



Partners Direct Health Network Fee Schedule

Reimbursement shall be the lesser of provider’s usual and customary charge or provider compensation schedule. Total reimbursement will be less any member expense, deductible, co-payment, or coinsurance.

Provider is reimbursed for outpatient services on a per day basis. Effective June 1, 2021

CPT Range	Per Day Maximum Allowable
99211-99215	\$72.26
98940-98943	\$72.26
97010-97039	\$72.26
99201-99205	\$72.26
90901	\$72.26

Provider is reimbursed for outpatient services on a per day basis. Effective June 1, 2022

CPT Range	Per Day Maximum Allowable
99211-99215	\$74.80
98940-98943	\$74.80
97010-97039	\$74.80
99201-99205	\$74.80
90901	\$74.80

Other Services:

Service Description	Maximum Allowable Amount
Laboratory and Radiology	WISE Standard Fee Schedule (WLABRAD)
Immunizations and HCPC Codes	WISE Standard Fee Schedule (WUSTDHCPC5)

Reimbursement shall not exceed providers’ usual and customary charge.

This fee schedule is proprietary and may not be distributed.