENERAL
232	97530PT	THERAPEUTIC ACTIVITIES	\$ 41.66		UB04	INSTITUTIONAL	PM&R	0429	PHYSICAL THERAPY	GENERAL
233	99202	OFFICE/OUTPATIENT VISIT NEW	\$ 82.53		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
234	99203	OFFICE/OUTPATIENT VISIT NEW	\$ 129.24		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
235	99204	OFFICE/OUTPATIENT VISIT NEW	\$ 191.05		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
236	99205	OFFICE/OUTPATIENT VISIT NEW	\$ 252.35		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
237	99211	OFFICE/OUTPATIENT VISIT EST	\$ 26.00		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
238	99212	OFFICE/OUTPATIENT VISIT EST	\$ 64.42		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
239	99213	OFFICE/OUTPATIENT VISIT EST	\$ 102.89		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
240	99214	OFFICE/OUTPATIENT VISIT EST	\$ 145.46		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
241	99215	OFFICE/OUTPATIENT VISIT EST	\$ 203.93		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
242	99221	INITIAL HOSPITAL CARE	\$ 97.14		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
243	99222	INITIAL HOSPITAL CARE	\$ 150.16		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
244	99223	INITIAL HOSPITAL CARE	\$ 199.08		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
245	99231	SUBSEQUENT HOSPITAL CARE	\$ 57.82		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
246	99232	SUBSEQUENT HOSPITAL CARE	\$ 90.85		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
247	99233	SUBSEQUENT HOSPITAL CARE	\$ 136.64		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
248	99234	OBSERV/HOSP SAME DATE	\$ 114.29		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
249	99235	OBSERV/HOSP SAME DATE	\$ 182.51		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
250	99236	OBSERV/HOSP SAME DATE	\$ 239.05		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
251	99238	HOSPITAL DISCHARGE DAY	\$ 92.40		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
252	99239	HOSPITAL DISCHARGE DAY	\$ 131.49		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0960	PROFESSIONAL FEES	GENERAL
253	99415	PROLONG CLINCL STAFF SVC	\$ 21.15		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0961	PROFESSIONAL FEES	PSYCHIATRIC
254	99416	PROLONG CLINCL STAFF SVC ADD	\$ 9.99		1500	PROFESSIONAL	EVALUATION & MANAGEMENT	0961	PROFESSIONAL FEES	PSYCHIATRIC
255	0011A	MODERNA COVID-19 VACCINE ADMIN FIRST DOSE	\$ 45.67		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
256	0012A	MODERNA COVID-19 VACCINE ADMIN SECOND DOSE	\$ 45.67		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
257	0064A	MODERNA COVID-19 VACCINE ADMIN BOOSTER	\$ 45.67		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
258	C9803	HOPD COVID-19 SPEC C	\$ 27.46		UB04	INSTITUTIONAL	LABORATORY	0302	LABORATORY	GENERAL
259	G0008	ADMIN INFLUENZA VIRUS VAC	\$ 46.61		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
260	G0009	ADMIN PNEUMOCOCCAL VACCINE	\$ 46.61		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
261	G0010	ADMIN HEPATITIS B VACCINE	\$ 46.61		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0771	PREVENTIVE SERVICES	VACCINE ADMINISTRATION
262	G0103	PSA SCREENING	\$ 21.24		UB04	INSTITUTIONAL	LABORATORY	0301	LABORATORY	CHEMISTRY
263	87635	DETECTION OF SARS-COV-2 (COVID-19)	\$ 56.44		UB04	INSTITUTIONAL	LABORATORY	0309	LABORATORY	GENERAL
264	92507	INDIVIDUAL TREATMENT	\$ 85.88		UB04	INSTITUTIONAL	ENT	0441	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
265	92508	GROUP, 2 OR MORE	\$ 25.69		UB04	INSTITUTIONAL	ENT	0443	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
266	92521	EVAL OF SPEECH FLUENCY	\$ 123.32		UB04	INSTITUTIONAL	ENT	0444	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
267	92522	EVAL OF SPEECH SOUND PRODUCTION	\$ 100.78		UB04	INSTITUTIONAL	ENT	0444	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
268	92523	EVAL OF LANGUAGE COMPREH AND EXPRESS	\$ 213.05		UB04	INSTITUTIONAL	ENT	0444	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
269	92524	BEHAVIORIAL AND QUALITATIVE ANALYSIS	\$ 97.06		UB04	INSTITUTIONAL	ENT	0444	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
270	92526	TREATMENT OF SWALLOWING DYSFUNCTION	\$ 93.87		UB04	INSTITUTIONAL	ENT	0449	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
271	92610	EVAL OF ORAL PHARYNGEAL SWALLOWING FUNCTION	\$ 79.71		UB04	INSTITUTIONAL	ENT	0449	SPEECH THERAPY LANGUAGE PATHOLOGY	GENERAL
272	90632	HEP A2	\$ 64.38		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
273	90662	FLU SHOT HIGH DOSE	\$ 110.15		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
274	90688	FLU SHOT	\$ 34.82		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
275	90756	FLUCELVAX	\$ 45.43		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
276	90715	TDAP	\$ 75.61		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
277	90732	PNEUMOVAX	\$ 218.70		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING
278	90746	HEP B SHOT	\$ 44.70		UB04	INSTITUTIONAL	VACCINES, TOXOIDS AND ADMIN	0636	PHARMACY - EXTENSION OF 025X	DRUGS REQUIRING DETAILED CODING

FLORIDA STATE HOSPITAL
STANDARD CHARGES FOR PROVIDED SERVICES
EFFECTIVE DATE: 01/01/2023

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
279	9083226	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	\$ 84.33		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
280	9083426	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	\$ 111.76		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
281	9083726	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	\$ 164.18		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
282	9085326	GROUP PSYCHOTHERAPY (OTHER THAN FAMILY)	\$ 30.05		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
283	90785	INTERACTIVE COMPLEXITY (SUPPLEMENTAL CODE)	\$ 16.70		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
284	9079126	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 195.34		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
285	9613026	PSYCHIATRIC DIAGNOSTIC EVALUATION - 1ST HOUR	\$ 135.33		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
286	96131	PSYCHIATRIC DIAGNOSTIC EVALUATION - ADDED HOUR	\$ 96.62		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
287	9613226	NEUROPSYCHOLOGICAL TESTING EVALUATION - 1ST HOUR	\$ 146.14		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
288	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION - ADDED HOUR	\$ 110.02		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
289	9083926	PSYCHOTHERAPY FOR CRISIS - FIRST 60 MINUTES	\$ 158.44		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC
290	90840	PSYCHOTHERAPY FOR CRISIS - ADDED HOUR	\$ 79.57		1500	PROFESSIONAL	PSYCHIATRY	0961	PROFESSIONAL FEES	PSYCHIATRIC