

Table 1. Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee (NCD 150.9)

Reason Code	Statement
WM000	Documentation is insufficient to support that the patient has less severe and/or early degenerative arthritis and is presenting with symptoms other than pain alone (i.e., mechanical symptoms that include, but are not limited to, locking, snapping, or popping). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 150.9. Refer to the WISeR Provider and Supplier Operational Guide.
WM001	Insufficient radiologic documentation of the patient’s knee condition to support the medical necessity of arthroscopic lavage and debridement. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 150.9. Refer to the WISeR Provider and Supplier Operational Guide.

Table 2. Induced Lesions of Nerve Tracts (NCD 160.1)

Reason Code	Statement
WM002	Insufficient documentation to support the medical necessity of the indicated condition for a rhizotomy or neurolysis procedure. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.1. Refer to the WISeR Provider and Supplier Operational Guide.
WM003	Insufficient documentation demonstrating failure of, or intolerance to, conventional medical therapies. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.1. Refer to the WISeR Provider and Supplier Operational Guide.
WM004	Insufficient documentation to support clinical rationale for selecting rhizotomy or neurolysis over other surgical options. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.1. Refer to the WISeR Provider and Supplier Operational Guide.

Table 3. Vagus Nerve Stimulation (NCD 160.18)

Reason Code	Statement
WM005	Insufficient documentation to support the patient has medically refractory partial-onset seizures that failed or were intolerant to single-agent or combination antiepileptic therapy trials. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM006	Insufficient documentation to support the patient has medically refractory partial-onset seizures that failed or were intolerant to single-agent or combination antiepileptic therapy trials. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM007	Insufficient documentation to support the patient is NOT a candidate for epilepsy surgery or has failed/refused epilepsy surgery. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM008	Insufficient documentation to support patient was enrolled in an active CMS-approved trial for vagus nerve stimulation for treatment-resistant depression. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM009	Insufficient documentation to support a diagnosis of major depressive disorder (MDD) persisting for at least two years, or a history of at least four episodes of MDD, including the current episode. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM010	Insufficient documentation to demonstrate that the minimum criterion of four prior treatment failures for major depressive disorder has been met, with each trial administered at an adequate dose and duration, as assessed by a validated measurement tool. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM011	Insufficient documentation to support a major depressive episode, as measured by a guideline-recommended depressive scale assessment tool on two visits, within a 45-day span prior to implantation of a vagus nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM012	Insufficient documentation to support a stable medication regimen for at least four weeks prior to implantation of a vagus nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM013	The documentation contains a contraindication to vagus nerve stimulator implantation; therefore, the service is not reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.18. Refer to the WISeR Provider and Supplier Operational Guide.

Table 4. Phrenic Nerve Stimulator (NCD 160.19)

Reason Code	Statement
WM014	Insufficient documentation to support medical necessity of a specific condition as indicated for phrenic nerve stimulator placement. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.19. Refer to the WISeR Provider and Supplier Operational Guide.
WM015	Insufficient documentation to support intact phrenic nerve and diaphragmatic function as indicated for phrenic nerve stimulator placement. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.19. Refer to the WISeR Provider and Supplier Operational Guide.
WM016	Insufficient documentation to support failure, intolerance or contraindication to at least one non-invasive ventilation therapy, such as continuous positive airway pressure (CPAP), for implantation of a phrenic nerve stimulator to treat central sleep apnea (CSA). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.19. Refer to the WISeR Provider and Supplier Operational Guide.
WM017	Insufficient documentation in patients with heart failure of a stable, optimized guideline-directed medical therapy regimen. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.19. Refer to the WISeR Provider and Supplier Operational Guide.
WM018	The documentation does not contain a plan for device interaction testing for patients with an implantable cardioverter-defibrillator (ICD), or cardiac resynchronization therapy (CRT), or pacemaker. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.19. Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM019	The documentation contains a contraindication to phrenic nerve stimulator implantation; therefore, the service is not reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.19. Refer to the WISeR Provider and Supplier Operational Guide.

Table 5. Electrical Nerve Stimulators (NCD 160.7)

Reason Code	Statement
WM020	Insufficient documentation to support medical necessity of a specific condition as indicated for implantation of an electrical nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.7. Refer to the WISeR Provider and Supplier Operational Guide.
WM021	Insufficient documentation to support conservative treatments have been tried and failed (or are contraindicated) for implantation of a central nervous system stimulator to be used as a treatment of a late resort (if not a last resort). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.7. Refer to the WISeR Provider and Supplier Operational Guide.
WM022	The documentation is insufficient or does not include a physical evaluation prior to implantation of a central nervous system stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.7. Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM023	The documentation is insufficient or does not include a psychological screening prior to implantation of a central nervous system stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.7. Refer to the WISeR Provider and Supplier Operational Guide.
WM024	The documentation does not demonstrate pain relief and evidence of functional improvement with a temporarily implanted electrode prior to permanent placement of a central nervous system stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 160.7. Refer to the WISeR Provider and Supplier Operational Guide.
WM025	The documentation contains a contraindication to percutaneously placed leads for implantation of a central nervous system stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

Table 6. Incontinence Control Devices (NCD 230.10)

Reason Code	Statement
WM026	Insufficient documentation to support an evaluation and diagnosis of stress urinary incontinence as indicated for implantation of an incontinence control device. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.10. Refer to the WISeR Provider and Supplier Operational Guide.
WM027	Insufficient documentation to support conservative treatments have been tried and failed (or are contraindicated) prior to implantation of an incontinence control device. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.10. Refer to the WISeR Provider and Supplier Operational Guide.
WM028	Insufficient documentation to support other planned concomitant procedures would not negatively affect outcomes associated with implantation of an incontinence control device. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.10. Refer to the WISeR Provider and Supplier Operational Guide.

Table 7. Sacral Nerve Stimulation for Urinary Incontinence (NCD 230.18)

Reason Code	Statement
WM029	Insufficient documentation to support medical necessity of the indicated condition for implantation of a sacral nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.18. Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM030	Insufficient documentation to support conventional treatments have been tried and failed (or are contraindicated) prior to implantation of a sacral nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM031	Insufficient documentation to demonstrate that the patient has the ability to adequately record voiding diary data necessary for proper evaluation of clinical outcomes associated with the procedure. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.18. Refer to the WISeR Provider and Supplier Operational Guide.
WM032	Insufficient documentation to support the patient had a successful test stimulation, as demonstrated by 50% or greater improvement (as measured through voiding diaries), prior to permanent implantation of a sacral nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.18. Refer to the WISeR Provider and Supplier Operational Guide.

Table 8. Diagnosis and Treatment of Impotence (NCD 230.4)

Reason Code	Statement
WM033	Insufficient documentation to support an evaluation and diagnosis of erectile dysfunction. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.4. Refer to the WISeR Provider and Supplier Operational Guide.
WM034	Insufficient documentation to support conservative treatments have been tried and failed (or contraindicated), including addressing reversible etiologies (if applicable), prior to implantation of an impotence device. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.4. Refer to the WISeR Provider and Supplier Operational Guide.
WM035	Insufficient documentation to support the absence of systemic infection, active urogenital infection, and/or active skin infection in the region of surgery. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the National Coverage Determination (NCD) 230.4. Refer to the WISeR Provider and Supplier Operational Guide.

Table 9. Percutaneous Vertebral Augmentation for Vertebral Compression Fracture (LCD L34228, L38201, L35130)

Reason Code	Statement
WM036	Insufficient documentation to support an acute or subacute osteoporotic vertebral compression fracture based on symptom onset and documented advanced imaging. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM037	Insufficient documentation to support the patient was symptomatic, either hospitalized for severe pain or non-hospitalized with moderate to severe pain and worsening symptoms or stable to improved pain accompanied by at least two findings: progression of vertebral body height loss, greater than 25% reduction in vertebral height, kyphotic deformity, or significant impact of vertebral compression fracture on activities of daily living. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM038	Insufficient documentation to support referral for evaluation of bone mineral density and osteoporosis education for subsequent treatment as indicated, and instruction to participate in an osteoporosis prevention/treatment program. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM039	Insufficient clinical documentation to support a malignant vertebral fracture due to osteolytic vertebral metastasis or myeloma with severe back pain related to destruction of the vertebral body, not involving the major part of the cortical bone. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM040	The documentation contains an absolute contraindication to percutaneous vertebral augmentation; therefore, the service is not reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM041	Insufficient documentation of relative contraindications and rationale for proceeding with percutaneous vertebral augmentation. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

Table 10. Epidural Steroid Injections for Pain Management (LCD L39015, L39240, L36920)

Reason Code	Statement
WM042	Insufficient documentation to support medical necessity of a specific condition (e.g., lumbar, cervical, or thoracic radiculopathy, post-laminectomy syndrome, acute herpes zoster associated pain) as indicated for epidural steroid injection(s). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM043	Insufficient documentation to support that radiculopathy, radicular pain and/or neurogenic claudication is of sufficient severity to significantly impact quality of life or function and that an objective pain scale or functional assessment was performed at baseline (prior to interventions) and repeated at each follow-up to assess response using the same scale. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM044	Insufficient documentation to support pain duration of at least four weeks with failure or inability to tolerate noninvasive conservative management, unless acute herpes zoster-associated pain is refractory to conservative management is documented (for which the four-week requirement does not apply). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM045	Documentation indicates the maximum number of epidural steroid injection sessions (four) per spinal region have been met for the intended spinal region in a rolling 12-month period. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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WM046	Insufficient documentation to support subsequent epidural steroid injection procedures at the same anatomic site resulted in at least 50% sustained improvement in pain relief and/or function from baseline using the same scale for at least 3 months. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM047	Insufficient documentation to support that criteria are met for a repeat epidural steroid injection (ESI), including a minimum interval of 14 days following an inadequate response to the initial ESI and use of a different approach, level and/or medication. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM048	Documentation does not indicate the use of moderate or deep sedation, general anesthesia, or monitored anesthesia care (MAC) to be medically necessary or reasonable. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM049	Insufficient documentation to establish that epidural steroid injection(s) were provided under CT or fluoroscopic image guidance with contrast, as required. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM050	Insufficient documentation to support the use of ultrasound guidance without contrast. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM051	Insufficient documentation to establish that the requested epidural steroid injection(s) meet medical necessity criteria with respect to type, level(s), and laterality, including transforaminal (up to two levels in one spinal region), interlaminar or caudal (one level), or bilateral transforaminal approaches. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM052	The documentation contains a contraindication to epidural steroid injection; therefore, the service is not reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

Table 11. Cervical Fusion (LCD L39741, L39758, and L39793)

Reason Code	Statement
WM053	Insufficient documentation to support medical necessity of cervical fusion to decompress and/or stabilize the cervical spine to treat traumatic injury, including fractures, dislocations, fracture-dislocations, or traumatic ligamentous disruption. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM054	Insufficient documentation to support medical necessity of cervical fusion to decompress or stabilize the cervical spine to treat spinal tumors. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM055	Insufficient documentation to support medical necessity of cervical fusion to decompress or stabilize the cervical spine to treat infection involving the spine in the form of discitis, osteomyelitis, or epidural abscess. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM056	Insufficient documentation to support medical necessity of cervical fusion to decompress or stabilize the cervical spine to treat deformities that include the cervical spine with the presence of substantial functional limitation OR progression of deformity. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and /or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

Table 12. Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (LCD L38307, L38310, and L38385)

Reason Code	Statement
WM057	Insufficient documentation to support minimum age requirements were met for implantation of a hypoglossal nerve stimulator to treat obstructive sleep apnea. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM058	Insufficient documentation to support body mass index requirements were met for implantation of a hypoglossal nerve stimulator to treat obstructive sleep apnea. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM059	Insufficient documentation of polysomnography results within 24 months of first consultation to support the medical necessity of hypoglossal nerve stimulator implantation for the treatment of obstructive sleep apnea. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM060	Insufficient documentation to support continuous positive airway pressure failure or intolerance. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM061	Insufficient documentation to support drug-induced sleep endoscopy (DISE) findings demonstrating absence of complete concentric collapse at the level of the soft palate and absence of other anatomical factors that would compromise the performance of a hypoglossal nerve stimulator. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM062	The documentation contains a contraindication to hypoglossal nerve stimulator implantation; therefore, the service is not reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

Table 13. Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds (LCD L35041) and Wound Application of CTPs, Lower Extremities (LCD L36690)

Reason Code	Statement
WM063	Insufficient documentation of wound/ulcer description including size, location, stage, duration, and presence of infection at baseline prior to and during treatment. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM064	Insufficient documentation to support the wound or ulcer is clean and free of necrotic debris or exudate and/or has a clean granular base (for partial- or full-thickness ulcers, not involving tendon, muscle, joint capsule or exhibiting exposed bone or sinus tracts). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM065	Insufficient documentation to support the wound/ulcer demonstrates a skin deficit measuring at least 1.0 square centimeter. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM066	Insufficient documentation that wound or ulcer had adequate circulation/oxygenation to support tissue growth/wound healing, as evidenced by physical examination. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM067	Insufficient documentation of a diagnosis of Type 1 or Type 2 Diabetes and relevant medical management for diabetic foot ulcer(s). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM068	Insufficient documentation of the circumstances why the wound or ulcer has had a “failed response”. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM069	Insufficient documentation to support infection and/or other conditions have been treated and resolved prior to the institution of skin substitute therapy. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM070	Insufficient documentation of smoking history. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM071	Insufficient documentation of patient counseling on the effects of smoking on outcomes and treatment for smoking cessation. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM072	Insufficient documentation to support the specific skin substitute or cellular and/or tissue-based product (CTP) was applied for treatment of diabetic foot ulcer(s) or venous leg ulcer(s). Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM073	The documentation demonstrates more than 10 applications per wound per 12-week period of care. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.

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Reason Code	Statement
WM074	The documentation demonstrates simultaneous use of more than one product per episode of wound. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.
WM075	The documentation contains a contraindication to application of bioengineered skin substitutes; therefore, the service is not reasonable and necessary. Refer to 42 Code of Federal Regulations (CFR) 410.20(d), Social Security Act (SSA) Title XVIII, Sections 1862(a)(1)(A), 1862(a)(1)(E), and 1833(e), Title XI, Section 1115A, Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA). Refer to the WISeR Provider and Supplier Operational Guide.