CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-19 Demonstrations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13565	**Date: December 23, 2025**
	Change Request 14205

This Transmittal is no longer sensitive and is being re-communicated. This instruction may now be posted to the Internet. Transmittal 13439 issued October 29, 2025, is being rescinded and replaced by Transmittal 13565, dated December 23, 2025, to add attachment E titled "Claims Processing Data Elements" and to revise Business Requirements (BRs) 14205.5.1, 14205.12.2, 14205.17.1, 14205.17.2 and 14205.17.3. In addition, this correction adds BRs14205.17.5.1 and 14205.42.2 and modifies attachment A, attachment B, attachment C, and attachment F. All other information remains the same.

SUBJECT: Implementation of Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process and Establishment of New Quarterly Change Request (CR) Process for Possible Future Changes to Information Included in Attachments A, B, C, D, E, and F.

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement the Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process starting January 1, 2026 and establish a recurring quarterly process to allow for updates to attachment file contents as needed.

EFFECTIVE DATE: January 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: September 30, 2025 - January 5, 2026 for all requirements except 14025.36-41, which have an implementation date of 30 days after issuance. NOTE: MACs shall not begin work until this CR is placed on their contract.; January 5, 2026 - January 5, 2026 for all requirements except 14025.36-41, which have an implementation date of 30 days after issuance. NOTE: MACs shall not begin work until this CR is placed on their contract.

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Demonstrations

Attachment - Demonstrations

Pub. 100-19	Transmittal: 13565	Date: December 23, 2025	Change Request: 14205

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement the Wasteful and Inappropriate Service Reduction (WISeR) Model Prior Authorization and Medical Review Process starting January 1, 2026 and establish a recurring quarterly process to allow for updates to attachment file contents as needed.

II. GENERAL INFORMATION

A. Background: Section 1115A of the Social Security Act (the Act) established the Center for Medicare and Medicaid Innovation (the Innovation Center) for the purpose of testing innovative payment and service delivery models to reduce Medicare and Medicaid expenditures while preserving or enhancing the quality of care furnished to beneficiaries. Original Medicare's fee-for-service payment structure pays providers for the volume of services provided, which can incentivize medically unnecessary treatments, and expose the program to waste, fraud and abuse, which harms beneficiaries and taxpayers. Medicare Advantage plans and other payers have demonstrated success in reducing low-value care, waste and fraud using advanced technologies, including AI and machine learning, particularly in prior authorization and other utilization management services. The Wasteful and Inappropriate Service Reduction (WISeR) Model aims to test a similar approach in fee-for-service Medicare by partnering with organizations experienced in applying these tools to improve the efficiency and accuracy of service reviews. By targeting a pre-selected set of services known to be vulnerable to fraud, waste and abuse, the model seeks to reduce the amount of clinically unsupported care in Original Medicare and better protect beneficiaries while preserving access to appropriate services.

The WISeR model will begin on January 1, 2026 and continue for 6 years, through December 31, 2031.

Participants in WISeR will be technology companies with expertise managing the prior authorization process for other payers using enhanced technology like Artificial Intelligence (AI). To participate in the WISeR model, technology companies must have clinical experts available to conduct medical reviews for the set of items and services requiring prior authorization under the WISeR model. Model participants will be responsible for processing prior authorization requests and issuing affirmation or denial decisions. Model participants will also be responsible for performing the pre-payment medical review for claims for model services that are submitted without prior authorization. There will be six model participants in WISeR, each one paired with one state that is participating in the model.

MACs covering selected jurisdictions will need to interface with the WISeR model participant to implement and manage data flows to support the prior authorization process for the model. Note that the JH and JF MACs, which each have jurisdiction over more than one state included in the WISeR model, will each need to interface and collaborate with more than one WISeR model participant. If a claim for a WISeR model item or service is submitted without prior authorization, MACs will need to stop the claim and send it to the model participants for pre-payment medical review. The model participants will then return an affirmation or denial to the MACs with an affirmation or denial, to allow the MAC to remove the claim suspension and proceed to officially deny or process the claim as applicable.

B. Policy: WISeR is a voluntary model and does not make changes to existing Medicare FFS coverage or payment policy.

Providers and suppliers in selected states will have three options for obtaining prior authorization for services included in the model:

1. Submit prior authorization requests directly to the model participant technology company.
2. Submit prior authorization requests to their MAC, where MAC will then forward the information to the model participant technology company.
3. Submit claims without obtaining prior authorization, in which cases, MACs will suspend the claims and forward to the model participant for pre-payment medical review.

Model participants will be responsible for conducting all prior authorization determinations and associated medical reviews. They will be required to interface with the MACs and share records as needed to support model operations.

For the WISeR model, MACs covering selected jurisdictions included in the model will:

1. Coordinate with model participants to implement the prior authorization and resubmission processes and establish secure bi-directional communication channels to exchange information.
2. Develop processes to identify claims that require prior authorization under WISeR.
3. Develop processes to suspend and forward claims missing prior authorization to WISeR model participants for medical review.
4. Develop a process to either release or deny suspended claims once medical review affirmation or denial is returned by the model participant.

These MACs and shared systems maintainers will also be responsible for denying claims when non-affirmative prior authorization decisions for beneficiary/service combinations are on file from the WISeR model participants. The standard claims appeals process will apply. Claims that have received affirmed prior authorization decisions will be paid so long as all other technical and Medicare requirements are met upon claim submission and the date of service for the claim is within the window of the prior authorization approval date range.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14205.1	The A/B MACs - J15, JF, JH, and JL - shall establish the Prior Authorization Program Indicators and Program descriptions in the PA indicator file for the WISeR Model. These WISeR Program Indicators are included in Attachment A. CMS will provide Attachment A in September 2025. NOTE: Attachment A includes the place of service field in the PA Program Indicator file. This field is being established through a previously issued CR and will be implemented for January 2026 release.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.2	The A/B MACs - J15, JF, JH, and JL - shall manually update the online Program File with the data elements that are included as Attachment A to this CR. Note the model is currently set up to have separate distinct program indicator file lists for each included NCD and LCD for Part A in HOPD and Part B in Physician Office, Home, and ASC sites of services. Note: CMS will provide Attachment A in September 2025.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.2.1	CMS shall deliver an updated version, if there are updates, of Attachment A no later than December 15, 2025.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.3	The A/B MACs - J15, JF, JH, and JL - shall be aware of the following WISeR model service categories requiring PA in the hospital outpatient department (HOPD), Ambulatory Surgery Center (ASC), Physician Office, and Home setting. These WISeR service categories are listed in Attachment B of this CR. The service and place of service categories may be updated as frequently as quarterly throughout each model performance year.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14205.3.1	The A/B MACs – J15, JF, JH, and JL - shall be prepared to accept and reference an updated WISeR model service category list as frequently as quarterly via Technical Direction.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.3.2	The A/B MACs – J15, JF, JH, and JL - shall perform the interim processes to limit selection to ASC facility PARs/claims until MCS adds the type of service and provider specialty codes to the MCS prior authorization screen as part of testing for the WISeR model CR (January 2026 implementation), or until CMS directs otherwise.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.4	The A/B MACs - J15, JF, JH, and JL - with the administrative jurisdiction shall be aware that the following states are part of the WISeR prior authorization program based on where the service is rendered: New Jersey (JL), Ohio (J15), Oklahoma and Texas (JH), and Arizona and Washington (JF). The contractors will be responsible for the NCDs and LCDs in Table 1 in Attachment B.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.4.1	The A/B MACs - JH, JL, and J15 - shall also be responsible for the LCDs in Table 2 in Attachment B. This includes states New Jersey, Ohio, Texas and Oklahoma.									J15 A/B MAC, JH A/B MAC, JL A/B MAC
14205.5	The A/B MACs - J15, JF, JH, and JL - shall be aware that the WISeR model runs from January 1, 2026, through December 31, 2031.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.5.1	The A/B MACs – J15, JF, JH and JL- shall be aware that the WISeR model only includes Medicare beneficiaries who are eligible for Medicare Part A and enrolled in Medicare Part B at the time of the Prior Authorization request or on the date of service for the claim subject to Pre-Payment Review; and · are aged 18 years or older; · are not enrolled in Medicare Advantage at the time of the Prior Authorization request or the date of									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	service on the claim subject to Pre-Payment Review; and · are not covered under the United Mine Worker Health and Retirement Funds. NOTE: Beneficiaries who do not meet these criteria are exempt from prior authorization and medical review under the WISeR model.									
14205.5.2	The A/B MACs – J15, JF, JH and JL- shall be aware that the WISeR model does not include the Indian Health Service (IHS). IHS claims shall not be subject to prior authorization or medical review under the WISeR model.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.6	Contractors shall update their systems to prepare for future recurring change request which may be needed for updates for Attachments A through F.								X	J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.6.1	The CMS shall notify the contractors when any updated Attachment files are available for downloading, along with the file names, through Technical Direction for the MACs and an e-mail notification via the Part A and/or Part B Functional Workgroups.								X	J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.6.2	Contractors shall update their systems to prepare for a future quarterly recurring change request which may be needed for updates for Attachments A through F.								X	J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.6.3	Contractors shall retrieve the updated Attachments as directed by CMS and either manually update applicable screens and/or load the files into their systems for the applicable quarterly release cycles. Note: CMS will send updated Attachment files via Technical Direction.								X	J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.6.4	Contractors shall notify CMS of successful receipt of the quarterly release files via email to John.Cox@cms.hhs.gov,									J15 A/B MAC, JF A/B MAC,

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Janice.Maxwell@cms.hhs.gov and jonathan.rudy@cms.hhs.gov stating the name of the file received.									JH A/B MAC, JL A/B MAC
14205.7	The A/B MACs - J15, JF, JH, and JL - shall begin accepting the PA requests on January 5, 2026, for dates of service on or after January 15, 2026. Claims with dates of service between 1/1/26 and 1/14/26 are exempted from the WISeR model requirements to allow for operational set up.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.8	The A/B MACs - J15, JF, JH, and JL - shall be aware that Attachment C includes the specific Healthcare Common Procedure Coding System (HCPS) codes that are included in the WISeR prior authorization program.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.8.1	CMS shall deliver an updated version, if updates are needed, of Attachment C no later than December 15, 2025.									CMS
14205.8.2	The A/B MACs - J15, JF, JH, and JL - shall be prepared to accept Attachment C update files (full-replacement lists) via Technical Direction as frequently as quarterly each year the model operates.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.9	The A/B MACs - J15, JF, JH, and JL - shall be aware that Attachment D includes a list of WISeR model participants, along with their corresponding MAC jurisdictions. CMS shall provide Attachment D by October 1, 2025, as model participants will not be selected until that time.									CMS, J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.10	The A/B MACs - J15, JF, JH, and JL - shall be able to accept providers'/suppliers' WISeR model PA requests by all of the following methods: fax, mail, Electronic Submission of Medical Documentation (esMD), and the MAC hosted CMS-approved electronic portal and to transfer these requests promptly to the WISeR model participant.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	NOTE: CMS will provide specific data elements needed in provider education so that each incoming request has sufficient information to generate a UTN.									
14205.10.1	The A/B MACs - J15, JF, JH, and JL - shall use the system entry date for esMD, the date the request enters the workflow management system for the MAC provider portal or other electronic methods, or the mail room or fax receipt date for paper prior authorization requests as the start date for the 1-calendar day period (or as soon as practicable) where, under the WISeR model the MAC routes the prior authorization request and information to the model participant.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.10.2	The A/B MACs - J15, JF, JH, and JL and the WISeR Model Participants shall participate in up to 4 one-hour technical calls with the esMD Technical Team, starting in the second week of October 2025.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.11	The A/B MACs - J15, JF, JH, and JL - shall ensure compliance with the Acceptable Risk Safeguards (ARS) policies in regard to any new connections and electronic data information exchange methods established to support connections with model participants for the WISeR model. https://security.cms.gov/policy-guidance/cms-acceptable-risk-safeguards-ars									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.12	The A/B MACs - J15, JF, JH, and JL - shall enter prior authorization requests from the model participant and the providers/suppliers as soon as they are received (within 1 calendar day or as soon as practicable given batch schedule and normal business hours) into the shared system to generate a UTN.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.12.1	The A/B MACs - J15, JF, JH, and JL - shall send the prior authorization requests received from providers/suppliers to the model participant through esMD as soon as they are received (within 1 calendar day or as soon as practicable). The MACs should not wait until a UTN is generated before sending the prior									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	authorization request to the participant.									
14205.12.2	The A/B MACs - J15, JF, JH, and JL - shall be able to receive the original request package and review decision from the WISeR participant through esMD of prior authorization requests that were sent directly to the model participant, including enough information for a UTN to be generated.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.12.3	The A/B MACs - J15, JF, JH, and JL - shall send the participant a generated UTN for each prior authorization request, through esMD, as soon as practicable within 2 business days of the day the request is received.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.12.4	This business requirement has been deleted.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.13	The A/B MACs - J15, JF, JH, and JL - and SSMs shall generate UTN status reports (FISS RPT75531 or MCS H99RPT2, as applicable) for all WISeR PA program IDs to be delivered to WISeR model participants. This report shall be cumulative and be delivered weekly. NOTE: The WISeR model will use and reserve Program ID A500-A599 and B500-B599 for planning purposes and reporting structures.						X			J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.14	The A/B MACs - J15, JF, JH, and JL - shall be able to receive notice of affirmation or non-affirmation of a prior authorization request from the WISeR participant through esMD and will assign the determination to the appropriate UTN.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.15	The A/B MACs - J15, JF, JH, AND JL - shall allow an unlimited number of re-submissions for each prior authorization request. Note: Re-submissions are subsequent prior authorization requests submitted after the initial prior authorization request was submitted, reviewed, and a non-affirmed decision was made. Re-submissions may									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	include additional documentation.									
14205.16	Denials: The A/B MACs - J15, JF, JH, AND JL - shall deny claim lines that have a non-affirmed decision on file in response to receiving CWF edit code 5460.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.16.1	The A/B MACs - J15, JF, JH, and JL - shall send the Claim Adjustment Reason Code (CARC) 39: Services denied at the time authorization/pre- certification was requested. Remittance Advice Remark Codes (RARC) N210: Alert: You may appeal this decision; Group Code (GC): Contractual Obligation (CO); if the claim line is denied as a result of a non- affirmed decision. The MAC shall send MSN message 16.72 on the beneficiary Medicare Summary Notice (MSN). MSN Message 16.72: English - This claim was denied because it was submitted with a non- affirmative prior authorization request. Spanish - Esta reclamación fue denegada porque se presentó con una solicitud de autorización previa que no fue afirmativa.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.17	The A/B MACs - J15, JF, JH, AND JL - shall suspend claim lines that meet WISeR model criteria but have no prior authorization request submitted. NOTE: CWF shall set existing edit 5470 to effectuate this suspension for the WISeR program.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.17.1	The A/B MACs - J15, JF, JH, AND JL - shall create a file to send to the WISeR participant to conduct medical review for the claim. The layout for this file is included in Attachment E. This file should be updated									CMS, J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	no less frequently than weekly.									
14205.17.2	The A/B MACs - J15, JF, JH, AND JL - shall then forward the claim information and provider file to the WISeR participant to conduct medical review for the claim. The WISeR participant will send ADR letters and receive documentation from providers. If the A/B MACs - J15, JF, JH, and JL – receive responses to the ADR letters from the providers/suppliers, they shall forward on that documentation to the WISeR model participants. The WISeR model participants may request this information sooner than the standard 45 day window. NOTE: For audit purposes around timely processing, the MAC may choose to apply payer only condition code 64 before forwarding Part A claims. The MAC may choose to apply a claim note (using 'CC64') before forwarding Part B claims in the 'Reserved for Local Use' Field (Box 19 or NTE segment on 837P). MACs may also opt to hold forwarded Part B claims in a location that excludes them from claims processing timeliness in an other than clean location.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.17.3	Regarding BR 14205.17.2, 1. Claims may be excluded from timely filing during this development timeframe 2. For claims processed in FISS, the MAC may choose to apply payer only condition code 64 before forwarding Part A claims. 3. For claims processed in FISS, the MAC may choose to apply a claim note (using 'CC64') before forwarding. Part B claims in the 'Reserved for Local Use' Field (Box 19 or NTE segment on 837P). 4. For claims processed in MCS, the MAC may hold claims in a location that excludes them from claims processing timeliness in an other than clean location.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14205.17.4	The WISeR Model participant shall send the A/B MACs - J15, JF, JH, AND JL - the medical review decision and related documentation and the MAC shall be prepared to accept this information from the WISer Model participant A file layout with the data elements the WISeR model participant will return will be provided no later than Dec 1, 2025.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.17.5	The A/B MACs - J15, JF, JH, AND JL - shall pay or deny the claim based on prepayment medical review decision by WISeR participant.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.17.5.1	The A/B MACs - J15, JF, JH, AND JL - shall process claims according to standard, non-WISeR model processes if the WISeR participant designates the claim as ineligible for inclusion in the WISeR model.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.18	If the WISeR participant indicates the provider did not respond to the ADR, the A/B MACs - J15, JF, JH, AND JL - shall deny the claim. The A/B MACs - J15, JF, JH, and JL - shall send CARC 16: Claim/service lacks information or has submission/billing error(s). RARC M62: Missing/incomplete/invalid treatment authorization code. GC: Contractual Obligation (CO); if the claim line is denied as a result of the provider not responding to the ADR within the 45 day time frame. MSN: 16.74 This claim is denied because there is no record of a prior authorization request to support this record. Este reclamación es denegada porque no hay registro de una solicitud de autorización previa para comprobarla.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.19	The A/B MACs - J15, JF, JH, AND JL - shall deny a claim that received a provisional affirmation if technical aspects on the face of the claim do not meet									J15 A/B MAC, JF A/B MAC,

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	claim submission requirements.									JH A/B MAC, JL A/B MAC
14205.20	The A/B MACs - J15, JF, JH, AND JL shall have the option to deny a claim that received a provisional affirmation if new information became available that was not present at the time of the PA request that would otherwise have caused non-affirm decision.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.21	The A/B MACs - J15, JF, JH, AND JL shall reject/return the claim to the provider if the provider/beneficiary has the UTN screen on file with a WISeR Program ID for another procedure code applicable to the WISeR model, but not for the procedure code on the claim. CWF shall apply existing edit 5462 to the claim. The A/B MACs - J15, JF, JH, and JL - shall send Claim Adjustment Reason Code (CARC) 284, Remittance Advice Remark Codes (RARC) MA130, shall, and Group Code CO. Claim Adjustment Reason Code (CARC) 284: Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services. Remittance Advice Remark Codes (RARC) MA130: Alert: Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.22	The A/B MACs - J15, JF, JH, and JL shall reject/ return the claim to the provider if the WISeR prior authorization program indicator is present on the claim and a decision is on file, but there is no UTN on the claim, for Part B Claims. NOTE: CWF will set the appropriate existing applicable edit code (e.g. Edit 5473) to indicate the UTN is needed but missing.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14205.23	The A/B MACs - J15, JF, JH, AND JL - shall forward the WISeR model claim information to the WISeR participant to conduct medical review for claims that receive CWF error codes 5464, 5465, 5468, 5469, 5472, 5474, or 5475.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.24	The A/B MACs - J15, JF, JH, and JL - MACs shall populate the UTN Validation Start Date using the same date as the Medical Review Start Date and shall populate the UTN Validation End Date using the same date as the Medical Review End Date.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.24.1	The MAC shall enter the Decision EXP-DT as equal to the UTN Validation End Date.									J5 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.25	The A/B MACs - J15, JF, JH, and JL - shall return the WISeR model claim to the provider if the UTN screen with a WISeR Program ID is not for that item/service, for the provider to either add the correct UTN or remove the UTN altogether if prior authorization was not requested. Note: CWF existing edit 5463 will be applied. The A/B MACs - J15, JF, JH, and JL - shall send Claim Adjustment Reason Code (CARC) 284, Remittance Advice Remark Codes (RARC) MA130, shall, and Group Code CO. Claim Adjustment Reason Code (CARC) 284: Precertification/authorization/notification/pre-treatment number may be valid but does not apply to the billed services. Remittance Advice Remark Codes (RARC) MA130: Alert: Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.26	The A/B MACs - J15, JF, JH, and JL - shall verify (at least monthly) that all valid Program Reason Codes									J15 A/B MAC, JF A/B MAC,

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	and Service Review Decision Reason Codes have been entered into the Fiscal Intermediary Shared System (FISS) and the Multi-Carrier System (MCS) from the CMS website and the X12 Services Review Decision Reason Codes website. https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Review-Reason-Codes-and-Statements https://x12.org/codes/service-review-decision-reason-codes Note: MACs shall manually upload the codes that have been found absent in the FISS and make them available for use in the system no later than January 15, 2026.									JH A/B MAC, JL A/B MAC
14205.27	The A/B MACs - J15, JF, JH, and JL - shall consider their PA decisions and UTNs valid for 120 calendar days from the date of the decision. For example: if the prior authorization request is affirmed on January 1, 2026, the prior authorization request will be valid for dates of service through April 30, 2026. Otherwise, the provider will need to submit a new prior authorization request.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.28	The esMD Technical Team shall onboard the Model Participants as Review Contractors to the esMD system.									esMD
14205.29	The A/B MACs - J15, JF, JH, and JL - shall also send the WISeR Model UTN information to the Model Participants manually via esMD until reports can be created via esMD.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.30	The A/B MACs - J15, JF, JH, and JL shall send pertinent claim processing information to the WISeR Model Participants manually via esMD. CMS shall provide Attachment E with detailed data elements to be included, no later than December 15,									CMS, J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	2025.									
14205.31	The A/B MACs - J15, JF, JH, and JL - shall be aware that providers, suppliers, and beneficiaries will retain all existing administrative appeals rights for claims included in the WISeR Model Program.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC, esMD
14205.32	The A/B MACs - J15, JF, JH, and JL - and CWF shall use Attachment F- PA Associated/Related Codes List to identify the codes associated with/related to services require PA, but which will not have prior authorization requests submitted for them directly. CMS shall deliver Attachment F by September 2025.								X	CMS, J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.33	The CWF shall add the associated/related Healthcare Common Procedure Coding System codes to the CWF internal table of codes associated with the WISeR PA Program Indicator. Note: Once the associated table is updated, CWF shall return the associated edits 710D/711D and IUR 710D/711D.								X	
14205.33.1	CWF shall limit the editing process of the associated/related Part B claims to the places of service identified by codes 11, 12, 19, 22, and 24.								X	
14205.34	The A/B MACs - J15, JF, JH, and JL - shall be aware of existing CWF edit(s) and IUR(s). shall be aware that CWF edit 710D and IUR 710D will deny the associated service(s) when: • there is a match to the associated/related services and • the matched service has a non-affirmed Unique Tracking Number (UTN). The A/B MACs - J15, JF, JH, and JL - MAC shall send CARC 50 and MSN 16.26, and Group Code CO for the associated service, if the incoming claim is denied based on non-affirmed UTN.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CARC 50: These are non-covered services because this is not deemed a 'medical necessity' by the payer. MSN 16.26: Medicare does not pay for services or items related to a procedure that has not been approved or billed. Spanish: Medicare no paga por servicios o articulos relacionados con procedimientos que no han sido aprobados ni facturados.									
14205.35	The A/B MACs - J15, JF, JH, and JL - shall be aware that CWF IUR 711D edit will deny the associated service(s) when: • there is a match to the associated/related services and • incoming denied claim(s) do(es) not have a UTN.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.35.1	The A/B MACs - J15, JF, JH, and JL - MAC shall send CARC 50 and MSN 16.26, and Group Code CO for the associated service, if the incoming claim is denied as a result of when no PAR was submitted. CARC 50: These are non-covered services because this is not deemed a 'medical necessity' by the payer. Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. MSN 16.26: Medicare does not pay for services or items related to a procedure that has not been approved or billed. Spanish: Medicare no paga por servicios o articulos relacionados con procedimientos que no han sido aprobados ni facturados.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.36	The A/B MACs - J15, JF, JH, and JL - shall use the Introductory Provider Letter template provided by									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	CMS (Attachment G) to send out letters to affected providers/suppliers. Note: Attachment G is under development and will be provided by CMS by October 1, 2025.									
14205.36.1	The A/B MACs - J15, JF, JH, and JL - shall generate lists of all active providers/suppliers to receive this Introductory Letter attached to this CR (Attachment G), who have billed, since January 1, 2025, the Healthcare Common Procedure Coding System (HCPCS) codes that are included in Attachment C and who bill in states included in WISeR.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.37	The A/B MACs - J15, JF, JH, and JL - shall determine which active providers/suppliers from the list are applicable to its jurisdiction and performed these services in an included setting.									CMS, J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.37.1	The A/B MACs - J15, JF, JH, and JL - shall prepare and mail the Introductory Letters by October 15, 2025 to all applicable providers/suppliers.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.38	The A/B MACs - J15, JF, JH, and JL - shall create web postings describing the program parameters.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.39	The A/B MACs - J15, JF, JH, and JL - MAC shall hold group or individualized training sessions, as appropriate, to notify stakeholders of the PA program and to ensure understanding of the specific requirements.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.40	The A/B MACs - J15, JF, JH, and JL - shall use the information publicly available in the Federal Register (CMS-5056-N) to begin education. At such time that additional MAC instructions are finalized, MACs shall include that information in their education.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.41	The A/B MACs - J15, JF, JH, and JL - shall, at a minimum, provide public access to the agency-developed information, including, but not limited to, any developed prior authorization operational guides,									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	special Medicare Learning Network materials, and/or other support materials, by posting the link(s) on their website.									
14205.42	The A/B MACs - J15, JF, JH, and JL - shall establish a Joint Operating Agreement (JOA) with each of the WISeR model participants assigned to a state in the MAC jurisdiction.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC
14205.42.1	The A/B MACs - J15, JF, JH, and JL shall execute a JOA with the WISeR participant that delineates the roles and responsibilities of the MAC and facilitates efficient processes of the MAC and facilitates efficient processes for communication between the WISeR participant and MAC related to the routing of prior authorization for WISeR Select Items and Services within the state the WISeR participant is assigned and over which the MAC has jurisdiction. This JOA is designed to establish guidelines and shared expectations within which the WISeR participant and the MAC will conduct operations. This JOA is designed to be a "living document" that can be revised as need. The JOA shall be executed within 45 days prior to the start date of the WISeR model. Background: The JOA is meant to serve only as an outline of the principles, approaches, and processes that will be used to create, implement, and maintain effective working relationships, communications, and information flows between the MAC Contractor and the WISeR participant. It does not create any affirmative duties, rights, or legal obligations between the parties nor does it create any rights in any third party. All time frames set forth herein are mutually agreed to unless otherwise provided by law of the parties' respective contracts with CMS. Both entities will work together to implement a JOA that is acceptable to both parties. The objectives of the WISeR/MAC JOA are:									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	·Familiarize WISeR/MAC management and staff with the MAC and WISeR activities that require mutual support, define areas where joint cooperation is critical, define information sharing strategies and opportunities, and share the final operating plan; ·Promote the strategic benefits of prior authorization for both the MAC and the WISeR participant; ·Build mutually agreeable strategies to gain acceptance for this change in CMS's approach to prior authorization for Select Items and Services and the upcoming changes associated with its implementation; ·Clearly define and outline the responsibilities of each party and respective responsibilities to the other party; ·Establish methods and processes that actively encourage communications and information flows for performance of both the MAC and the WISeR participant; and ·Provide processes to jointly resolve issues.									
14205.42.2	If the WISeR model participants do not have fax and mail capabilities ready by January 5, 2026, the model participants will notify their corresponding MAC by December 19, 2025 and edit their JOA so that the A/B MACs - J15, JF, JH, and JL shall cover any fax and mail needs for WISeR for an up to two-month period, including intake of the prior authorization requests, sending determination and ADR letters to the providers/suppliers who submit via fax and mail, and forwarding ADR responses from providers that come via fax and mail to the model participants. The MAC shall edit the JOA to cover the changed process by January 15, 2026. As soon as the model participant(s) has fax and mail receipt capability, they are expected to provide the corresponding MAC a 30-day notice to allow the MAC to update the JOA.									J15 A/B MAC, JF A/B MAC, JH A/B MAC, JL A/B MAC

IV. PROVIDER EDUCATION

CR as Provider Education: MACs shall use the content in the CR to develop relevant education material. Provide a link to the entire instruction in the education content. You can also supplement with local information that would help your provider community bill and administer the Medicare Program correctly. You don't need to separately track and report on this education.

Impacted Contractors: A/B MAC Part B, A/B MAC Part A

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Pre-Implementation Contact(s): Claire Kihn, 410-786-0981 or claire.kihn@cms.hhs.gov , Sam Cox, 410-786-8721 or john.cox@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 7

Attachment A: WISeR Model Program Files

Table 1

PA Program Indicator	A511
PA Program Description	WISeR Model- Electrical Nerve Stimulators
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	63655
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 2

PA Program Indicator	B511
PA Program Description	WISeR Model- Electrical Nerve Stimulators
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	63655
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 3

PA Program Indicator	A512
PA Program Description	WISeR Model- Sacral Nerve Stimulation for Urinary Incontinence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64561, 64581
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 4

PA Program Indicator	B512
PA Program Description	WISeR Model- Sacral Nerve Stimulation for Urinary Incontinence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64561, 64581
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 5

PA Program Indicator	A513
PA Program Description	WISeR Model- Phrenic Nerve Stimulator
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	33276, 33277
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 6

PA Program Indicator	B513
PA Program Description	WISeR Model- Phrenic Nerve Stimulator
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	33276, 33277
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 7

PA Program Indicator	A515
PA Program Description	WISeR Model- Vagus Nerve Stimulation
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64568
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 8

PA Program Indicator	B515
PA Program Description	WISeR Model- Vagus Nerve Stimulation
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64568
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 9

PA Program Indicator	A516
PA Program Description	WISeR Model – Induced Lesions of Nerve Tracts
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64605, 64610
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 10

PA Program Indicator	B516
PA Program Description	WISeR Model – Induced Lesions of Nerve Tracts
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64605, 64610
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 11

PA Program Indicator	A517
PA Program Description	WISeR Model- Epidural Steroid Injections for Pain Management
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	004
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	62321, 62323, 64479, 64480, 64483, 64484
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 12

PA Program Indicator	B517
PA Program Description	WISeR Model- Epidural Steroid Injections for Pain Management
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	004
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	62321, 62323, 64479, 64480, 64483, 64484
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 13

PA Program Indicator	A518
PA Program Description	WISeR Model- Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22510, 22511, 22512, 22513, 22514, 22515
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 14

PA Program Indicator	B518
PA Program Description	WISeR Model- Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22510, 22511, 22512, 22513, 22514, 22515
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 15

PA Program Indicator	A519
PA Program Description	WISeR Model- Cervical Fusion
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22554
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 16

PA Program Indicator	B519
PA Program Description	WISeR Model- Cervical Fusion
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22554
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 17

PA Program Indicator	A520
PA Program Description	WISeR Model- Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	29877
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 18

PA Program Indicator	B520
PA Program Description	WISeR Model- Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	29877
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 19

PA Program Indicator	A521
PA Program Description	WISeR Model- Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64582
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 20

PA Program Indicator	B521
PA Program Description	WISeR Model- Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64582
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 21

PA Program Indicator	A522
PA Program Description	WISeR Model- Incontinence Control Devices
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	53445, 53451, 53452, 53440, 57288
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 22

PA Program Indicator	B522
PA Program Description	WISeR Model- Incontinence Control Devices
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	53445, 53451, 53452, 53440, 57288
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 23

PA Program Indicator	A523
PA Program Description	WISeR Model- Diagnosis and Treatment of Impotence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	54400, 54401, 54405
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 24

PA Program Indicator	B523
PA Program Description	WISeR Model- Diagnosis and Treatment of Impotence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	54400, 54401, 54405
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 25

PA Program Indicator	A525
PA Program Description	WISeR Model- Skin and Tissue Substitutes
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	008
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, A2019, Q4101, Q4102, Q4105, Q4106, Q4107, Q4110, Q4121, Q4122, Q4128, Q4133, Q4151, Q4158, Q4159, Q4160, Q4186, Q4187, Q4203
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 26

PA Program Indicator	B525
PA Program Description	WISeR Model- Skin and Tissue Substitutes
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	008
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, A2019, Q4101, Q4102, Q4105, Q4106, Q4107, Q4110, Q4121, Q4122, Q4128, Q4133, Q4151, Q4158, Q4159, Q4160, Q4186, Q4187, Q4203
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Attachment B- NCDs and LCDs Included in the WISeR Model

Table 1: NCDs and LCDs Affecting All Selected MAC Jurisdictions in WISeR

Category	Number
Electrical Nerve Stimulators	NCD 160.7
Sacral Nerve Stimulation for Urinary Incontinence	NCD 230.18
Phrenic Nerve Stimulator	NCD 160.19
Vagus Nerve Stimulation	NCD 160.18
Induced Lesions of Nerve Tracts	NCD 160.1
Epidural Steroid Injections for Pain Management	L39015
Epidural Steroid Injections for Pain Management	L39240
Epidural Steroid Injections for Pain Management	L36920
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	L34228
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	L38201
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)	L35130
Cervical Fusion	L39741
Cervical Fusion	L39758
Cervical Fusion	L39793
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee	NCD 150.9
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	L38307
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	L38310
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea	L38385
Incontinence Control Devices	NCD 230.10
Diagnosis and Treatment of Impotence	NCD 230.4
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	L35041
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	L39756
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	L39764

Table 2: LCDs Affecting Select MAC Jurisdictions

Please note that starting January 1, 2026, all selected LCDs will affect all selected MAC jurisdictions in WISeR.

Attachment C

List of Codes that Require Prior Authorization or Prepayment Review under WISeR

NCD/LCD Title and Number	Code	Code Description
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee: NCD 150.9	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
Cervical Fusion: L39741, L39758, L39793	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2
Diagnosis and Treatment of Impotence: NCD 230.4	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
Diagnosis and Treatment of Impotence: NCD 230.4	54401	Insertion of penile prosthesis; inflatable (self-contained)
Diagnosis and Treatment of Impotence: NCD 230.4	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
Electrical Nerve Stimulators: NCD 160.7	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural.
Epidural Steroid Injections (ESI) for Pain Management: L39015, L39240, L36920	62321	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
Epidural Steroid Injections (ESI) for Pain Management: L39015, L39240, L36920	62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral; with imaging guidance (i.e., fluoroscopy or CT)
Epidural Steroid Injections (ESI) for Pain Management: L39015, L39240, L36920	64479	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Epidural Steroid Injections (ESI) for Pain Management: L39015, L39240, L36920	64480	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Epidural Steroid Injections (ESI) for Pain Management: L39015, L39240, L36920	64483	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Epidural Steroid Injections (ESI) for Pain Management: L39015, L39240, L36920	64484	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Incontinence Control Devices: NCD 230.10	53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
Incontinence Control Devices: NCD 230.10	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
Incontinence Control Devices: NCD 230.10	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Incontinence Control Devices: NCD 230.10	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Incontinence Control Devices: NCD 230.10	57288	Places a sling made of fascia or synthetic material under the urethra to support it in the correct position to treat urinary stress incontinence
Induced Lesions of Nerve Tracts: NCD 160.1	64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
Induced Lesions of Nerve Tracts: NCD 160.1	64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): L34228, L38201, L35130	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): L34228, L38201, L35130	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): L34228, L38201, L35130	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): L34228, L38201, L35130	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): L34228, L38201, L35130	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): L34228, L38201, L35130	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
Phrenic Nerve Stimulator: NCD 160.19	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed.
Phrenic Nerve Stimulator: NCD 160.19	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed.
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement).
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15272	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15274	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area

Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15276	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	15278	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A2019	Kerecis omega3 marigen shield, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4101	Apligraf, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4102	Oasis wound matrix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter

Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4106	Dermagraft, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4107	Graftjacket, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4110	Primatrix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4121	Theraskin, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4128	Flex hd, or allopatch hd, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4151	Amnioband or guardian, per square centimeter

Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4158	Kerecis omega3, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4159	Affinity, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4160	Nushield, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4186	Epifix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4187	Epicord, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	Q4203	Derma-gide, per square centimeter
Vagus Nerve Stimulation: NCD 160.18	64568	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator.

Attachment D: WISeR Model Participants

MAC	State	Model Participant	Participant Contact
JF (Noridian)	Arizona	Zyter, Inc.	Christopher Draven Senior Director, Program Delivery & Customer Success Christopher.Draven@zyter.com 913.827.3017
JF (Noridian)	Washington	Virtix Health, LLC.	Alexandra Flores VP, Project Management, Coding Automation Alexandra.Flores@corrohealth.com 610-246-9695
JH (Novitas)	Oklahoma	Humata Health, Inc.	Omkar Vale Chief of Staff Omkar.vale@HumataHealth.com 248.659.2971
JH (Novitas)	Texas	Cohere Health, Inc.	Craig Bagley VP, Commercial Strategy craig.bagley@coherehealth.com 401-369-2488
JL (Novitas)	New Jersey	Genzeon Corporation	Harsh Singh General Manager, Health Care harsh.singh@genzeon.com 203-376-1506
J15 (CGS)	Ohio	Innovaccer, Inc.	Nate Wienert Area Vice President- Public Sector nate.wienert@innovaccer.com M: 281 755 8215

Table 1

PA Program Indicator	A511
PA Program Description	WISeR Model- Electrical Nerve Stimulators
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	63655
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 2

PA Program Indicator	B511
PA Program Description	WISeR Model- Electrical Nerve Stimulators
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	63655
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 3

PA Program Indicator	A512
PA Program Description	WISeR Model- Sacral Nerve Stimulation for Urinary Incontinence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64561, 64581
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 4

PA Program Indicator	B512
PA Program Description	WISeR Model- Sacral Nerve Stimulation for Urinary Incontinence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64561, 64581
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 5

PA Program Indicator	A513
PA Program Description	WISeR Model- Phrenic Nerve Stimulator
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	33276, 33277
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 6

PA Program Indicator	B513
PA Program Description	WISeR Model- Phrenic Nerve Stimulator
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	33276, 33277
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 7

PA Program Indicator	A515
PA Program Description	WISeR Model- Vagus Nerve Stimulation
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable

Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64568
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 8

PA Program Indicator	B515
PA Program Description	WISeR Model- Vagus Nerve Stimulation
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64568
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 9

PA Program Indicator	A516
PA Program Description	WISeR Model – Induced Lesions of Nerve Tracts
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64605, 64610
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 10

PA Program Indicator	B516
PA Program Description	WISeR Model – Induced Lesions of Nerve Tracts
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64605, 64610
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 11

PA Program Indicator	A517
PA Program Description	WISeR Model- Epidural Steroid Injections for Pain Management
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	004
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	62321, 62323, 64479, 64480, 64483, 64484
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 12

PA Program Indicator	B517
PA Program Description	WISeR Model- Epidural Steroid Injections for Pain Management
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	004
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	62321, 62323, 64479, 64480, 64483, 64484
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 13

PA Program Indicator	A518
PA Program Description	WISeR Model- Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22510, 22511, 22512, 22513, 22514, 22515
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 14

PA Program Indicator	B518
PA Program Description	WISeR Model- Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF)
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22510, 22511, 22512, 22513, 22514, 22515
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 15

PA Program Indicator	A519
PA Program Description	WISeR Model- Cervical Fusion
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22554, 22585
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 16

PA Program Indicator	B519
PA Program Description	WISeR Model- Cervical Fusion
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	22554, 22585
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 17

PA Program Indicator	A520
PA Program Description	WISeR Model- Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	29877
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 18

PA Program Indicator	B520
PA Program Description	WISeR Model- Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	29877
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 19

PA Program Indicator	A521
PA Program Description	WISeR Model- Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64582
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 20

PA Program Indicator	B521
PA Program Description	WISeR Model- Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	64582
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 21

PA Program Indicator	A522
PA Program Description	WISeR Model- Incontinence Control Devices
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	53445, 53451, 53452, 53440, 57288
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 22

PA Program Indicator	B522
PA Program Description	WISeR Model- Incontinence Control Devices
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	53445, 53451, 53452, 53440, 57288
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 23

PA Program Indicator	A523
PA Program Description	WISeR Model- Diagnosis and Treatment of Impotence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	54400, 54401, 54405
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 24

PA Program Indicator	B523
PA Program Description	WISeR Model- Diagnosis and Treatment of Impotence
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	54400, 54401, 54405
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 25

PA Program Indicator	A524
PA Program Description	WISeR Model- Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	0275T, G0276
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 26

PA Program Indicator	B524
PA Program Description	WISeR Model- Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis
State *	NJ, OH, OK, TX, AZ, WA
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	003
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	0275T, G0276
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 27

PA Program Indicator	A525
PA Program Description	WISeR Model- Skin and Tissue Substitutes
State *	NJ, OH, OK, TX
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Not applicable
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	010
MR Count time period	120
Place of Service (POS) (Part B)	Not applicable
Type of Service	Not applicable
Type of Bill (Part A)	13x
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

Table 28

PA Program Indicator	B525
PA Program Description	WISeR Model- Skin and Tissue Substitutes
State *	NJ, OH, OK, TX
Start Date of PA Program	January 15, 2026
End Date of PA Program	December 31, 2031
Designated Provider Indicator	Not applicable
Provider Validation Indicator	Not applicable
Railroad Board (RRB) Exclusion Indicator	Y
Item of Service (IOS) Pairs	Not applicable
Medical Review (MR) Count Indicator	010
MR Count time period	120
Place of Service (POS) (Part B)	11, 12, 24
Type of Service	0
Type of Bill (Part A)	Not applicable
Provider Type (Part A) Provider Specialty (Part B)	00
HCPCS/ CPT/HIPPS	15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278
Voluntary Service Indicator	Not applicable
Modifier	Not applicable
ICD 9/10 Indicator	0
ICD 10 Procedure Code	Not applicable
ICD 10 Diagnosis Code subject to PA	Not applicable
Revenue Code	Not applicable
Condition Code	Not applicable
Occurrence Code	Not applicable
Grace Period	00
Payment Reduction	0.00
Rep Payee **	R

CR 14205 Attachment E – Claims Processing Data Elements

Order	Field Name	Max Length	Type	Notes	Comments
1	MAC	3	AN	Required; MAC code	
2	LOB	1	AN	Required; Line of Business	
3	STATE	2	AN	Required; 2-letter state	
4	ROLLUP_CARRIE R_ID	5	AN	Required	This applies to multi state carrier regions in FISS.
5	STATE_CARRIER _ID	5	AN	Required	This applies to state carrier regions in FISS and MCS
6	ICN_DCN	23	AN	Required; claim control #	
7	BILL_TYPE_CD	3	AN	Required; UB-04 bill type or equivalent	
8	PROV_NPI	10	AN	Required	
9	PROV_PTAN	13	AN	Optional	
10	BENE_MBI	12	AN	Optional	
11	BENE_HIC	12	AN	Optional	
12	BENE_FIRST_NA ME	10	AN	Optional	
13	BENE_MIDDLE_I NIT	1	AN	Optional	
14	BENE_LAST_NA ME	20	AN	Optional	
15	MED_REC_NUMB	20	AN	Optional	
16	PAT_ACCT_NUMB	20	AN	Optional	
17	*CASE_ID	25	AN	Blank for now	
18	*DUE_DATE	8	AN	Blank for now; yyyymmdd when used	
19	CLAIM_TOTAL_C HARGES	11	ZD	Required; 2 decimals	
20	CLAIM_LINE	3	AN	Required; 001..n	1..n
21	LN_SRVC_FROM _DT	8	AN	Required; yyyymmdd	1..n
22	LN_SRVC_TO_DT	8	AN	Required; yyyymmdd	1..n
23	LN_TOTAL_CHA RGES	11	ZD	Required; 2 decimals	1..n
24	LN_PROC_HCPC _CD	5	AN	Required	1..n
25	PROV_NAME	31	AN	Required	
26	PROV_ATTN	34	AN	Optional	
27	PROV_ADDR_1	34	AN	Required	
28	PROV_ADDR_2	34	AN	Optional	
29	PROV_ADDR_3	34	AN	Optional	
30	PROV_CITY	20	AN	Required	
31	PROV_STATE	2	AN	Required	
32	PROV_ZIP_5	5	AN	Required	
33	PROV_ZIP_4	4	AN	Optional	
34	CLAIM_RECD_DA TE	8	AN	Required; yyyymmdd	
35	ICD_10_Diagnosis_Code	7	AN	Required	

Attachment F

List of Associated Codes Under WISeR

NCD/LCD	WISeR Program ID	Associated Code	Associated Code Description
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee: NCD 150.9	A520, B520	29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee: NCD 150.9	A520, B520	29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee: NCD 150.9	A520, B520	64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee: NCD 150.9	A520, B520	01400	Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee: NCD 150.9	A520, B520	29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	20930	Placement of fragmented bone graft or material to spine to promote bone growth
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	20931	Graft of donor bone to spine
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	20936	Harvest of bone from same spine incision for graft
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

Cervical Fusion: (L39741, L39758, L39793)	A519, B519	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	72020	X-ray exam of spine, 1 view
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	72040	X-ray exam of upper (neck) spine, 2-3 views
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	76000	Fluoroscopy, 60 minutes or less
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	95861	Needle measurement of electrical activity in arm or leg muscles, 2 extremities
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	95937	Neuromuscular junction test
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	95938	Placement of skin electrodes and measurement of stimulated sites on arms and legs
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	95939	Placement of skin electrodes and measurement of central motor stimulation in arms and legs
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	95955	Electroencephalogram (EEG) during non-hyphenintracranial surery (eg, carotid)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	00600	Anesthesia for procedures on cervical spine and cord; not otherwise specified
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	C1713	Anchor/screw for opposing bone-hyphento-hyphenbone or soft tissue-hyphento-hyphenbone (implantable)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	C1762	Connective tissue, human (includes fascia lata)
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	C1889	Implantable/insertable device for device intensive procedure, not otherwise classified
Cervical Fusion: (L39741, L39758, L39793)	A519, B519	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	54360	Plastic operation on penis to correct angulation
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	54401	Insertion of penile prosthesis; inflatable (self-contained)

Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	00938	Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	C1813	Prosthesis, penile, inflatable
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	C1889	Implantable/insertable device for device intensive procedure, not otherwise classified
Diagnosis and Treatment of Impotence: NCD 230.4	A523, B523	C2622	Prosthesis, penile, non-inflatable
Electrical Nerve Stimulators: NCD 160.7	A511, B511	00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
Electrical Nerve Stimulators: NCD 160.7	A511, B511	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural.
Electrical Nerve Stimulators: NCD 160.7	A511, B511	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
Electrical Nerve Stimulators: NCD 160.7	A511, B511	00620	Anesthesia for procedures on thoracic spine and cord, not otherwise specified
Electrical Nerve Stimulators: NCD 160.7	A511, B511	00630	Anesthesia for procedures in lumbar region; not otherwise specified
Electrical Nerve Stimulators: NCD 160.7	A511, B511	72020	X-ray exam of spine, single view
Electrical Nerve Stimulators: NCD 160.7	A511, B511	95861	Needle electromyography; 2 extremities with or without related paraspinal areas
Electrical Nerve Stimulators: NCD 160.7	A511, B511	95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincter
Electrical Nerve Stimulators: NCD 160.7	A511, B511	95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
Electrical Nerve Stimulators: NCD 160.7	A511, B511	95939	Placement of skin electrodes and measurement of central motor stimulation in arms and legs
Electrical Nerve Stimulators: NCD 160.7	A511, B511	95955	Measurement of brain wave activity (eeg) outside the brain during surgery
Electrical Nerve Stimulators: NCD 160.7	A511, B511	95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other

			qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Electrical Nerve Stimulators: NCD 160.7	A511, B511	C1778	Lead, neurostimulator (implantable)
Electrical Nerve Stimulators: NCD 160.7	A511, B511	C1787	Patient programmer, neurostimulator
Electrical Nerve Stimulators: NCD 160.7	A511, B511	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Electrical Nerve Stimulators: NCD 160.7	A511, B511	G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	62321	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral; with imaging guidance (i.e., fluoroscopy or CT)
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	64479	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	64480	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	64483	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	64484	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older

Epidural Steroid Injections (ESI) for Pain Management: (L39015, L39240, L36920)	A517, B517	01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	64568	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator.
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	70360	X-ray exam of soft tissue of neck
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	71045	X-ray exam of chest; single view
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	C1767	Generator, neurostimulator (implantable), nonrechargeable
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	C1778	Lead, neurostimulator (implantable)
Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: L38307, L38310, L38385	A521, B521	C1787	Patient programmer, neurostimulator
Incontinence Control Devices: NCD 230.10	A522, B522	53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
Incontinence Control Devices: NCD 230.10	A522, B522	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
Incontinence Control Devices: NCD 230.10	A522, B522	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Incontinence Control Devices: NCD 230.10	A522, B522	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Incontinence Control Devices: NCD 230.10	A522, B522	57288	Places a sling made of fascia or synthetic material under the urethra to support it in the correct position to treat urinary stress incontinence
Incontinence Control Devices: NCD 230.10	A522, B522	51600	Injection procedure for X-ray imaging of bladder during voiding

Incontinence Control Devices: NCD 230.10	A522, B522	53444	Insertion of tandem cuff (dual cuff)
Incontinence Control Devices: NCD 230.10	A522, B522	53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
Incontinence Control Devices: NCD 230.10	A522, B522	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Incontinence Control Devices: NCD 230.10	A522, B522	74420	Urography, retrograde, with or without KUB
Incontinence Control Devices: NCD 230.10	A522, B522	74430	Cystography, minimum of 3 views, radiological supervision and interpretation
Incontinence Control Devices: NCD 230.10	A522, B522	76000	Fluoroscopy, 60 minutes or less
Incontinence Control Devices: NCD 230.10	A522, B522	99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70
Incontinence Control Devices: NCD 230.10	A522, B522	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
Incontinence Control Devices: NCD 230.10	A522, B522	00860	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
Incontinence Control Devices: NCD 230.10	A522, B522	00910	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
Incontinence Control Devices: NCD 230.10	A522, B522	00920	Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified
Incontinence Control Devices: NCD 230.10	A522, B522	C1771	Repair device, urinary, incontinence, with sling graft
Incontinence Control Devices: NCD 230.10	A522, B522	C1781	Mesh (implantable)
Incontinence Control Devices: NCD 230.10	A522, B522	C1813	Prosthesis, penile, inflatable
Incontinence Control Devices: NCD 230.10	A522, B522	C1815	Prosthesis, urinary sphincter (implantable)
Incontinence Control Devices: NCD 230.10	A522, B522	C1889	Implantable/insertable device for device intensive procedure, not otherwise classified
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	70450	Computed tomography (CT) scan, head or brain; without contrast material
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	76000	Fluoroscopy, 60 minutes or less
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	00222	Anesthesia for intracranial procedures; electrocoagulation of intercranial nerve

Induced Lesions of Nerve Tracts: NCD 160.1	A516, B516	01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	99153	Moderate sedation services provided by the same physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intra-service time
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (e.g., kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar sacral
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure)
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar

Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	C1713	Anchor/screw for opposing bone-hyphento-hyphenbone or soft tissue-hyphento-hyphenbone (implantable)
Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF): (L34228, L38201, L35130)	A518, B518	C1889	Implantable/insertable device for device intensive procedure, not otherwise classified
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed.
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	70360	X-ray exam of soft tissue of neck
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	71045	Radiologic examination of the chest, single view
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	71046	X-ray exam of chest; 2 views
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and

			physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	99153	Moderate sedation services provided by the same physician or other qualified healthcare professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes of intra-service time
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1767	Generator, neurostimulator (implantable), nonrechargeable
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1769	Guide wire
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1778	Lead, neurostimulator (implantable)
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1787	Patient programmer, neurostimulator
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1887	Catheter, guiding (may include infusion/perfusion capability)
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away
Phrenic Nerve Stimulator: NCD 160.19	A513, B513	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	00630	Anesthesia for procedures in lumbar region; not otherwise specified
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed.
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement).
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	72220	X-ray exam, sacrum and coccyx, minimum of 2 views
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	76000	Fluoroscopy, 60 minutes or less
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation,

			detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	C1767	Generator, neurostimulator (implantable), nonrechargeable
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	C1778	Lead, neurostimulator (implantable)
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	C1787	Patient programmer, neurostimulator
Sacral Nerve Stimulation for Urinary Incontinence: NCD 230.18	A512, B512	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	00400	Anesthesia for procedures on the integumentary system on the extremities, anterior trunk, and perineum; not otherwise specified
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15002	Preparation of skin graft site of trunk, arms, or legs, 100.0 sq cm or 1% body area for infants and children, or less
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15003	Preparation of skin graft site of trunk, arms, or legs, each additional 100.0 sq cm or 1% body area for infants and children, or less

Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15004	Preparation of skin graft site of face, scalp, eyelids, mouth, neck, ears, around eyes, genitals, hands, feet, fingers, or toes, 100.0 sq cm or 1% body area for infants and children, or less
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15005	Preparation of skin graft site of face, scalp, eyelids, mouth, neck, ears, around eyes, genitals, hands, feet, fingers, or toes, each additional 100.0 sq cm or 1% body area for infants and children, or less
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15272	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15273	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15274	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the	A525, B525	15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits,

Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)			Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15276	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq Cm; Each Additional 25 Sq Cm Wound Surface Area, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; First 100 Sq Cm Wound Surface Area, Or 1% Of Body Area Of Infants And Children
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	15278	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than Or Equal To 100 Sq Cm; Each Additional 100 Sq Cm Wound Surface Area, Or Part Thereof, Or Each Additional 1% Of Body Area Of Infants And Children, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	01480	Anesthesia for other procedure on lower leg, ankle, and foot bones
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	A2019	Kerecis omega3 marigen shield, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers	A525, B525	Q4101	Apligraf, per square centimeter

(L35041, L39764, L39756)			
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4102	Oasis wound matrix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4106	Dermagraft, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4107	Graftjacket, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4110	Primatrix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4121	Theraskin, per square centimeter
Skin Substitute Grafts/Cellular	A525, B525	Q4122	Dermacell, dermacell awm or dermacell awm porous, per square centimeter

and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)			
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4128	Flex hd, or allopatch hd, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4151	Amnioband or guardian, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4158	Kerecis omega3, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4159	Affinity, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic	A525, B525	Q4160	Nushield, per square centimeter

Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)			
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4186	Epifix, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4187	Epicord, per square centimeter
Skin Substitute Grafts/Cellular and Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers (L35041, L39764, L39756)	A525, B525	Q4203	Derma-gide, per square centimeter
Vagus Nerve Stimulation: NCD 160.18	A515, B515	00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
Vagus Nerve Stimulation: NCD 160.18	A515, B515	64568	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator.
Vagus Nerve Stimulation: NCD 160.18	A515, B515	C1767	Generator, neurostimulator (implantable), nonrechargeable
Vagus Nerve Stimulation: NCD 160.18	A515, B515	C1778	Lead, neurostimulator (implantable)
Vagus Nerve Stimulation: NCD 160.18	A515, B515	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

MAC Header Here

PROVIDER NAME
PROVIDER ADDRESS
CITY ST ZIP

Mail Date (ex. January 1, 2026)
Provider NPI Number: [Provider NPI]

Dear Provider:

The purpose of this letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is testing the Wasteful and Inappropriate Service Reduction (WISeR) model in your state. The WISeR model tests the use of enhanced technologies to ensure that items and services furnished to beneficiaries in Original Medicare are in line with existing Medicare coverage criteria by working with organizations skilled in these technologies to improve the efficiency and accuracy of medical reviews. By focusing on services vulnerable to fraud and waste, the model seeks to decrease clinically inappropriate care and protect beneficiaries while ensuring continued access to appropriate services. The model will encourage safe and evidence-supported best practices for people with Original Medicare.

The model will run for six years, from January 1, 2026 to December 31, 2031 in six states: New Jersey, Ohio, Oklahoma, Texas, Arizona, and Washington.

What You Need to Know
Starting on January 1, 2026, select items and services covered under Original Medicare will be subject to prior authorization or pre-payment medical review under the WISeR model.

The answers to two questions below determine whether a provider or supplier will be impacted by the WISeR model. Impacted providers and suppliers will have the option to either complete a prior authorization request or undergo pre-payment medical review prior to claims payment for these items and services:

- Does the supplier or provider practice in Arizona, New Jersey, Ohio, Oklahoma, Texas or Washington?
- Will the provider or supplier deliver at least one of the WISeR select items and services listed in Appendix A of the WISeR Provider/Supplier Operational Guide to Original Medicare beneficiaries? Of note, patients with Medicare Advantage are not impacted by the WISeR model.

If the provider or supplier answers yes to both questions, the provider or supplier delivering a selected item or service is included in the WISeR Model and will have two options to demonstrate medical necessity requirements for the select WISeR items and services:

- Option One: Submit a prior authorization request for the select WISeR item or service directly to the WISeR participant in their state, or to their regularly assigned Medicare Administrative Contractor (MAC).

- Option Two: Provide the select WISeR item or perform the select WISeR service and submit a claim without prior authorization. Claims submitted without prior authorization will be subject to pre-payment medical review. The WISeR participant will contact the provider or supplier to request the clinical documentation related to the claim.

The requests for either option can be sent to the MAC or WISeR participant by methods such as mail, fax, esMD, or electronic portal.

WISeR does not change Medicare benefits or coverage requirements. The WISeR participant will use existing National and Local Coverage Determinations (NCDs and LCDs) and the clinical documentation submitted by the provider or supplier to make a decision about whether to issue a provisional affirmation or non-affirmation for each prior authorization request. The WISeR participant will also use NCDs and LCDs in combination with the submitted clinical documentation to make a decision about whether the service billed was medically necessary and payable. Determinations are expected to be made within the following timeframes:

- For prior authorization requests, WISeR participants will issue a determination to the requester within 3 days of receiving the initial or resubmitted request. Expedited requests will be completed within 2 days.
- For pre-payment medical review, providers and suppliers will have 45 days from the date of the request for documentation from the WISeR participant to submit their clinical documentation. WISeR participants will issue a determination on medical necessity to the MAC within 3 days of receipt of all documentation.

The provider or supplier may resubmit the prior authorization request and may include additional information to support the resubmission if they receive a non-affirmation decision. There is no limit to the number of times a particular prior authorization request can be resubmitted. With a resubmission, the requester will also have the opportunity to request peer-to-peer clinical review to inform the new determination.

Additional Resources

Please navigate to the CMS website for the WISeR model, available at https://www.cms.gov/priorities/innovation/innovation-models/wiser to locate the full WISeR Provider and Supplier Operational Guide. This guide includes a practical overview of the prior authorization submission and determination process for Medicare-enrolled providers and suppliers that furnish, and bill items and services included in the WISeR model in the states in which the WISeR model is being tested. The guide also addresses the pre-payment medical review process that will be triggered if claims for items and services included in the WISeR model in states where the WISeR model is operating are submitted without first obtaining prior authorization.

CMS Welcomes Feedback

CMS is committed to testing the WISeR model in an open and transparent manner that serves and protects patients and the health care providers that care for them. Feedback can be submitted to CMS at WISeR@cms.hhs.gov.