



2022

Provider Manual



www.floridacare.com

Tel: (305) 294-9292
Lic # 19-824632870



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WELCOME

Dear Provider:

It is with great pleasure that we welcome you and your staff to the Floridacare Provider Network.

Enclosed is your Floridacare Provider manual outlining the basic information needed to provide service to our Floridacare members.

If you have any question, please, do not hesitate to contact our Provider Relations Department at [\(305\) 294-9292](tel:3052949292).

Thank you,

Floridacare Provider Relations

MISSION STATEMENT

Florida Care Health Plans' mission is to provide preventive care to those with low income that cannot afford traditional Health Insurance, by negotiating very low fees for specialist and offering no-copays on most preventive care medicine, our member have the benefit of preventive medicine at an affordable cost

DISCLOSURES

- Floridacare is not an insurance.
- Floridacare provides negotiated discounted prices at participating providers for medical services.
- Floridacare does not make payments directly to the provider for medical services.
- Floridacare members are obligated to pay all of services received in advance directly to the Floridacare contracted provider.
- Floridacare is located at 6840 SW 40th Street, Suite 201 A, Miami, FL 33155.

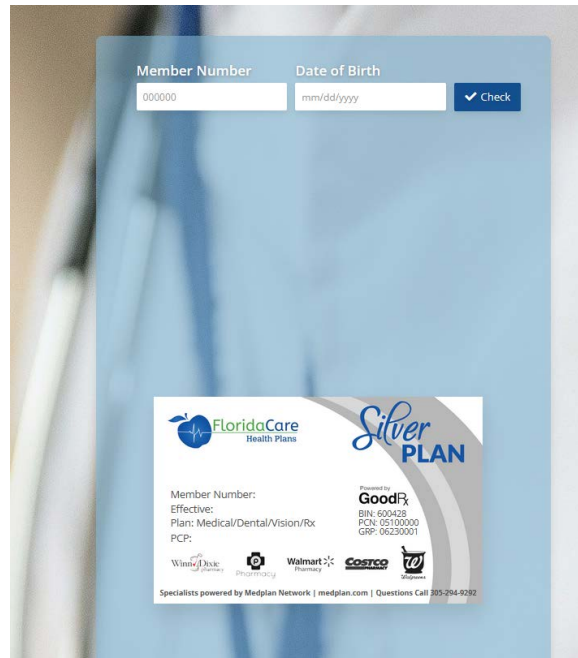
Provider Procedure Overview

We prepared this overview as a guide for you and your staff to help you service our members.

1- Membership verification

When a Floridacare member arrives at your office and presents his/her member ID card you need to ask for a second form of ID with a picture. If the member is a child, they have their own member ID and the parent or legal guardian needs to present their ID. Once the identity is confirmed PLEASE call Floridacare (305) 294-9292 to verify eligibility.

Add screenshot of the website and highlight the section to enter ID number.



Before services are provided to Floridacare members you need to verify the members eligibility. This can be done by visiting our website www.floridacare.com and click on "Check Membership Status", enter the member's ID number and our automated system will provide the member status, and the date of their last free labs. You may also verify eligibility and date of free labs by calling our office at [305-294-9292](tel:305-294-9292) between the hours of **8:30am and 5:00pm**, Monday through Friday.

If the member is active you can provide service as defined in the provider agreement. If the member status is **"cancelled or terminated"** do **NOT render services** and please ask the member to call our offices to speak to a customer service representative at [305-294-9292](tel:305-294-9292)



Floridacare provider fees

Pricing for most services provided by PCPs or Specialists are included in the “Super Bill” located on page 6 of this document, where procedures are listed along with their corresponding ICD 10 codes. This will serve as a guide for pricing the services provided to our members. **If you have a procedure that is not listed on the “Super Bill” please charge 100% of the prevailing Medicaid Allowable.**

Please remember all fees are collected at time of service directly from our member; please do not submit any claims to Floridacare since Floridacare is licensed as a PHC we are not authorized to pay claims.

Also, **to avoid unnecessary confusion on what and how to charge Floridacare members please post the enclosed fee schedule with your billing department and at your front office as a quick reference.** If you cannot find the code or price for a specific service, please contact our Provider Relations Department at (305) 294-9292.

“SUPER BILL” Code ICD9

Family and General Practice Consultation Fees		
Initial Office Visit		\$0.00
Follow-Up Office Visit		\$25.00
Specialist Physician Practice Consultation Fees		
Initial Office Visit		\$60.00
Follow-Up Office Visit		\$40.00
Pediatric / Pediatrician		
Initial Office Visit		\$40.00
Follow-Up Office Visit		\$30.00
Codes	Cardiovascular	Floridacare
93000	EKG	\$10.00
93307	Echo	\$90.00
93320	Echo Doppler	\$90.00
93325	Color Flow Doppler	\$25.00
93324	Holter Monitor 24 hr	\$55.00
Codes	Diagnostics US	Floridacare
76705	Abdomen / Single	\$70.00
76700	Abdomen / Complete	\$70.00
76645	Breast	\$70.00
76856	Pelvic	\$70.00
76873	Prostate	\$70.00
76770	Kidney / Renal	\$70.00
76536	Thyroid	\$70.00
93923	US Arterial Upper-lower	\$70.00
93925	Duplex Scan Arterial	\$70.00
93965	US venous extremity	\$70.00
93970	Duplex scan venous	\$70.00
Codes	Injections	Floridacare
J0780	Compazine 10 mg	Cost + \$ 10.00
J1100	Decadron up to 5mg	Cost + \$ 10.00
J1030	Depo-Medrol 40 mg	Cost + \$ 10.00
J1040	Depo-Medrol 80 mg	Cost + \$ 10.00
J2480	Terramycin up 50 mg	Cost + \$ 10.00
J3120	Testosterone to 100 mg	Cost + \$ 10.00
J3410	Vistaril to 25 mg	Cost + \$ 10.00
J3420	Vitamin B12 to1000 mg	Cost + \$ 10.00
J1670	Tetanun (Globulin)	Cost + \$ 10.00
J3180	Tetanun Toxoid	Cost + \$ 10.00
J0500	Bentyl	Cost + \$ 10.00
J3450	Tigan	Cost + \$ 10.00
J1885	Tiradol	Cost + \$ 10.00
J1200	Benadryl	Cost + \$ 10.00
Codes	Pulmonary	Floridacare
94060	Bronchospasm Eval	\$12.50
94664	Nebulizer Treatment	\$12.50
94665	Nebulizer Subsequent	\$12.50
94010	Spirometry	\$30.00
94060	Spirometry W bronco sp.	\$12.50
94070	Prolonged Broncho sp.	\$12.50
94200	Maximum Breathing cap.	\$12.50
94240	Func. Resd. Cap.	\$12.50
94250	Exp. Gas Collection	\$12.50

Codes	X Ray Procedures	Floridacare
73600	Ankle 2 views	\$25.00
71010	Chest PA Only	\$25.00
71020	Chest PA & LA	\$25.00
73070	Elbow 2 Views	\$25.00
73620	Foot 2 Views	\$25.00
73090	Forearm 2 Views	\$25.00
73120	Hand 2 Views	\$25.00
73500	Hip 1 Views	\$25.00
73510	Hip 2 views	\$25.00
73520	Hip Bilateral	\$25.00
73060	Humerus 2 views	\$25.00
74020	KUB 2 Views	\$25.00
72110	Lumbo Sacral Spine	\$25.00
71100	Ribs 2 views	\$25.00
73020	Shoulder 1 views	\$25.00
73030	Shoulder 2 views	\$25.00
73590	Tibia 2 views	\$25.00
73100	Wrist 2 views	\$25.00
73560	Calcaneus	\$25.00
73550	Femur	\$25.00
73140	Finger(s)	\$25.00
72040	Cervical Spine	\$25.00
72070	Thoracic Spine	\$25.00
73562	Knee	\$25.00
70220	Sinus	\$25.00
70260	Skull Series	\$25.00
70160	Nasal Bones	\$25.00
70110	Mandible	\$25.00
70200	Orbits	\$25.00

Codes	Therapies	Floridacare
97010	Hot Pack Therapy	\$10.00
97010	Cold Pack Therapy	\$10.00
97012	Tractional Mechanical	\$10.00
97014	EMS (High Frequency)	\$10.00
97018	Paraffin Bath	\$10.00
97022	Whirlpool	\$10.00
97026	Infrared	\$13.20
97035	Ultrasound	\$10.00
97039	Vibratory massage	\$17.50
97110	Therapeutic Exercise	\$57.00
97112	Neuromuscular Re-Education	\$63.00
97124	Massage	\$47.00
97139	Hydro massage	\$17.00
97140	Manual Therapy	\$65.00
97140	Manual Traction	\$65.00
E0217	Water Circulating Cold	\$91.00
E0218	Water Circulating Hot	\$91.00
97535	Self/Home Care	\$41.00
Codes	Other Procedures	Floridacare
69210	Ear Lavage	\$15.00
88150	PAP Smear	\$35.00

All immunizations will follow CDC protocols for age requirements. Persons under the age of 19 years are eligible for Free Vaccines offered by Florida’s VFC Program.

Floridacare members should be charged \$10.00 for the administration of each vaccine.

Clinical Labs / Laboratorios Clínicos

Over one thousand Lab tests available, 80% of the tests are priced below \$20.00. Six complementary laboratory tests are offered to each Floridacare member every 12 months **FREE:**

•CBC • Comprehensive Metabolic Panel • Lipid Panel • TSH • Urinalysis • Uric Acid •

All Laboratories require that the tests being requested are ordered by a licensed healthcare professional that is authorized to practice medicine in the State of Florida. The order must be written in a Physicians prescription or on the Laboratories requisition form that is signed by the ordering physician. All Laboratory results will be sent to the office of the Physician or Specialist that has ordered the test. This procedure is to protect the confidential information regarding the outcome or the test results.

ALL TESTS MUST BE SENT TO A PARTICIPATING FLORIDACARE LAB PROVIDER

Clinical Labs Miami-Dade Venipuncture fee \$10.00

Complete Bio Solution Genesy Medical Lab 6504 NW 77 CT Miami, FL 33166 305-261-5333 305-882-1051 Fax: 305-261-5399 Venipuncture fee \$5.00	Complete Bio Solution 3626 NW 7 Street Miami, FL 33125 305-643-4343	Complete Bio Solution 3720 SW 107 Ave Miami, FL 33165 305-554-4270	Finlay Clinical Laboratory 330 SW 27 Ave #101 Miami, FL 33135 305-643-2702
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Clinical Labs Broward Venipuncture fee \$10.00

First Quality Lab 11460 Interchange Circle North Miramar, FL 33025 954-430-4424 Home blood collection \$15 Labs and Doctor's Office collection	My Clinical Lab Inc 15481 SW 12 Street Ste 303 Sunrise, FL 33326 954-530-8460
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Clinical Labs Palm Beach/ Lee / Cape Coral Venipuncture fee \$10.00

Complete Bio Solution Luis Munoz 904 Lee Blvd # 107 Lehigh Acres, FL 33936 239-822-5101	First Quality Lab 3472 Forest Hill Blvd Suite 2C Palm Springs, FL 33406 561-296-1116	Complete Bio Solution 2400 Rhode Island Ave # 4 Fort Pierce, FL 34950 772-466-4259
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Clinical Labs/ Orlando – Tampa Venipuncture fee \$10.00

Complete Bio Solution 1916 W Dr Martin Luther King Jr Blvd Tampa, FL 33603 813-304-0073	Deltona Headquater 1555 Saxon Blvd # 502 Deltona, FI 32725 386-574-1481	Orange City 793 Health Care Dr # 102 Orange City FL 32763 386-774-0209	New Smyrna 257 N Causeway New Smyrna Beach FL 32169 386-428-5745	DeLand 1025 NN Stone Street DeLand, FL 32720 386-734-6900
Titusville 500 N Washington Ave # 101 Titusville, FL 32796 321-383-0264	Lake Mary 3224 W Lake Blvd # 1510 Lake Mary, FL 32746 407-537-2522	Kissimmee 3 S. John Young Pkwy # 5 Kissimmee, FL 34742 407-537-2522		

If you do not have an account with these laboratories, you can use a prescription pad to indicate the test you are ordering, and the member can visit one of the blood drawing sites listed above. Test results will be faxed or mailed to your office once they are available. You may open an account with one of our lab providers at no cost and provide your office will all supplies. If you have an account with another laboratory and wish to send Floridacare Members test to your lab, please remember that our members pay based on negotiated rates included inside this manual. **Therefore, please remember to price the service based on these rates.**



PATHOLOGY TEST	
ONE ANNUAL HEALTH SCREENING LABORATORY PER MEMBER PER CONTRACT YEAR AT NO CHARGE	
CBC	
COMP. METABOLIC PANEL	
TSH	
LIPID PANEL	
URINE	
URIC ACID	

PATHOLOGY TEST		
TEST NAME	TEST CODE	FEE
PAP LIQUID SUREPATH	9142	\$25.00
HUMAN PAPILOMA VIRUS hc2	1845	\$38.00
CHLAMYDIA & GC DNA	5344	\$25.00
CHLAMYDIA & GC DNA hc2	9193	\$35.00
PAP PANEL (liquid pap+HPVhc2+chlamydia&GC hc2	9190	\$99.00

*The fees for the biopsies level (I-II-III-IV-V-VI) will be determined by the specimen site, number of the specimens and any special stains required for the final diagnosis.	TEST CODE	FEE
BIOPSY Level I - Gross only	9181	\$30.00
BIOPSY Level II	9182	\$40.00
BIOPSY Level III	9183	\$65.00
BIOPSY Level IV	9184	\$85.00

TEST NAME	TEST CODE	FINLAY FEE	CBS FEE
Amylase	1106	\$6.00	\$6.00
Acth (Adrenocorticotrophic Hormone)	7200	\$37.00	\$37.00
Afp Tumor Marker	1274	\$15.50	\$35.00
Albumin	8170	\$2.50	\$2.50
Alcohol In Urine	3525	\$12.00	\$12.00
Aldolase	1102	\$9.50	\$40.00
Alkaline Phosphatase	8160	\$2.50	\$2.50
Allergen Food Panel (Adult) Each Allergen (9)	7302	\$50.00	\$50.00
Allergen Respiratory Panel(Sub-Tropical) Each Allergen (9)	7304	\$150.00	\$150.00
Allergy Panel Per Allergen Each Allergen (9)		\$9.00	\$9.00
Allergic Basic Inhalant	380	\$150.00	\$150.00
Allergic Panel Food	380A	\$50.00	\$50.00
Alpha Pheto Protein Quad Screen	1673	\$82.00	\$82.00
Alpha Pheto Protein Triple Screen	8260	\$73.00	\$73.00
Alt (Sgpt)	8154	\$8.00	\$8.00
Amikacin Serum	1695	\$61.50	\$61.50
Ammonia	1104	\$12.50	\$12.50
Ana	5200	\$12.00	\$12.00
Antibody Screening	4259	\$11.50	\$11.50
Antithyroid AB			\$58.00
Arthritis Panel			\$180.00
Aso	4201	\$15.00	\$15.00
Ast (Sgot)	8152	\$8.00	\$8.00
B-12 & Folid Acid	8794	\$30.00	\$30.00
B-12	7272	\$12.50	\$12.50
Basic Metab Panel	8118	\$8.00	\$8.00
Beta 2 Microglobulin	1404	\$16.50	\$16.50
Bilirubin Direct	8149	\$4.50	\$4.50
Bilirubin Total	8166	\$4.50	\$4.50
Biopsy (See Comments At The End)	9181		
Blood Type & Rh	4200	\$18.00	\$48.50
Bnp	1430	\$40.00	\$40.00
Bun	8142	\$5.00	\$5.00
Cbc	4110	\$7.00	\$7.00
C3 Complement	6115	\$20.00	\$20.00
C4 Complement	6126	\$20.00	\$20.00
Ca 125	1462	\$19.50	\$19.50
Ca 15-3	1462	\$19.50	\$19.50
Ca 19-9	1463	\$19.50	\$19.50
Ca 27-29	1664	\$19.50	\$19.50
Calcium	8172	\$4.50	\$4.50
Calcium Ionized	2130	\$24.00	\$24.00
Calculus (Stone) Analysis	1318	\$48.00	\$140.00
Carbamazepin	3119	\$115.00	\$115.00
Cea	7214	\$19.50	\$19.50
Ceruloplasmin	6119	\$39.00	\$60.00
Chlamydia & Gc In Urine	5346	\$60.00	\$60.00
Chlamydia & Gc Dna	5344	\$25.00	\$25.00
Cholesterol	8146	\$4.50	\$4.50
Ck (Cpk Total)	8156	\$7.00	\$7.00
Cmv Igg	1353	\$40.00	\$40.00
Cmv Igm	5210	\$12.50	\$130.00
Compreh. Metabolic Panel	8112	\$9.00	\$9.00
Coombs Direct	4214	\$35.00	\$35.00
Coombs Indirect	4215	\$30.00	\$30.00
Cortisol	7206	\$17.50	\$17.50
Covid IGG. Antibodies			\$50.00
C-Peptide	1431	\$35.00	\$110.00
Cpk - Mb (Creatine Kinase Mb Fraction)	6127	\$38.00	\$121.00
C-Reactive Protein - Quant	3595	\$12.50	\$12.50
C-Reactive Protein (Crp)	4216	\$5.00	\$5.00
C-Reactive Protein (Crp) Ultrasensitive	6657	\$12.50	\$12.50
Creatinine 24 Hrs	2115	\$10.00	\$10.00
Creatinine Clearance	2127	\$9.50	\$9.50
Creatinine Serum	8 150	\$4.00	\$4.00
Culture & Sensit	5145	\$14.00	\$14.00
Cystic Fibrosis	6442	\$250.00	\$250.00
Depakene (Valproic Acid)	1938	\$14.00	\$14.00
Dhea (Dehydroepiandrosterone)	7171	\$26.00	\$26.00

TEST NAME	TEST CODE	FINLAY FEE	CBS FEE
Dhea-S	1655	\$26.00	\$26.00
Dihydrotestosterone Dht		\$140.00	\$210.00
D-Dimer		\$39.68	\$39.68
Dilantin Level	3126	\$15.00	\$15.00
Drug Screen In Urine	3223	\$23.00	\$23.00
Electrolyte Panel	8200	\$6.50	\$6.50
Epstein Barr Viral Capside Antigen (Vca) Igg & Igm	1920	\$300.00	\$300.00
Epstein Barr Virus Early	1632	\$90.00	\$90.00
Epstein Barr Virus Nuclear Antigen Igg Antibody	1861	\$20.00	\$20.00
Epstein Barr Virus Nuclear Antigen Igm Antibody	1902	\$20.00	\$20.00
Erythropoietin	5215	\$39.00	\$39.00
Estradiol	7226	\$22.00	\$22.00
Estriol	7224	\$28.00	\$28.00
Estrogen Total	7227	\$54.00	\$54.00
Esr (Sed Rate)	4160	\$8.00	\$8.00
Eye Culture & Sensitivity	5145	\$12.00	\$12.00
Ferritin	7275	\$14.00	\$14.00
Fibrinogen	4223	\$22.00	\$22.00
Folic Acid	7229	\$13.00	\$13.00
Free T3	1603	\$7.00	\$7.00
Free T4	7120	\$7.00	\$7.00
Fsh	7228	\$17.00	\$17.00
Fsh&Lh	7261	\$34.00	\$34.00
Fta Ag	5220	\$50.00	\$50.00
Fungus Culture	5114	\$35.00	\$35.00
Gamma Gt (Ggtp)	1116	\$5.00	\$5.00
Gc Culture	5118	\$35.00	\$35.00
Gentamycin	7232	\$100.00	\$140.00
Gliadin Iga, Igg	1432	\$80.00	\$80.00
Glucose 2 Hrs P.P	8180	\$7.00	\$7.00
Glucose 2 Hrs Tolerance Test	8188	\$13.00	\$13.00
Glucose 3 Hrs	8189	\$17.00	\$17.00
Glucose Gray Tube	8141	\$3.50	\$3.50
Glucose Serum	8140	\$3.50	\$3.50
Glycohemoglobin	6145	\$9.00	\$9.00
H. Pylori Ab Igg	1295	\$15.00	\$15.00
H. Pylori Ab Igm	1297	\$38.50	\$38.50
H. Pylori In Stool (Antigen)	1294	\$43.00	\$43.00
Haptoglobulin	6147	\$38.00	\$38.00
Hcg Qual	7282	\$7.00	\$7.00
Hcg Quant	7240	\$15.50	\$15.50
Hemoglobin A1c	6145	\$9.50	\$9.50
Hemoglobin Electrophoresis	6151	\$23.00	\$45.00
Hemoglobin/Hematocrit	4132	\$12.00	\$12.00
Hepatic Function Panel	8698	\$7.50	\$7.50
Hepatitis A Igm	1376	\$11.50	\$11.50
Hepatitis A Total	1621	\$10.50	\$100.00
Hepatitis B Core Igm Antibodies	1799	\$11.50	\$11.50
Hepatitis B Core Total Antibody	1614	\$11.50	\$15
Hepatitis Bs Antibody	7237	\$11.00	\$11.00
Hepatitis Bs Antigen	7236	\$10.00	\$10.00
Hepatitis C Antibody	1711	\$13.50	\$13.50
Hepatitis Panel Abc	2298	\$44.00	\$44.00
Herpes Culture	1716	\$35.00	\$35.00
Herpes I Select	1439	\$12.50	\$12.50
Herpes Selt Ii Igg	1440	\$18.50	\$18.50
HIV 1 & 2 Screen	1437	\$9.50	\$9.50
Hla-B-27	1398	\$100.00	\$100.00
Homocysteine	1227	\$28.00	\$28.00
Human Growth Hormone	7238	\$55.00	\$55.00
Human Papiroma Virus Hc2	1846	\$98.00	\$98.00
IGA (Immunoglobulin)	6140	\$9.00	\$9.00
IGE (Immunoglobulin E)	7248	\$16.00	\$16.00
IGG (Immunoglobulin)	6142	\$9.00	\$9.00
IGM (Immunoglobulin M)	6143	\$9.00	\$9.00

TEST NAME	TEST CODE	FINLAY FEE	CBS FEE
Immunoelectrophoresis	6160	\$38.00	\$38.00
Immunoglobulin Igg-A-M	6156	\$42.00	\$42.00
Insuline Level	7250	\$11.50	\$11.50
Insuline Like Growth Factor I Somatomedin-C Igf1	1666	\$30.00	\$30.00
Iron	8162	\$5.00	\$5.00
Iron & Ibc	8161	\$8.50	\$8.50
Lead Blood	2160	\$10.50	\$10.50
L.E. Screen	3662	\$10.00	\$10.00
LDH	8158	\$4.00	\$4.00
LH	7244	\$19.50	\$19.50
Lipase	1126	\$6.50	\$6.50
Lipid Panel	6188	\$9.00	\$9.00
Lipoprotein A	6165	\$40.00	\$40.00
Lithium	2163	\$7.00	\$70.00
Liver Profile I	8158	\$10.00	\$10.00
Magnesium Serum	2166	\$6.50	\$55.00
Measles Antibody Igg	2362	\$22.00	\$22.00
Measles Antibody Igm	2361	\$105.00	\$105.00
Metanephrine 24 Hrs Urine	2169	\$140.00	\$140.00
Microalbumin 24 Hrs Urine	1208	\$35.00	\$35.00
Microalbumin Random	1209	\$4.00	\$4.00
Mitochondrial Total Autoantibodies	5226	\$55.00	\$55.00
Mono Test	4213	\$45.00	\$45.00
Mumps Antibody Igg	1362	\$15.00	\$15.00
Mumps Antibody Igm	1317	\$70.00	\$70.00
Mycoplasma Igm Titer Pneumoniae Antibody	1985	\$95.00	\$95.00
Mycoplasma Pneumoniae Antibody Igg, Igm	1363	\$65.00	\$65.00
Myelin Basic Protein (Mbp) Autoantibodies	1404	\$190.00	\$190.00
Mysoline (Primidone)	3162	\$100.00	\$100.00
Neurontin (Gabapentin)	1609	\$110.00	\$110.00
Nicotine Metabolite Urine	3198	\$115.00	\$115.00
Obstetric Panel	8136	\$45.23	\$45.23
Occult Blood Per Specimen	4320	\$5.00	\$5.00
Ova And Parasites	4321	\$9.00	\$9.00
Oxalates - 24hrs	2173	\$74.00	\$74.00
Oxalates - Urine Random	2172	\$140.00	\$140.00
Pap Smear	9161	\$15.00	\$15.00
Pap Liquid Surepath	9142	\$25.00	\$25.00
PCR Covid 19			\$100.00
Phenobarbital	3155	\$20.00	\$20.00
Phosphorus	8174	\$4.00	\$4.00
Platelet Count	4149	\$6.00	\$6.00
Potasium	8210	\$4.00	\$4.00
Potasium In Urine	8223	\$4.00	\$4.00
Pre - Albumin	2011	\$7.00	\$7.00
Pregnancy Test In Urine	4330	\$6.50	\$6.50
Primidone	3162	\$40.00	\$40.00
Procaïnamide (Pronestyl + Napa)	3163	\$106.50	\$106.50
Progesterone	7256	\$26.00	\$26.00
Prolactin	7252	\$19.50	\$19.50
Protein Electrophoresis	6129	\$10.00	\$10.00
Protein Total 24hrs	2305	\$3.50	\$3.50
Protein Total Serum	8168	\$5.00	\$5.00
Psa Free & Total	2216	\$29.00	\$29.00
Psa Screen	1937	\$15.00	\$15.00
Pt	4254	\$3.50	\$3.50
Pth Intact	1373	\$35.00	\$35.00
Ptt	4253	\$3.50	\$3.50
Quinidine	2183	\$98.00	\$98.00
R A Latex	4257	\$7.00	\$7.00
Renal Function Panel	8108	\$8.00	\$8.00
Renin	7258	\$96.00	\$96.00
Respiratory Panel (Flu)	724	\$250	\$250
Retic Count	4154	\$4.00	\$4.00
Rh Factor (Only)	4202	\$12.50	\$12.50
Rheumatoid Factor	4257	\$6.00	\$6.00
Rubella Antibody Igg	5230	\$15.00	\$15.00
Rubella Antibody Igm	1752	\$15.00	\$15.00

TEST NAME	TEST CODE	FINLAY FEE	CBS FEE
Rpr	4272	\$4.50	\$4.50
Rubella Antibody Igm	1752	\$15.00	\$15.00
Sed Rate	4160	\$3.50	\$3.50
Semen Analysis	4331	\$50.00	\$50.00
Serotonin (5-Hiaa)	2186	\$30.00	\$30.00
Sickle Cell Screen	4161	\$22.00	\$22.00
S.L.E			\$85.00
Smooth Muscle Antibody	1601	\$30.00	\$30.00
Sodium (U) 12 Hrs	2334	\$60.00	\$60.00
Sodium (U) 24 Hrs	2335	\$4.50	\$4.50
Sodium In Urine	8221	\$4.50	\$4.50
Sodium Serum	8205	\$4.00	\$4.00
Stone Analysis (Kidney)	1318	\$27.00	\$27.00
Stool Culture	5113	\$13.50	\$13.50
T-3 Free	1603	\$7.00	\$7.00
T3 Total	7260	\$7.00	\$7.00
T3-Uptake	7105	\$6.00	\$6.00
T4	7110	\$6.00	\$6.00
Tacrolimus (Prograf)	1282	\$45.00	\$45.00
Testosterone	7268	\$25.00	\$25.00
Testosterone Free & Total	7269	\$27.50	\$27.50
Theophylline	3174	\$45.00	\$45.00
Thiamine Level (Vitamin B1)	7175	\$44.00	\$44.00
Throat Culture	5155	\$13.50	\$13.50
Thyroglobulin Abs Screen	5202	\$16.00	\$16.00
Thyroglobulin Quant.	1201	\$80.00	\$80.00
Tobramycin	3185	\$120.00	\$120.00
Torch Panel	8420	\$610.60	\$610.60
Toxoplasma Igg	5236	\$40.00	\$40.00
Transferrin	6175	\$15.00	\$15.00
Trazodone	1798	\$116.00	\$116.00
Treponema Pallidum Total Antibodies (Fta)	5220	\$180.00	\$180.00
Triglycerides	8148	\$6.00	\$6.00
Troponin I	8157	\$57.00	\$57.00
Tsh	7264	\$14.00	\$14.00
Urinalysis	4340	\$2.00	\$2.00
Uric Acid	8144	\$3.00	\$3.00
Urine Culture	5113	\$13.50	\$13.50
Urine Cytology		\$25.00	\$25.00
Varicella Antibody Igg	2772	\$15.00	\$15.00
Vitamin D25	1300	\$33.50	\$33.50
Vitamin D	1301	\$33.50	\$33.50
Vitamin B-6	1346	\$26.00	\$26.00
Vaginal Culture	5156	\$13.50	\$13.50
Varicella Zoster Antibody Igm	2772	\$30.00	\$30.00
Vitamin B-1 (Thiamine)	7175	\$29.50	\$29.50
Vma (Vanillylmandelic Acid 24 Hrs Urine)	2196	\$60.00	\$60.00
Valproic Acid	1938	\$14.00	\$14.00
Vitamin B-12	7272	\$15.00	\$15.00
Western Blot Analysis	1833	\$71.00	\$71.00
Wet Mount		\$4.00	\$4.00
Wbc In Stool	4319	\$8.00	\$8.00
Zinc	2199	\$21.00	\$21.00

3- Pharmacy

Floridacare offers discounts with some of the largest pharmacy providers in the country, such as **CVS Pharmacy, Publix Pharmacy & Winn Dixie Pharmacy to name a few.**

- Prescriptions can be electronically transmitted or handwritten, member simply must present their membership card to the pharmacist when filling or refilling your prescription.
- Medications with discounts of up to 80% off
- Accepted at over 65,000 pharmacies nationwide
- Discounts on over 10,000 medications

Pharmacy / Farmacia **Miami-Dade**

Dispensaries below located in our Centrum Health

**Dispensaries are only for members with their PCP in these centers*

Dispensarios localizados en nuestras clínicas Centrum Health

**Los servicios dispensarios son solo para pacientes que tienen su PCP (doctor primario) en estos centros*

305-857-4425 / 305-857-4407

Monday- Friday 8:00am – 4:30pm

Call for pricing / Llame para precios

Little Havana *
305-857-4371

Blue Lagoon *
305-857-4373

Coral Way *
305-857-4372

West Hialeah *
305-857-4375

Eureka *
305-857-4376

Pharmacy **Miami Dade**

Silvestre Pharmacy
1268 palm Ave
Hialeah, FL 33010
305-885-8888
Mon-Fri 9am–6pm
Sat 9am-2pm

Accepted in all:
CVS Pharmacy, Publix Pharmacy & Winn Dixie Pharmacy

Pharmacy **Broward**

Direct Med of Florida
800 E Hallandale Beach Blvd
Hallandale Beach, FL 33009
954-454-8118
Home Delivery Service/Free Mail Order

Accepted in all:
CVS Pharmacy, Publix Pharmacy & Winn Dixie Pharmacy

Pharmacy **Lee/ Cape Coral**

St Jude Pharmacy
1202 NE Pines Island Road # 1V
Cape Coral, FL 33909
239-673-7777
Home Delivery Service

Del Prado Pharmacy
2504 Del Prado Blvd S
Cape Coral, FL 33904
239-673-9415
Home Delivery Service

Family Pharmacy
9861 Bernwood PL Dr # 145
Fort Myers, FL 33907
239-288-6997
Home Delivery Service

Pharmacy **Palm Beach**

Garcia Pharmacy
2525 N Dixie Hwy
Lake Worth, FL 33460
561-588-2252

Farmacia Las Americas
1800 Forest Hill Blvd # B12
West Palm Beach, FL 33406
561-642-7590

4- Referrals

Floridacare does not require referrals or authorizations for our members to see a Specialist or any provider for that matter. However, you can visit our website in case you need to refer our member to colleague provider: www.floridacare.com

In the event you do not see a colleague or wish to have your referring panel come on board, you may do so easily. You may also call the Provider Relations Department at (305) 294-9292.

5- Diagnostic Centers

If our members require Diagnostic Radiology test that cannot be done in the office of the PCP or Specialist, they need to be directed to a Floridacare contracted diagnostic center. If your office has the equipment to provide these tests, please make sure to charge our members according to the fee schedule contained in the pricing guide included in the Provider Hand Book. If you are unsure or need further guidance please call our office for more information.

Diagnostic Centers

Over 300 Diagnostic Tests available which include / Mas de procedimientos de diagnóstico están disponible e incluyen:

- ✓ Digital Mammography/ Mamografía Digital
- ✓ MRI/ Tomografía Computarizada
- ✓ CT Scans
- ✓ PET CT Scans
- ✓ Ultrasound/ Ultrasonido
- ✓ X-Ray/ Rayos X
- ✓ Sleep Studies / Estudios del sueño

All Diagnostic Centers requires that the tests being requested are ordered by a licensed healthcare professional that is authorized to practice medicine in the State of Florida. The order must be written in a Physicians prescription or on the Diagnostic Centers requisition form that is signed by a physician. All test results will be sent to the office of the Physician or Specialist that ordered the test.

Diagnostic & Radiology Fee Schedule

ULTRASOUNDS

ABDOMEN & RETROPERITINIUM			ECHOGRAPHY		
PROCEDURE	CPT	FEE	PROCEDURE	CPT	FEE
Abdomen Complete	76700	\$70.00	Echo Complete W/Color & Flow Ultrasound	93306	\$150.00
RUQ (Liver, Gallbladder & Pancreas)	76705	\$70.00	Echo Stress Test W/Color & Flow	93306	\$350.00
Liver	76705	\$70.00	SMALL PARTS		
Gallbladder	76705	\$70.00	Abdominal Aorta	93979	\$90.00
Pancreas	76705	\$70.00	Carotid Doppler	93880	\$90.00
Spleen	76705	\$70.00	Arterial Lower Extremity Bilateral	93925/93923	\$100.00
Renal	76775	\$70.00	Arterial Lower Extremity Unilateral	93926/93923	\$100.00
Bladder	76857	\$70.00	Thyroid or Parotid Glands	76536	\$60.00
Renal & Bladder	76770	\$70.00	Head or Neck	76880	\$60.00
PELVIS			Arterial Upper Extremity Bilateral	93930/93923	\$90.00
Pelvic Complete	76856	\$70.00	Arterial Upper Extremity Unilateral	93931/93923	\$90.00
Pelvic Transvaginal	76830	\$70.00	VENOUS STUDIES		
Prostate Transabdominal	76857	\$70.00	Venous Duplex Bilateral	93970	\$90.00
			Venous Duplex Unilateral	93970	\$90.00

BREAST DIAGNOSTIC RADIOLOGY PROCEDURES

PROCEDURE	CPT	FEE
Diagnostic Digital Mammogram	G0204	\$70.00
Screening Digital Mammogram	G0202	\$70.00
US Breast Unilateral or Bilateral	76645	\$70.00
Breast Biopsy Unilateral or Bilateral	19103 19295* 76942** G0206*** 77051****	\$600.00

DIGITAL X-RAYS

PROCEDURE	CPT	FEE	PROCEDURE	CPT	FEE
Ankle (2 views)	73600	\$25.00 Each View	Hand (2 views)	73120	\$25.00 each view
Ankle Complete (3 views)	73610	\$25.00 Each View	Hand (3 views)	73130	\$25.00 each view
Bone Age	77072	\$25.00	Hip Unilateral (1 view)	73500	\$25.00 each view
Bone Length	77073	\$25.00	Hip Bilateral (2 views)	73520	\$25.00 each view
Calcaneus (2 views)	73650	\$25.00 Each View	Hip Complete (2 views)	73510	\$25.00 each view
Cervical Spine (2 or 3 views)	72040	\$25.00 Each View	Knee (1 or 2 views)	73560	\$25.00 each view
Cervical Spine (4 or more views)	72050	\$25.00 Each View	Knee (3 views)	73562	\$25.00 each view
Cervical Spine Complete	72052	\$25.00	Knee Complete (4 or more Views)	73564	\$25.00 each view
Chest (Single View)	71010	\$25.00	Knee Bilateral Standing	73565	\$25.00
Chest (2 views)	71020	\$25.00 Each View	Lumbosacral (4 or more)	72110	\$25.00
Chest Complete (4 views)	71030	\$25.00	Lumbosacral Comp (Band V)	72114	\$25.00
Chest (Special Views)	71035	\$25.00	Mastoids	70120	\$25.00
Chest (Oblique Projections)	71022	\$25.00	Mastoids Complete (3 views)	70130	\$25.00 each view
Chest (Stereo Frontal)	71015	\$25.00	Nasal Bones	70160	\$25.00
Chest (Apical Lordotic Proc)	71021	\$25.00	Neck	70360	\$25.00
Clavicle Complete	73000	\$25.00	Osseous Survey (Single View)	77077	\$25.00
Elbow (2 views)	73070	\$25.00 Each View	Osseous Survey Limited	77074	\$25.00
Elbow Complete (3 views)	73080	\$25.00 Each View	Osseous Survey C Axial P	77075	\$25.00
Eye	70030	\$25.00	Pelvis (1 or 2 views)	72170	\$25.00
Femur (2 views)	73550	\$25.00 Each View	Pelvis Complete (3 views)	72190	\$25.00 each view
Fingers (2 views)	73140	\$25.00 Each View	Ribs Unilateral (2 views)	71100	\$25.00 each view
Foot (2 views)	73620	\$25.00 Each View	Ribs Bilateral (3 views)	71110	\$25.00 each view
Foot Complete (3 views)	73630	\$25.00 Each View	Ribs Posteroanterior Chest (3V)	71101	\$25.00
Forearm (2 views)	73090	\$25.00 Each View	Ribs Posteroanterior Chest (4V)	71111	\$25.00

Diagnostic & Radiology Service Schedule

NUCLEAR MEDICINE

PROCEDURE	CPT	FEE
Bone Scan Whole Body	78306	\$250.00
	78320	
	A9503	
Bone Scan Limited		\$250.00
	78320	
	A9503	
Bone Scan 3 Phase	78315	\$300.00
	78320	
	A9503	
Bone Scan Multiple Areas	78305	\$250.00
	78320	
	A9503	
Thyroid Scan Only	78010	\$300.00
	A9516	
Parathyroid Scan	78070	\$250.00
	A9500	
Thyroid 24 hours (Uptake) Scan (Single)	78001	\$250.00
	78006	
	A9528	
Thyroid 24 hours (Uptake) Scan (Multiple)	78001	\$250.00
	98007	
	A9528	
Muga Scan	93015	\$300.00
78494/A9502/78465/78478/78480		

PROCEDURE	CPT	FEE
Stress Test Cardiolute	93015 / 78465	\$450.00
	78478 / 78480 / A9500	
Stress Test Thallium	93015 / 78465	\$450.00
	78478 / 78480 / A9505	
Multiple Renal Function W/Vascular Flow W/Med Lasix/Capt	78709	\$400.00
Renal Function W/O Pharmacologica	78707	\$400.00
Renal Scan (morphology) W/ Vascular Flow	78700	\$400.00
Renal Sacan W/O Vascular Flow	A9540	\$425.00
Renal Function W/ Vascular Flow W/O Med	78707	\$400.00
Single Renal Function W/ Vascular Flow W/Med Lasix/Capt	78708	\$450.00
Gastric Emptying Study Hepabiliary Ductal System Gallbladder HIDA Hepatobiliary (HIDA) Liver and Spleen Study Static	78264 / A9541	\$300.00
Liver Spect W/O Vascular Flow	78205	\$300.00
Liver Hemangomia W Flow and Spect	78206 / A9560	\$300.00
Liver Hemangomia W Flow / Flow	78202 / A9537	\$300.00
Lung Perfusion Scan	78580	\$300.00
Quantitative	A9540	

BONE DENSITOMETRY

PROCEDURE	CPT	FEE
DEXA Bone Density	77080	\$65.00

"CT SCAN" COMPUTED TOMOGRAPHY

PROCEDURE	CPT	FEE
Abdomen W	74160	\$200.00
Abdomen W & W/O	74170	\$275.00
Abdomen W/O	74150	\$150.00
Cervical Spine W	72126	\$200.00
Cervical Spine W & W/O	72127	\$275.00
Cervical Spine W/O	72125	\$150.00
Chest W	71260	\$200.00
Chest W & W/O	71270	\$275.00
Chest W/O	71250	\$150.00
Head/Brain W	70460	\$200.00
Head/Brain W & W/O	70470	\$275.00
Head/Brain W/O	70450	\$150.00
IACS W	70481	\$200.00
IACS W & W/O	70482	\$275.00
IACS W/O	70480	\$150.00
Leg/Femur/TIB/FIB W	73701	\$200.00
Leg/Femur/TIB/FIB W & W/O	73702	\$275.00
Leg/Femur/TIB/FIB W/O	73700	\$150.00

PROCEDURE	CPT	FEE
Lumbar Spine W	72132	\$200.00
Lumbar Spine W & W/O	72133	\$275.00
Lumbar Spine W/O	72131	\$150.00
Maxilofacial W	70487	\$200.00
Maxilofacial W & W/O	70488	\$275.00
Maxilofacial W/O	70486	\$150.00
Pelvis W	72193	\$200.00
Pelvis W & W/O	72194	\$275.00
Pelvis W/O	72192	\$150.00
Sinuses W	70487	\$200.00
Sinuses W & W/O	70488	\$275.00
Sinuses W/O	70486	\$150.00
Soft Tissue Neck W	70491	\$200.00
Soft Tissue Neck W & W/O	70492	\$275.00
Soft Tissue Neck W/O	70490	\$150.00
Thoracic Spine W	72129	\$200.00
Thoracic Spine W & W/O	72130	\$275.00
Thoracic Spine W/O	72128	\$150.00

Diagnostic & Radiology Service Schedule

"MRI" MAGNETIC RESONANCE IMAGING							
PROCEDURE	CPT	FEE		PROCEDURE	CPT	FEE	
Abdomen W	74182	\$325.00		ILIAC W/O	70551	\$275.00	
Abdomen W & W/O	74183	\$375.00		Knee W	73722	\$325.00	
Abdomen W/O	74181	\$275.00		Knee W & W/O	73723	\$375.00	
Ankle W	73722	\$325.00		Knee W/O	73721	\$275.00	
Ankle W & W/O	73723	\$375.00		Leg-Femur-TIB-FIB W	73719	\$325.00	
Ankle W/O	73721	\$275.00		Leg-Femur-TIB-FIB W&W/O	73720	\$375.00	
Arm W	73219	\$325.00		Leg-Femur-TIB-FIB W/O	73718	\$275.00	
Arm W & W/O	73220	\$375.00		Lumbar Spine W	72149	\$325.00	
Arm W/O	73218	\$275.00		Lumbar Spine W & W/O	72158	\$375.00	
Brain W	70552	\$325.00		Lumbar Spine W/O	72148	\$275.00	
Brain W & W/O	70553	\$375.00		Neck W	70542	\$325.00	
Brain W/O	70551	\$275.00		Neck W & W/O	70543	\$375.00	
Breast Unilat W & W/O	77058	\$475.00		Neck W/O	70540	\$275.00	
Breast Bilat W & W/O	77059	\$475.00		Orbit W	70542	\$325.00	
Breast Implant W & W/O	77059	\$475.00		Orbit W & W/O	70543	\$375.00	
Cervical Spine W	72142	\$325.00		Orbit W/O	70540	\$275.00	
Cervical Spine W & W/O	72156	\$375.00		Pelvis W	72196	\$325.00	
Cervical Spine W/O	72141	\$275.00		Pelvis W & W/O	72197	\$375.00	
Chest W	71551	\$325.00		Pelvis W/O	72195	\$275.00	
Chest W & W/O	71552	\$375.00		Pituitary W	70552	\$325.00	
Chest W/O	71550	\$275.00		Pituitary W & W/O	70553	\$375.00	
Elbow W	73222	\$325.00		Pituitary W/O	70551	\$275.00	
Elbow W & W/O	73223	\$375.00		Prostate W	72196	\$325.00	
Elbow W/O	73221	\$275.00		Prostate W & W/O	72197	\$375.00	
Facial W	70542	\$325.00		Prostate W/O	72195	\$275.00	
Facial W & W/O	70543	\$375.00		Scrotum W	72196	\$325.00	
Facial W/O	70540	\$275.00		Scrotum W & W/O	72197	\$375.00	
Foot W	73719	\$325.00		Scrotum W/O	72195	\$275.00	
Foot W & W/O	73720	\$375.00		Shoulder W	73222	\$325.00	
Foot W/O	73718	\$275.00		Shoulder W & W/O	73223	\$375.00	
Hand W	73219	\$325.00		Shoulder W/O	73221	\$275.00	
Hand W - W/O	73220	\$375.00		Thoracic Spine W	72147	\$325.00	
Hand W/O	73218	\$275.00		Thoracic Spine W & W/O	72157	\$375.00	
Hip W	73722	\$325.00		Thoracic Spine W/O	72146	\$275.00	
Hip W & W/O	73723	\$375.00		TMJ Joints W/O	70336	\$275.00	
Hip W/O	73721	\$275.00		Wrist W	73222	\$325.00	
ILIAC W	70552	\$325.00		Wrist W & W/O	73223	\$375.00	
ILIAC W & W/O	70553	\$375.00		Wrist W/O	73221	\$275.00	

PERINATAL DIAGNOSTIC SERVICES FEE SCHEDULE

SFPM Rates	Ultrasound	Fees
1st Tri<14 wks New	76801	\$240.00
1st Tri each Add Gest w/76801	76802	\$140.00
Complete Routine	76805	\$245.00
Comp Routine each Add Gestw/76805	76810	\$230.00
>1 Tri HighRisk Detailed Targ - New	76811	\$415.00
>1 Tri HgRk Detailed Tgt eachAdd Gest w/76811	76812	\$265.00
OB/US Nuchal Measurement I Gest	76813	\$230.00
Nuchal Measurement each additional Gestation	76814	\$155.00
Limited-quick look @1or more elements	76815	\$175.00
Follow Up (re-eva org susp abnormal)	76816	\$160.00
OB Transvag (use in addition to transadom code)	76817	\$230.00
BPP w/NST	76818	\$245.00
BPP w/out NST	76819	\$230.00
Doppler UA	76820	\$180.00
Doppler CA	76821	\$225.00
Vag. Ultra (non-obstetrical purposes)	76830	\$265.00
Pelvic TR	76856	\$225.00
CVS Guidance	76945	\$245.00
Amnio Guidance	76946	\$230.00
Amnio	59000	\$300.00
CVS	59015	\$370.00
Minor 5 minute established	99211	\$70.00
Minor 15 minute	99241	\$125.00
Low 30 Min	99242	\$160.00
Moderate 40 Min	99243	\$210.00
Mod High 60 Min	99244	\$265.00
Inpatient Consult 20 Min	99251	\$115.00
Inpatient Consult 40 Min	99252	\$175.00
Inpatient Consult 80 Min	99254	\$280.00
NST	59025	\$125.00

HIGH RISK PREGNANCY TESTS

Ultrasound	Includes Counseling - SFPM Rates	Fees
AMNIO	Guidance, Amnio	1,645.00
	Guidance, Amnio (Twins)	2,700.00
CVS	Guidance, CVS	1,665.00
	CVS (Twins)	2,775.00
1ST TRIMESTER SCREENING	Labs & Nuchal Translucency	805.00
	Labs & Nuchal Translucency (Twins)	1,100.00
INTEGRATED SCREENING	NT 1st & 2nd Labs Included	900.00
	NT 1st & 2nd Labs Included (Twins)	1,195.00
SEQUENTIAL SCREENING	NT and first part Labs	825.00
	NT and first part Labs (Twins)	1,120.00

4. How are problems or issues reported?

Call the Provider Relations Department at (305) 294-9292.

5. How can I cancel my provider contract if I'm not satisfied?

The provider must follow the provisions specified in the contract related to the termination of the agreement. A written termination letter must be submitted to Floridacare. Please note that this only applies to PCP's.

6. When will my name or practice be removed from the provider book?

It takes a maximum of 30 days to process the contract cancellation and update the provider book.

7. How can I reach the Provider Relations Department?

Call (305) 294-9292

8. What are the free services offered to each member?

FREE LABORATORY SERVICES every 12 months include (available only at participating locations):

- CBC
- Complete metabolic panel.
- Lipid profile.
- TSH (Thyroid)
- Urine analysis
- Uric acid •

FREE DENTAL SERVICES every 12 months include (available only at participating locations):

- Comprehensive Oral Evaluation
- Full-mouth X-rays
- Simple Prophylaxis (cleaning) - including topical anesthesia
- Topical application of fluoride treatment
- Individual Restoration - of a surface
- Simple extraction (1)

9. Who is responsible for collecting payment for labs that are not part of the free panels?

We recommend that you open an account with the contracted laboratories in your county, then you, as the referring provider office must collect any lab fees according to the Lab Fee Schedule found on pages 10-14. The Lab will bill you at the end of the month. You may also refer the member to have their labs drawn at one of our contracted laboratories where the member themselves can pay for services.

10. Where is the member referred to when diagnostic tests are needed?

Members can search within our provider book on our website www.floridacare.com or direct them to call our customer service department at (305) 294-9292

11. How can we sell Floridacare as a supplier?

You may not sell Floridacare, people interested in Floridacare should be referred to our sales department (305) 294-9292.

12. How should procedures that are not in the rate table located in our provider book be charged?

You must charge 100% of the prevailing Medicaid allowable fee schedule.

13. Do patients know the rates in advance and what should be done at the time of service?

Yes, members receive the list of fees within the provider book when they enroll in Floridacare. The fees are also reflected only in the Provider Directory available at www.floridacare.com

Provider Acknowledgment Form:

We have enclosed a provider acknowledgement for that we need you to sign acknowledging you have been trained on our provider manual. If this was a video conferencing session, please fax the form to our Provider Relations Department at [305-294-9292](tel:305-294-9292) or if it was an in-office training please give it to your provider relations representative.