

Wasteful and Inappropriate Service Reduction (WISeR) Model Exemption Status Program Fact Sheet

Fact Sheet Overview



As part of the WISeR Model, all WISeR Participants have implemented an exemption status (“gold carding”) program. Under the WISeR Model’s exemption status program, individuals who are WISeR Providers or WISeR Suppliers who demonstrate historical compliance with Medicare coverage criteria, coding, and payment rules, and meet other WISeR Model-specific threshold criteria, may earn exemption status from the prior authorization process and pre-payment review. The exemption status program helps alleviate health care provider burden and allow WISeR Participants to dedicate more resources to working with non-compliant WISeR Providers or WISeR Suppliers.

This fact sheet provides **an overview of the WISeR exemption status program**.

Exemption Status Program Baseline Parameters



WISeR Participants have flexibility with designing their exemption status programs, but all must apply the following minimal baseline parameters when determining exemption status:

- WISeR Participants grant exemption status **at the individual provider National Provider Identifier (NPI) level** (not facility or organizational level).
- WISeR Providers or WISeR Suppliers must **submit at least 10 prior authorization requests** across all WISeR Select Items or Services to be eligible for exemption status.
- WISeR Providers or WISeR Suppliers must **meet the threshold and that percentage of prior authorization provisional affirmations** (“affirmation threshold cannot be set higher than”) during an assessment period.
 - The affirmation threshold must be set at 90% or less.
 - WISeR Participants may set an affirmation threshold below 90% but cannot raise it above 90%.
 - WISeR Participants determine the length of the assessment period, but the period may not exceed one calendar year.

WISeR Select Items or Services are subject to prior authorization or pre-payment review under WISeR and are defined in Appendix A of the [WISeR Provider and Supplier Operational Guide](#).

Exemption Status Program Re-evaluation Parameters



Exempt WISeR Providers and WISeR Suppliers maintain exemption status for at least a year (or longer per WISeR Participant discretion).



WISeR Participants re-evaluate exemption status by issuing no more than 10 Additional Documentation Requests (ADRs) per year.



Existing appeals pathways continue to be preserved for WISeR Providers, WISeR Suppliers, and beneficiaries.

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Exemption Status Program Key Points for Providers and Suppliers



The WISeR Exemption Status Program began July 2026. WISeR Providers and WISeR Suppliers with exemption status received notification of their exemption status in June 2026.

- WISeR Participants evaluate WISeR Providers and WISeR Suppliers for exemption status on a quarterly basis. WISeR Participants will inform WISeR Providers and WISeR Suppliers prior to the start of each quarter when they have been added to the exemption status list.
- WISeR Participants notify WISeR Providers and WISeR Suppliers of the effective date of exemption status, the exemption status duration, and the process and timeline for re-evaluation.
- If WISeR Providers or WISeR Suppliers lose exemption status after re-evaluation, WISeR Participants notify them prior to the start of the next quarter and specify the effective date of removal and process for re-earning exemption status.
- **WISeR Participants must publicly post exemption status program criteria and deliver health care provider education.**

Frequently Asked Questions about the Exemption Status Program

Question	Answer
Are WISeR Providers and WISeR Suppliers who achieve exemption status exempt for all lines of business (that is, both Part A and Part B)?	Yes, WISeR Providers and WISeR Suppliers who achieve exemption status are exempt for all lines of business (that is, Part A and Part B) for all WISeR Select Items and Services, across all sites of care.
How are WISeR Participants communicating with an attending or rendering health care provider about their exemption status in cases where individual contact information is not available (i.e., only facility-level contact information is provided)?	WISeR Participants use the best available contact information, which may include facility-level contact information, when individual health care provider contact details are not available. In these cases, WISeR Participants must clearly indicate in all communications that the exemption status applies to the individual health care provider, not the facility or provider group.
Where should the exempted NPI be included on a submitted claim?	The field in which the exempted provider's NPI must be submitted differs depending on the site-of-service. In the office and home settings, the exempted NPI should be included in the rendering provider field. In the ambulatory surgery center setting, the exempted NPI should be in the referring/ordering provider field. In the outpatient department setting, the exempted health care provider should be in the operating provider field.
Once a WISeR Provider or WISeR Supplier is deemed exempt, how long does the exemption status last?	Once a WISeR Provider or WISeR Supplier earns exemption status, they retain that status for at least one (1) full calendar year. WISeR Participants have discretion to extend the exemption status beyond one year for qualified WISeR Providers and WISeR Suppliers.



Questions regarding specific exemption status program criteria should be directed to WISeR Participants. See the [WISeR Provider and Supplier Operational Guide](#) for the WISeR Participant contact information.